

STATE OF INDIANA : CIRCUIT COURT : SUPERIOR COURT : MARION COUNTY

Petitioner	CAUSE NO. _____
-vs-	DATED: _____
Respondent	VERIFIED FINANCIAL DECLARATION OF:

HUSBAND/FATHER:	WIFE/MOTHER
Name:	Name:
Address:	Address:
Social Security Number:	Social Security Number:
Occupation:	Occupation:
Employer:	Employer:
Date of Birth	Date of Birth:
ATTORNEYS Name, Address and Telephone Number	SPACE BELOW FOR USE OF COURT CLERK
MAUREEN E. GADDY 8298-49 GADDY AND GADDY ATTORNEYS 77 South Girls School Road, Suite 105 Indianapolis, Indiana 46231-1170 317-244-7650	

GROSS WEEKLY INCOME - ATTACH LAST THREE (3) PAYROLL STUBS	AMOUNTS
1. Gross Weekly SALARY, WAGES AND COMMISSIONS	\$ -
2. Gross Weekly PENSION/RETIREMENT/SOCIAL SECURITY/DISABILITY/UNEMPLOYMENT/WORKMAN'S COMP	\$ -
3. Gross Weekly CHILD SUPPORT received from any prior marriage (not this marriage)	\$ -
4. Gross Weekly DIVIDENDS AND INTEREST	\$ -
5. Gross Weekly RENTS/ROYALTIES less ordinary and necessary expenses (Attach Calculations)	\$ -
6. Gross Weekly BUSINESS/SELF-EMPLOYMENT INCOME less ordinary and necessary expenses (Attach Calculations)	\$ -
7. ALL OTHER SOURCES (Specify)*	\$ -
8. TOTAL GROSS WEEKLY INCOME (Total of Lines 1 through 7)	\$ -

9. Minus Weekly COURT ORDERED CHILD SUPPORT for Prior Children – amounts actually paid	\$ -
10. Minus Weekly LEGAL DUTY CHILD SUPPORT for Prior Children	\$ -
11. Minus Weekly HEALTH INSURANCE PREMIUMS for Children of This Marriage Only	\$ -
12. Minus Weekly ALIMONY/SUPPORT/MAINTENANCE Paid to Prior Spouses - amounts actually paid	\$ -
13. WEEKLY AVAILABLE INCOME (Line 8 less Lines 9 through 12)	\$ -

14. Weekly WORK RELATED CHILD CARE COSTS for Custodial Parent to work for Children of This Marriage Only	
15. Weekly EXTRAORDINARY HEALTHCARE EXPENSES (Children of This Marriage Only - Uninsured Only)	
16. Weekly EXTRAORDINARY EDUCATION EXPENSES (Children of This Marriage Only)	

* Includes Bonuses; Alimony and Maintenance Received from Prior Marriages; Capital Gains; Trust Income; Gifts; Prizes; In-kind Benefits from Employment such as Company Car, Free Housing, Reimbursed Meals. DO NOT include ADC, SSI, General Assistance, Food Stamps.

Names and relationship of all members of household whose expenses are included:

Monthly Expenses And Deductions From Income			AMOUNTS
1. FEDERAL INCOME TAXES (weekly deductions times 4.3)	\$ -	x 4.3	\$ -
2. STATE INCOME TAX (weekly deductions times 4.3)	\$ -	x 4.3	\$ -
3. LOCAL INCOME TAXES (weekly deductions times 4.3)	\$ -	x 4.3	\$ -
4. SOCIAL SECURITY TAXES (weekly deductions times 4.3)	\$ -	x 4.3	\$ -
5. RETIREMENT/PENSION FUND [Mandatory] [Optional] (weekly deductions times 4.3)	\$ -	x 4.3	\$ -
6. RENT/MORTGAGE PAYMENTS (Residence)			
7. RESIDENCE/PROPERTY TAXES/INSURANCE – if not included in Mortgage Payment (Total for year/12)			
8. MAINTENANCE ON RESIDENCE			
9. FOOD/HOUSEHOLD SUPPLIES/LAUNDRY/CLEANING			
10. ELECTRICITY (Total for year/12)			
11. GAS (Total for year/12 or Monthly Budget Amount)			
12. WATER/SEWER/SOLID WASTE/TRASH COLLECTION (Total for year/12)			
13. TELEPHONE (including Long Distance Charges)			
14. CLOTHING			
15. MEDICAL/DENTAL EXPENSES (Not reimbursed by Insurance)			
16. AUTOMOBILE – LOAN PAYMENT			
17. AUTOMOBILE – GAS/OIL			
18. AUTOMOBILE – REPAIRS			
19. AUTOMOBILE – INSURANCE (Total for year/12)			
20. LIFE INSURANCE			
21. HEALTH INSURANCE (exclude payment for children shown on Page 1, line 11)			
22. DISABILITY/ACCIDENT/OTHER INSURANCE (Please specify) - Renter's Insurance			
23. ENTERTAINMENT (Clubs, Social Obligations, Travel, Recreation, Cable Television)			
24. CHARITABLE/CHURCH CONTRIBUTIONS			
25. PERSONAL EXPENSES (Haircuts, cosmetics, grooming, tobacco, alcohol, etc.)			
26. BOOKS/MAGAZINES/NEWSPAPERS			
27. EDUCATION/SCHOOL EXPENSES (Self and children you have custody of)			
28. DAYCARE/WORK RELATED CHILD CARE COSTS (weekly amount times 4.3)			
29. OTHER EXPENSES (Please specify)			
30 Pets			
31			
MONTHLY LOAN/CHARGE CARD EXPENSES (Do not include monthly payments shown above)	FOR		BALANCE PAYMENTS
32			
33			
34			
35			
36			
37			
38			
39. Total Monthly Expenses and Deductions From Income (Total of Lines 1 through 38)			\$ -
40. Average Weekly Expenses and Deductions (Total monthly expenses/4.3)			\$ -

