

STATE OF INDIANA) IN THE DEKALB CIRCUIT/SUPERIOR COURT II
) SS:
 COUNTY OF DEKALB) CAUSE NO:

IN RE: THE MARRIAGE OF

)
 PETITIONER)
)
 AND) FINAL HEARING DISCLOSURE
)
)
 RESPONDENT)

HUSBAND :

Name:	
Address:	
Soc.Sec.No.:	
Date of Birth:	
Employer:	
Attorney:	
Address:	
Telephone No.:	

WIFE :

Name:	
Address:	
Soc.Sec.No.:	
Date of Birth:	
Employer:	
Attorney:	
Address:	
Telephone No.:	

	AMOUNT
GROSS WEEKLY INCOME:	Income
1. Salary and Wages (Attach last 3 pay stubs)	
2. Soc. Security/Disability/Unempl./Workers Comp/Pension/Retirement	
3. Dividends and Interest	
4. Rents/Royalties/Less Ordinary/Necessary Expenses	
5. Business/Self-Employment Income-Less Ordinary Business Expenses	
6. Commissions/Bonuses/Tips	
7. TOTAL GROSS WEEKLY INCOME (Total of Lines 1-7)	
WEEKLY DEDUCTIONS	Deductions
8. Weekly Court Ordered Child Support for Prior Children	
9. Weekly Legal Duty Child Support for Prior Children-attach CSOW	
10. Weekly Health Insurance Premiums (Children of Marriage Only)	
11. Weekly Alimony/Support Maintenance-Amount Actually Paid to Prior Spouses- Attach Copy of Order	
12. Self-Employment Tax (1/2 of Weekly Self-Employment Taxes)	
13. Work-Related Child Care Costs (Annual Amount Divided by 52)	
14. Union Dues (Required for Employment)	
15. Name – If Wife wants Former Name Restored – State Full Name:	

CUSTODY & PARENTING TIME PROPOSAL

Custody proposal by Wife:

Custody proposal by Husband:

Parenting time proposal by Wife:

Parenting time proposal by Husband:

PROPERTY, INDEBTEDNESS, AND EARNINGS STATEMENT

COMES NOW Petitioner/Respondent and submits his/her Property, Indebtedness, and Earnings Statement with the Court.

The filing of this statement and service of it upon the opposing party constitutes a request for admissions to the opposing party that the information contained therein is true. In the event that the opposing party does not admit the truth of the allegations contained therein, the opposing party shall, within thirty (30) days from this date, complete such party's respective and corresponding portion of the statement heretofore filed. In the event that the opposing party does not complete his or her respective and corresponding portion of the statement within thirty (30) days, the information contained therein shall be deemed to be admitted as fact by the opposing party pursuant to Local Rule LR17-FL-003 (B).

Custody of the children (will/will not) be an issue at trial of this cause.

Attorney for Petitioner/Respondent
Or Petitioner/Respondent

RE: Marriage of:

Cause No.

ASSETS

Description	Date Acquired <u>Value</u>	Manner Acquired (Purchased, gift, inherited, etc)	Title H, W or J	Lien holder & unpaid amount	Husband's Opinion of Gross Value on date of filing <u>Wife's Opinion of Gross Value on date of filing</u>	Husband's Proposed Distribution (H or W) <u>Wife's Proposed Distribution (H or W)</u>
Real Estate (Attach all legal descriptions)						
Motor Vehicles (Please state make, model and year for each motor vehicle)						

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ASSETS

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Cash, Bank Accounts, CDs (Please state locations and identifying numbers)						
Stocks and Bonds (Attach copies of certificates)						

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Cause No.

ASSETS

Description	Date Acquired <hr/> Value	Manner Acquired (Purchased, gift, inherited, etc)	Title H, W or J	Lien holder & unpaid amount	Husband's Opinion of Gross Value on date of filing	Husband's Proposed Distribution (H or W)
					Wife's Opinion of Gross Value on date of filing	Wife's Proposed Distribution (H or W)
Business Interests (Sole proprietorships, partnerships, corporations, limited liability companies, etc. Attach all professional appraisals).						
Other Assets (List value on date of marriage and date of filing)						

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ASSETS

Description	<u>Date Acquired</u> Value	Manner Acquired (Purchased, gift, inherited, etc)	Title H, W or J	Lien holder & unpaid amount	<u>Husband's Opinion of Gross Value on date of filing</u> Wife's Opinion of Gross Value on date of filing	<u>Husband's Proposed Distribution (H or W)</u> Wife's Proposed Distribution (H or W)
Retirement Accounts and IRAs (List value on date of marriage and date of filing)						
Life Insurance Policies (List all policies even those without cash surrender value)						

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INCOME

	Employer	Job Classification	Length of Employment	Rate of Pay	Gross Earnings per Pay Period	Net Earnings per Pay Period
Husband						
Wife						

OTHER INCOME (SOURCE – AMOUNT)

Husband	
Wife	

I affirm under penalties for perjury that the foregoing representations, and all attachments hereto, are true and correct.

Dated: _____

Petitioner

Dated: _____

Respondent

You are under a continuing duty prior to trial to amend this statement if you learn the information contained herein is no longer accurate. Both parties should endeavor to stipulate as to the value of all assets, or be prepared to establish the values by appraisal.

CERTIFICATE OF SERVICE

I hereby certify that I did, on the ____ day of _____, 20____, mail or hand deliver to the other party or their Attorney, a completed copy of this disclosure.

Attorney for Petitioner/Respondent
Or Petitioner/Respondent