

COURT  
COUNTY OF

Index No.

- against -  
Plaintiff,  
Defendant.

STATEMENT OF  
NET WORTH  
(DRL §236)

Date of commencement of action

Complete all items, marking "NONE," "INAPPLICABLE" and "UNKNOWN," if appropriate)

STATE OF

COUNTY OF

SS.:

, the (Petitioner) (Respondent) (Plaintiff) (Defendant) herein, being duly sworn, deposes and says that the following is an accurate statement as of \_\_\_\_\_, of my net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), statement of income from all sources and statement of assets transferred of whatsoever kind and nature and wherever situated:

I. FAMILY DATA:

- (a) Husband's age \_\_\_\_\_
- (b) Wife's age \_\_\_\_\_
- (c) Date married \_\_\_\_\_
- (d) Date (separated)(divorced) \_\_\_\_\_
- (e) Number of dependent children under 21 years \_\_\_\_\_
- (f) Names and ages of children  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (g) Custody of Children \_\_\_\_ Husband \_\_\_\_ Wife
- (h) Minor children of prior marriage: \_\_\_\_ Husband \_\_\_\_ Wife
- (i) (Husband)(Wife) (paying)(receiving) \$\_\_\_\_\_ as alimony (maintenance) and/or \$\_\_\_\_\_ child support in connection with prior marriage
- (j) Custody of children of prior marriage:  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- (k) Is marital residence occupied by Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_
- (l) Husband's present address  
\_\_\_\_\_  
Wife's present address  
\_\_\_\_\_
- (m) Occupation of Husband \_\_\_\_\_ Occupation of Wife \_\_\_\_\_
- (n) Husband's employer  
\_\_\_\_\_
- (o) Wife's employer  
\_\_\_\_\_
- (p) Education, training and skills [Include dates of attainment of degrees, etc.]  
Husband \_\_\_\_\_  
Wife \_\_\_\_\_
- (q) Husband's health \_\_\_\_\_
- (r) Wife's health \_\_\_\_\_
- (s) Children's health \_\_\_\_\_

II. EXPENSES: (You may elect to list all expenses on a weekly basis or all expenses on a monthly basis, however, you must be consistent. If any items are paid on a monthly basis, divide by 4.3 to obtain weekly payments; if any items are paid on a weekly basis, multiply by 4.3 to obtain monthly payment. Attach additional sheet, if needed. Items included under "Other" should be listed separately with separate dollar amounts.)

Expenses listed  weekly  monthly

(a) Housing

- |                              |       |                                      |       |
|------------------------------|-------|--------------------------------------|-------|
| 1. Rent                      | _____ | 4. Condominium charges               | _____ |
| 2. Mortgage and amortization | _____ | 5. Cooperative apartment maintenance | _____ |
| 3. Real estate taxes         | _____ |                                      |       |

Total: Housing

\$ \_\_\_\_\_

(b) Utilities

- |                |       |              |       |
|----------------|-------|--------------|-------|
| 1. Fuel oil    | _____ | 4. Telephone | _____ |
| 2. Gas         | _____ | 5. Water     | _____ |
| 3. Electricity | _____ |              |       |

Total: Utilities

\$ \_\_\_\_\_

(c) Food

- |                    |       |                       |       |
|--------------------|-------|-----------------------|-------|
| 1. Groceries       | _____ | 5. Liquor/alcohol     | _____ |
| 2. School lunches  | _____ | 6. Home entertainment | _____ |
| 3. Lunches at work | _____ | 7. Other _____        | _____ |
| 4. Dining Out      | _____ |                       |       |

Total: Food

\$ \_\_\_\_\_

(d) Clothing

- |            |       |                |       |
|------------|-------|----------------|-------|
| 1. Husband | _____ | 3. Children    | _____ |
| 2. Wife    | _____ | 4. Other _____ | _____ |

Total: Clothing

\$ \_\_\_\_\_

(e) Laundry

- |                    |       |                |       |
|--------------------|-------|----------------|-------|
| 1. Laundry at home | _____ | 3. Other _____ | _____ |
| 2. Dry cleaning    | _____ |                |       |

