

LAC COURTE OREILLES TRIBAL COURT

In RE the marriage of:

Enter the name of the petitioner. If joint petitioners, enter the name of the wife.

Petitioner:

*First Name *Full Middle Name * Last Name

and

Respondent/Joint Petitioner:

*First Name *Full Middle Name * Last Name

On the far right, check Petitioner/Joint Petitioner-Wife or Respondent/Joint Petitioner-Husband

Enter the name of the respondent. If joint petitioners, enter the name of the husband.

Enter the case number.

Financial Disclosure Statement of:

- Petitioner/Joint Petitioner
- Respondent/Joint Petitioner

Case No. _____

This form must be filed with the Court no later than **five days** before the Initial Status Conference. Failure by either party to complete and file this form, or attachments as required will authorize the Court to accept the statement of the other party as the basis for its decisions. **Deliberate failure to provide complete disclosure is perjury.**

1. PROOF OF INCOME

- Attach a statement reflecting income earned to date for the current year.
- Attach most recent W-2 Statement.

2. GENERAL INFORMATION

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ Phone (evening) _____

Occupation: _____ Social Security Number _____

Employer _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Payroll Office Same as employer

Address _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

3. MEMBERS OF YOUR HOUSEHOLD

Enter the name and relationship of all people living in your household. Check yes or no to identify if they contribute to payment of household expenses.

	Name <input type="checkbox"/> I live alone	Relationship	This person helps pay Expenses	
			Yes	No
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>

4. MONTHLY INCOME

Income from wages / salary is received (check one):

To Calculate Monthly Gross Income Use The Multiplier Shown:

- weekly – multiply weekly income by 4.3
- every other week (bi-weekly) – multiply bi-weekly income by 2.15
- monthly
- twice a month – multiply semi-monthly income by 2

MONTHLY GROSS INCOME		
1.	Gross monthly income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime: (See above how to calculate.)	
2.	Pensions and retirement funds received:	
3.	Social Security benefits received:	
4.	Disability and Unemployment Insurance received:	
5.	Public Assistance Funds received:	
6.	Interest and Dividends received:	
7.	Child Support and maintenance (spousal support) received from any prior marriage/relationship:	
8.	Rental payments received (from property you rent to others)	
9.	Bonuses received:	
10.	Other sources of income received: (please specify)	
11.		
12.		
13.	Total Gross Income (add lines 1 - 12):	

MONTHLY DEDUCTIONS		
14.	Number of tax exemptions claimed:	
15.	Monthly federal income tax withheld:	
16.	Monthly state income tax withheld:	
17.	Social Security:	
18.	Medicare:	
19.	Medical insurance:	
20.	Other Insurances:	
21.	Union or other dues:	
22.	Retirement or pension fund:	
23.	Savings plan:	
24.	Credit union:	
25.	Child support or spousal support payments:	
26.	Other deductions: (please specify)	
27.		
28.	Total Monthly Deductions (add lines 14 – 27):	
MONTHLY NET INCOME (subtract line 28 from line 13):		

5. ANTICIPATED MONTHLY EXPENSES

MONTHLY GROSS INCOME		
1.	Rent or mortgage payment (primary residence):	
2.	Real Estate Property taxes (residence):	
3.	Repairs and maintenance (including maintenance of appliances and furnishings)	
4.	Food (include eating out) and household supplies:	
5.	Utilities (electricity, heat, water, sewage, trash):	
6.	Telephone (local, long distance and cellular):	
7.	Cable and Internet Services:	
8.	Laundry and dry cleaning:	
9.	Clothing and shoes:	
10.	Medical, dental and prescription drug expenses (not covered by insurance):	
11.	Insurance (life, health, accident, auto, liability, disability, homeowner's or renter's, excluding insurance that is paid through payroll deductions):	
12.	Childcare (babysitting and day care):	
13.	Child support or spousal support payments (due to previous marriage or relationship) (Exclude payments made through payroll deductions):	
14.	School expenses (child and adult education):	
15.	Entertainment (include clubs, social obligations, travel and recreation):	
16.	Incidentals (grooming, tobacco, alcohol, gifts, holidays and special occasions):	
17.	Transportation (other than automobile):	
18.	Auto payments (loans/leases):	
19.	Auto expenses (gas, oil, repairs and maintenance):	
20.	Newspapers, magazines or books:	
21.	Care and maintenance of pets (food, vet, grooming):	
22.	Payments to any dependents not living in your home and not included in a category above (including college age children):	
23.	Hobbies:	
24.	Other taxes than those listed above (exclude payroll deductions):	
25.	Other expenses (include expenses of other real properties owned, professional services such as counseling and tax/legal advice, etc.):	
	Other Monthly Installment Payments:	
26.	Mortgage (other than primary mortgage):	
27.	Other vehicle payments:	
28.	Credit card debt (total minimum monthly payments):	
29.	Court ordered obligations:	
30.	Student loans:	
31.	Personal loans:	
TOTAL MONTHLY EXPENSES (Add lines 1 – 31)		