ASSETS

Disclose all assets known to you, even if you do not know the value. Under ownership: H=Husband; W=Wife; J=Joint. Lien Amount includes only those debts secured by an item, such as a mortgage against a house, debts shown on title to a vehicle, loans against life insurance policies or loans where an item is pledged as collateral. Value assets as of date Petition for Dissolution of Marriage was filed.

Show valuation date here: _____

DESCRIPTION	GROSS VALUE	LESS: LIENS/MORT	NET VALUE	TITLE		
				H	W	J
A. HOUSEHOLD FURNISHINGS, FURNITURE, APPLIANCES						
1			\$ -			
2			\$ -			
B. AUTOMOBILES, TRUCKS, RECREATIONAL VEHICLES (Include Make, Model and Year)						
3			\$ -			
4			\$ -			
5			\$ -			
6			\$ -			
C. SECURITIES – STOCKS, BONDS AND STOCK OPTIONS						
7			\$ -			
8			\$ -			
9			\$ -			
10			\$ -			
D. CASH, CHECKING, SAVINGS, DEPOSIT ACCOUNTS, CDs (Include name of Bank/Credit Union and type of account)						
11			\$ -			
12			\$ -			
13			\$ -			
14			\$ -			
15			\$ -			
E. REAL ESTATE (including Land Sales Contracts)						
16. Marital Residence (Show Address)			\$ -			
Basis of Valuation:						
First mortgage lender:						
Second mortgage lender:						
17. Other (Show Address)			\$ -			
Basis of Valuation:						
First mortgage lender:						
Second mortgage lender:						
18. Other (Show Address)			\$ -			
Basis of Valuation:						
First mortgage lender:						
Second mortgage lender:						

DESCRIPTION	GROSS VALUE	LESS: LIENS/MORT	NET VALUE	TITLE		
				H	W	J
F. CASH RETIREMENT ACCOUNTS (IRAs, SEPS, KEOUGHs, 401K, Employee savings plans, stock ownership/profit sharing plans, etc.)						
19	\$ -	\$ -	\$ -			
20	\$ -	\$ -	\$ -			
21	\$ -	\$ -	\$ -			
22	\$ -	\$ -	\$ -			
23	\$ -	\$ -	\$ -			
G. RETIREMENT BENEFITS, DEFERRED COMPENSATION PLANS AND PENSIONS (Include information available on benefits, whether benefits are vested or in pay status)						
24	\$ -	\$ -	\$ -			
25	\$ -	\$ -	\$ -			
H. BUSINESS INTERESTS						
26	\$ -	\$ -	\$ -			
27	\$ -	\$ -	\$ -			
28	\$ -	\$ -	\$ -			
I. LIFE INSURANCE (Show Company Name and Death Benefit Term and Group):						
29 Named Beneficiary:	\$ -	\$ -	\$ -			
30 Named Beneficiary:	\$ -	\$ -	\$ -			
31 Named Beneficiary:	\$ -	\$ -	\$ -			
Whole Life and Others (Show Cash Value under Gross Value):						
32 Named Beneficiary:	\$ -	\$ -	\$ -			
33 Named Beneficiary:	\$ -	\$ -	\$ -			
34 Named Beneficiary:	\$ -	\$ -	\$ -			
J. OTHER ASSETS Include any type of assets having value, including jewelry, personal property, assets located in safety deposit boxes, accrued bonuses, etc.						
35			\$ -			
36			\$ -			
37			\$ -			
38			\$ -			
39			\$ -			
40			\$ -			
41			\$ -			

SETS ACQUIRED BY YOU PRIOR TO THE MARRIAGE OR THROUGH INHERITANCE OR GIFT
(Whether now owned or not)

SHOW SIGNIFICANT ASSETS ONLY	GROSS VALUE	LESS: LIENS/MORT	NET VALUE	VALUATION DATE
A. ASSETS OWNED BY YOU PRIOR TO MARRIAGE (value as of date of marriage)				
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
5			\$ -	
B. ASSETS ACQUIRED BY YOU DURING MARRIAGE THROUGH INHERITANCE OR GIFTS (value as of date of acquisition)				
6 Acquired from whom:			\$ -	
7 Acquired from whom:			\$ -	
8 Acquired from whom:			\$ -	

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct, that this declaration was executed on the _____ day of _____ 2012

Signature: _____

Printed Name: _____

You are under a duty to supplement or amend this Financial Declaration prior to trial if you learn the information provided is incorrect or the information provided is no longer true.

CERTIFICATE OF SERVICE

I hereby certify that a true, exact and authentic copy of the foregoing has been served upon: _____ by:

VIA FIRST CLASS POSTAGE PRE-PAID _____ day of _____ 2012

Maureen E. Gaddy, 8298-49

Attorney's Address & Phone Number

Maureen E. Gaddy, 8298-49
77 South Girls School Road, Suite 105
Indianapolis, Indiana 46231-1170
(317) 244-7650
FACSIMILE (317) 244-7999