Total: Laundry

\$ \_\_\_\_\_

(f) Insurance

- |                              |       |                           |       |
|------------------------------|-------|---------------------------|-------|
| 1. Life                      | _____ | 6. Medical plan           | _____ |
| 2. Homeowner's/tenant's      | _____ | 7. Dental plan            | _____ |
| 3. Fire, theft and liability | _____ | 8. Optical plan           | _____ |
| 4. Automotive                | _____ | 9. Disability             | _____ |
| 5. Umbrella policy           | _____ | 10. Worker's Compensation | _____ |
|                              |       | 11. Other _____           | _____ |

Total: Insurance

\$ \_\_\_\_\_

(g) Unreimbursed medical

- |                   |       |                                |       |
|-------------------|-------|--------------------------------|-------|
| 1. Medical        | _____ | 5. Surgical, nursing, hospital | _____ |
| 2. Dental         | _____ | 6. Other _____                 | _____ |
| 3. Optical        | _____ |                                |       |
| 4. Pharmaceutical | _____ |                                |       |

Total: Unreimbursed medical

\$ \_\_\_\_\_

(h) Household maintenance

- |                                      |       |                          |       |
|--------------------------------------|-------|--------------------------|-------|
| 1. Repairs                           | _____ | 5. Painting              | _____ |
| 2. Furniture, furnishings housewares | _____ | 6. Sanitation/carting    | _____ |
| 3. Cleaning supplies                 | _____ | 7. Gardening/landscaping | _____ |
| 4. Appliances, including maintenance | _____ | 8. Snow removal          | _____ |
|                                      |       | 9. Extermination         | _____ |
|                                      |       | 10. Other _____          | _____ |

Total: Household maintenance

\$ \_\_\_\_\_

(i) Household help

- 1. Babysitter \_\_\_\_\_ 3. Other \_\_\_\_\_
- 2. Domestic (housekeeper, maid, etc.) \_\_\_\_\_

Total: Household help

\$ \_\_\_\_\_

(j) Automotive

- Year: \_\_\_\_\_ Make: \_\_\_\_\_ Personal: \_\_\_ Business: \_\_\_
- Year: \_\_\_\_\_ Make: \_\_\_\_\_ Personal: \_\_\_ Business: \_\_\_
- Year: \_\_\_\_\_ Make: \_\_\_\_\_ Personal: \_\_\_ Business: \_\_\_

- 1. Payments \_\_\_\_\_ 4. Car wash \_\_\_\_\_
- 2. Gas and oil \_\_\_\_\_ 5. Registration and license \_\_\_\_\_
- 3. Repairs \_\_\_\_\_ 6. Parking and tolls \_\_\_\_\_
- 7. Other \_\_\_\_\_

Total: Automotive

\$ \_\_\_\_\_

(k) Educational

- 1. Nursery and pre-school \_\_\_\_\_ 6. School transportation \_\_\_\_\_
- 2. Primary and secondary \_\_\_\_\_ 7. School supplies/books \_\_\_\_\_
- 3. College \_\_\_\_\_ 8. Tutoring \_\_\_\_\_
- 4. Post-graduate \_\_\_\_\_ 9. School events \_\_\_\_\_
- 5. Religious instruction \_\_\_\_\_ 10. Other \_\_\_\_\_

Total: Educational

\$ \_\_\_\_\_

(l) Recreational

- 1. Summer camp \_\_\_\_\_ 9. Country club/pool club \_\_\_\_\_
- 2. Vacations \_\_\_\_\_ 10. Health club \_\_\_\_\_
- 3. Movies \_\_\_\_\_ 11. Sporting goods \_\_\_\_\_
- 4. Theatre, ballet, etc. \_\_\_\_\_ 12. Hobbies \_\_\_\_\_
- 5. Video rentals \_\_\_\_\_ 13. Music/dance lessons \_\_\_\_\_
- 6. Tapes, CD's, etc. \_\_\_\_\_ 14. Sports lessons \_\_\_\_\_
- 7. Cable television \_\_\_\_\_ 15. Birthday parties \_\_\_\_\_
- 8. Team sports \_\_\_\_\_ 16. Other \_\_\_\_\_