6. ASSETS: List ALL assets that you own individually and together with your spouse without regard to how they have been or will be divided later.

If you do not have assets in an asset category, write "none" under the heading and enter "zero" in the estimated value column. If you need more space, please attach additional sheets.

	W = Wife B = Both			H = Husband			Amount Owed	Estimated Value Today
	Ownership or Title Held by			Current Possession				
Household Items	W	H	B	W	H	B		
Household furniture & accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Household appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
China, silver, crystal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Antiques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electronic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sports equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recreational vehicles, boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Automobiles: Year, Make, Model							Amount Owed	Estimated Value Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Securities: <i>Stocks, Bonds, Mutual Funds, Commodity Accounts</i> Name of Company & # of shares	Ownership or Title held by W = Wife H = Husband B = Both				Value Today
--	--	--	--	--	--------------------

	W	H	B		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Life Insurance Name of Company & Policy #				Beneficiary	Face Amount	Cash Value Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Cash and Deposit Accounts Name of Bank or Financial Institution				Type of Account	Account # Last 4 digits	Balance Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Pension, Retirement Accounts, Profit Sharing Name of Company & Type of Plan				% Vested If known	Date of Valuation	Value Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Business Interests Name of Business & Address	W	H	B	Type of Business	% of Ownership	Value MINUS indebtedness		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other Personal Property Description of Asset				Type of Property		Value		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Assets Acquired Description of Asset G = Gift I = Inherited B = Before Marriage	Ownership			Acquired by			Date Acquired	Value Today
	W	H	B	G	I	B		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Real Estate	Parcel 1			Parcel 2			Parcel 3	
Type of Property								
Address: street, city, state								
Current Fair Market Value								
Current Mortgage Balance								
Other Liens								

7. MEDICAL, HOMEOWNERS / RENTERS, AUTOMOBILE, OTHER INSURANCE

What type of insurance policies do you have?					
Name of Company, Group # and Policy #	W	H	B	Type of Insurance	Date Issued
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

8. DEBTS: List ALL debts that you owe individually and together with your spouse without regard to who will be responsible for payment later.

If there are additional DEBTS, please attach a separate sheet of paper with the creditor's name and address, the type of obligation, who pays (W, H, B) and the current balance.

Creditor's Name & Address	Type of Obligation	Who Currently Pays			Monthly Payment	Current Balance
		W	H	B		

9. DISPOSAL OF ASSETS

Did you dispose of any assets (sold, given away, or destroyed) the year before this case was filed?

Yes No

If yes, complete chart below:

Property / Asset	Date of Disposal	Fair Market Value on Date of Disposal

10. CURRENT LITIGATION

Are you a party in any other lawsuit or litigation?

Yes No

If yes, identify the lawsuit or litigation. _____

11. BANKRUPTCY

Have you ever filed for bankruptcy?

Yes No

If yes, identify the following:

Type of filing _____

Date of filing _____

Current status _____

12. DECLARATION

I declare under the *penalty of perjury* that the above, including all attachments, is true and correct as of the date signed below.

<p>Sign and print your name.</p> <p>Enter the date on which you signed your name.</p> <p>Note: This signature does not need to be notarized.</p>

Signature

Print or Type Name

Date