Total: Recreational

\$ \_\_\_\_\_

(m) Income taxes

- 1. Federal \_\_\_\_\_ 3. City \_\_\_\_\_
- 2. State \_\_\_\_\_ 4. Social Security and Medicare \_\_\_\_\_

Total: Income taxes

\$ \_\_\_\_\_

(n) Miscellaneous

- 1. Beauty parlor/barber \_\_\_\_\_ 9. Union and organization dues \_\_\_\_\_
- 2. Beauty aids/cosmetics, drug items \_\_\_\_\_
- 3. Cigarettes/tobacco \_\_\_\_\_ 10. Commutation and transportation \_\_\_\_\_
- 4. Books, magazines, newspapers \_\_\_\_\_ 11. Veterinarian/pet expenses \_\_\_\_\_
- 5. Children's allowances \_\_\_\_\_ 12. Child support payments (prior marriage) \_\_\_\_\_
- 6. Gifts \_\_\_\_\_ 13. Alimony and maintenance payments (prior marriage) \_\_\_\_\_
- 7. Charitable contributions \_\_\_\_\_ 14. Loan payments \_\_\_\_\_
- 8. Religious organization dues \_\_\_\_\_ 15. Unreimbursed business expenses \_\_\_\_\_

Total: Miscellaneous

\$ \_\_\_\_\_

(o) Other

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

Total: Other

\$ \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

III. GROSS INCOME: (State source of income and annual amount. Attach additional sheet, if needed).

(a) Salary or wages: (State whether income has changed during the year preceding date of this affidavit \_\_\_\_\_. If so, set forth name and address of all employers during preceding year and average weekly wage paid by each. Indicate overtime earnings separately. Attach previous year's W-2 or income tax return.)

\_\_\_\_\_

(b) Weekly deductions:

- 1. Federal tax ..... \_\_\_\_\_
- 2. New York State tax..... \_\_\_\_\_
- 3. Local tax..... \_\_\_\_\_
- 4. Social Security..... \_\_\_\_\_
- 5. Medicare..... \_\_\_\_\_
- 6. Other payroll deductions (specify)..... \_\_\_\_\_

(c) Social Security number \_\_\_\_\_

(d) Number and names of dependents claimed: \_\_\_\_\_

(e) Bonus, commissions, fringe benefits (use of auto, memberships, etc.)..... \_\_\_\_\_

(f) Partnership, royalties, sale of assets (income and installment payments)..... \_\_\_\_\_

(g) Dividends and interest (state whether taxable or not)..... \_\_\_\_\_

(h) Real estate (income only)..... \_\_\_\_\_

(i) Trust, profit sharing and annuities (principal distribution and income)..... \_\_\_\_\_

(j) Pension (income only)..... \_\_\_\_\_

(k) Awards, prizes, grants (state whether taxable)..... \_\_\_\_\_

(l) Bequests, legacies and gifts..... \_\_\_\_\_

(m) Income from all other sources..... (including alimony, maintenance or child support from prior marriage)

(n) Tax preference items:

- 1. Long term capital gain deduction..... \_\_\_\_\_
- 2. Depreciation, amortization or depletion.... \_\_\_\_\_
- 3. Stock options -- excess of fair market value over amount paid..... \_\_\_\_\_

(o) If any child or other member of your household is employed, set forth name and that person's annual income \_\_\_\_\_

(p) Social Security..... \_\_\_\_\_

(q) Disability benefits..... \_\_\_\_\_

(r) Public assistance..... \_\_\_\_\_

(s) Other..... \_\_\_\_\_

TOTAL INCOME:

\_\_\_\_\_

IV. ASSETS: (If any asset is held jointly with spouse or another, so state, and set forth your respective shares. Attach additional sheets, if

needed.)

A. Cash Accounts

Cash

1.1

a.

Location \_\_\_\_\_

b. Source of funds \_\_\_\_\_

c. Amount \_\_\_\_\_ \$ \_\_\_\_\_

Total: Cash

\$ \_\_\_\_\_

Checking Accounts

2.1 a. Financial institution \_\_\_\_\_

b. Account number \_\_\_\_\_

c. Title holder \_\_\_\_\_

d. Date opened \_\_\_\_\_

e. Source of Funds \_\_\_\_\_

f. Balance \_\_\_\_\_ \$ \_\_\_\_\_

2.2

a. Financial institution

\_\_\_\_\_

b. Account number \_\_\_\_\_

c. Title Holder \_\_\_\_\_

d. Date opened \_\_\_\_\_

e. Source of Funds \_\_\_\_\_

f. Balance \_\_\_\_\_ \$ \_\_\_\_\_

Total: Checking \$ \_\_\_\_\_

Savings accounts (including individual, joint, totten trust, certificates of deposit, treasury notes)

3.1 a. Financial institution \_\_\_\_\_

b. Account number \_\_\_\_\_

c. Title holder \_\_\_\_\_

d. Type of account \_\_\_\_\_

e. Date opened \_\_\_\_\_

f. Source of funds \_\_\_\_\_

g. Balance \_\_\_\_\_ \$ \_\_\_\_\_

3.2 a. Financial institution \_\_\_\_\_

b. Account number \_\_\_\_\_

c. Title holder \_\_\_\_\_

d. Type of account \_\_\_\_\_

e. Date opened \_\_\_\_\_

f. Source of funds \_\_\_\_\_

g. Balance \_\_\_\_\_ \$ \_\_\_\_\_

Total: Savings

\$ \_\_\_\_\_

Security deposits, earnest money, etc.

4.1 a. Location \_\_\_\_\_

b. Title owner \_\_\_\_\_

c. Type of deposit \_\_\_\_\_

e. Source of funds \_\_\_\_\_

f. Date of deposit \_\_\_\_\_

g. Amount \_\_\_\_\_ \$ \_\_\_\_\_

Total: Security Deposits, etc.

\$ \_\_\_\_\_

Other

5.1 a. Location \_\_\_\_\_

b. Title owner \_\_\_\_\_  
 c. Type of account \_\_\_\_\_  
 d. Source of funds \_\_\_\_\_  
 e. Date of deposit \_\_\_\_\_  
 f. Amount \_\_\_\_\_ \$ \_\_\_\_\_  
 Total: Other

\$ \_\_\_\_\_

Total: Cash Accounts

\$ \_\_\_\_\_

B. Securities

Bonds, notes, mortgages

1.1 a. Description of security \_\_\_\_\_  
 b. Title holder \_\_\_\_\_  
 c. Location \_\_\_\_\_  
 d. Date of acquisition \_\_\_\_\_  
 e. Original price or value \_\_\_\_\_  
 f. Source of funds to acquire \_\_\_\_\_  
 g. Current value \_\_\_\_\_ \$ \_\_\_\_\_  
 Total: Bonds, notes, etc.

\$ \_\_\_\_\_

Stocks, options and commodity contracts

2.1 a. Description of security \_\_\_\_\_  
 b. Title holder \_\_\_\_\_  
 c. Location \_\_\_\_\_  
 d. Date of acquisition \_\_\_\_\_  
 e. Original price or value \_\_\_\_\_  
 f. Source of funds to acquire \_\_\_\_\_  
 g. Current value \_\_\_\_\_ \$ \_\_\_\_\_

2.2 a. Description of security \_\_\_\_\_  
 b. Title holder \_\_\_\_\_  
 c. Location \_\_\_\_\_  
 d. Date of acquisition \_\_\_\_\_  
 e. Original price or value \_\_\_\_\_  
 f. Source of funds to acquire \_\_\_\_\_  
 g. Current value \_\_\_\_\_ \$ \_\_\_\_\_

2.3 a. Description of security \_\_\_\_\_  
 b. Title holder \_\_\_\_\_  
 \_\_\_\_\_  
 c. Location \_\_\_\_\_  
 d. Date of acquisition \_\_\_\_\_  
 e. Original price or value \_\_\_\_\_  
 f. Source of funds to acquire \_\_\_\_\_  
 g. Current value \_\_\_\_\_ \$ \_\_\_\_\_  
 Total: Stocks, options, etc.

\$ \_\_\_\_\_

Broker margin accounts

3.1 a. Name and address of broker \_\_\_\_\_  
 b. Title holder \_\_\_\_\_  
 c. Date account opened \_\_\_\_\_  
 d. Original value of account \_\_\_\_\_  
 e. Source of funds \_\_\_\_\_  
 f. Current value \_\_\_\_\_ \$ \_\_\_\_\_  
 Total: Margin accounts

\$ \_\_\_\_\_

Total value of securities:

\$ \_\_\_\_\_

## C. Loans to others and accounts receivable

- 1.1 a. Debtor's name and address \_\_\_\_\_  
 b. Original amount of loan or debt \_\_\_\_\_  
 c. Source of funds from which loan made or origin  
 of debt \_\_\_\_\_  
 d. Date payment(s) due \_\_\_\_\_  
 e. Current amount due \_\_\_\_\_ \$ \_\_\_\_\_

- 1.2 a. Debtor's name and address \_\_\_\_\_  
 b. Original amount of loan or debt \_\_\_\_\_  
 c. Source of funds from which loan made or origin  
 of debt \_\_\_\_\_  
 d. Date payment(s) due \_\_\_\_\_  
 e. Current amount due \_\_\_\_\_ \$ \_\_\_\_\_

Total: Loans and accounts receivable \$ \_\_\_\_\_

## D. Value of interest in any business

- 1.1 a. Name and address of business \_\_\_\_\_  
 b. Type of business (corporate, partnership, sole  
 proprietorship or other) \_\_\_\_\_  
 c. Your capital contribution \_\_\_\_\_  
 d. Your percentage of interest \_\_\_\_\_  
 e. Date of acquisition \_\_\_\_\_  
 f. Original price or value \_\_\_\_\_  
 g. Source of funds to acquire \_\_\_\_\_  
 h. Method of valuation \_\_\_\_\_  
 i. Other relevant information \_\_\_\_\_  
 j. Current net worth of business \_\_\_\_\_ \$ \_\_\_\_\_

Total: Value of business interest \$ \_\_\_\_\_

## E. Cash surrender value of life insurance

- 1.1 a. Insurer's name and address \_\_\_\_\_  
 b. Name of insured \_\_\_\_\_  
 c. Policy number \_\_\_\_\_  
 d. Face amount of policy \_\_\_\_\_  
 e. Policy owner \_\_\_\_\_  
 f. Date of acquisition \_\_\_\_\_  
 g. Source of funding to acquire \_\_\_\_\_  
 h. Current cash surrender value \_\_\_\_\_ \$ \_\_\_\_\_

Total: Value of life insurance

\$ \_\_\_\_\_

## F. Vehicles (automobile, boat, plane, truck, camper, etc.)

- 1.1 a. Description \_\_\_\_\_  
 b. Title owner \_\_\_\_\_  
 c. Date of acquisition \_\_\_\_\_  
 d. Original price \_\_\_\_\_  
 e. Source of funds to acquire \_\_\_\_\_  
 f. Amount of current lien unpaid \_\_\_\_\_  
 g. Current fair market value \_\_\_\_\_ \$ \_\_\_\_\_

- 1.2 a. Description \_\_\_\_\_  
 b. Title owner \_\_\_\_\_  
 c. Date of acquisition \_\_\_\_\_

- d. Original price \_\_\_\_\_
- e. Source of funds to acquire \_\_\_\_\_
- f. Amount of current lien unpaid \_\_\_\_\_
- g. Current fair market value \_\_\_\_\_ \$ \_\_\_\_\_
- Total: Value of Vehicles \$ \_\_\_\_\_

G. Real estate (including real property, leaseholds, life estates, etc. at market value -- do not deduct any mortgage)

- 1.1 a. Description \_\_\_\_\_
- b. Title owner \_\_\_\_\_
- c. Date of acquisition \_\_\_\_\_
- d. Original price \_\_\_\_\_
- e. Source of funds to acquire \_\_\_\_\_
- f. Amount of mortgage or lien unpaid \_\_\_\_\_
- g. Estimated current market value \_\_\_\_\_ \$ \_\_\_\_\_

- 1.2 a. Description \_\_\_\_\_
- b. Title owner \_\_\_\_\_
- c. Date of acquisition \_\_\_\_\_
- d. Original price \_\_\_\_\_
- e. Source of funds to acquire \_\_\_\_\_
- f. Amount of mortgage or lien unpaid \_\_\_\_\_
- g. Estimated current market value \_\_\_\_\_ \$ \_\_\_\_\_

- 1.3 a. Description \_\_\_\_\_
- b. Title owner \_\_\_\_\_
- c. Date of acquisition \_\_\_\_\_
- d. Original price \_\_\_\_\_
- e. Source of funds to acquire \_\_\_\_\_
- f. Amount of mortgage or lien unpaid \_\_\_\_\_
- g. Estimated current market value \_\_\_\_\_ \$ \_\_\_\_\_

Total: Value of real estate

\$ \_\_\_\_\_

H. Vested interests in trusts (pension, profit sharing, legacies, deferred compensation and others)

- 1.1 a. Description of trust \_\_\_\_\_
- b. Location of assets \_\_\_\_\_
- c. Title owner \_\_\_\_\_
- d. Date of acquisition \_\_\_\_\_
- e. Original investment \_\_\_\_\_
- f. Source of funds \_\_\_\_\_
- g. Amount of unpaid liens \_\_\_\_\_
- h. Current value \_\_\_\_\_ \$ \_\_\_\_\_

- 1.2 a. Description of trust \_\_\_\_\_
- b. Location of assets \_\_\_\_\_
- c. Title owner \_\_\_\_\_
- d. Date of acquisition \_\_\_\_\_
- e. Original investment \_\_\_\_\_
- f. Source of funds \_\_\_\_\_
- g. Amount of unpaid liens \_\_\_\_\_
- h. Current value \_\_\_\_\_ \$ \_\_\_\_\_

Total: Vested interest in trusts

\$ \_\_\_\_\_



I. Contingent interests (stock options, interests subject to life estates, prospective inheritances, etc.)

- 1.1 a. Description \_\_\_\_\_  
 b. Location \_\_\_\_\_  
 c. Date of vesting \_\_\_\_\_  
 d. Title owner \_\_\_\_\_  
 e. Date of acquisition \_\_\_\_\_  
 f. Original price or value \_\_\_\_\_  
 g. Source of funds to acquire \_\_\_\_\_  
 h. Method of valuation \_\_\_\_\_  
 i. Current value \_\_\_\_\_ \$\_\_\_\_\_

Total: Contingent interests

\$\_\_\_\_\_

J. Household furnishings

- 1.1 a. Description \_\_\_\_\_  
 b. Location \_\_\_\_\_  
 c. Title owner \_\_\_\_\_  
 d. Original price \_\_\_\_\_  
 e. Source of funds to acquire \_\_\_\_\_  
 f. Amount of lien unpaid \_\_\_\_\_  
 g. Current value \_\_\_\_\_ \$\_\_\_\_\_

Total: Household furnishings \$\_\_\_\_\_

K. Jewelry, art, antiques, precious objects, gold and precious metals (only if valued at more than \$500)

- 1.1 a. Description \_\_\_\_\_  
 b. Title owner \_\_\_\_\_  
 c. Location \_\_\_\_\_  
 d. Original price or value \_\_\_\_\_  
 e. Source of funds to acquire \_\_\_\_\_  
 f. Amount of lien unpaid \_\_\_\_\_  
 g. Current value \_\_\_\_\_ \$\_\_\_\_\_

- 1.2 a. Description \_\_\_\_\_  
 b. Title owner \_\_\_\_\_  
 c. Location \_\_\_\_\_  
 d. Original price or value \_\_\_\_\_  
 e. Source of funds to acquire \_\_\_\_\_  
 f. Amount of lien unpaid \_\_\_\_\_  
 g. Current value \_\_\_\_\_ \$\_\_\_\_\_

Total: Jewelry, art, etc.: \$\_\_\_\_\_

L. Other (e.g., tax shelter investments, collections, judgments, causes of action, patents, trademarks, copyrights, and any other asset not hereinabove itemized)

- 1.1 a. Description \_\_\_\_\_  
 b. Title owner \_\_\_\_\_  
 c. Location \_\_\_\_\_  
 d. Original price or value \_\_\_\_\_  
 e. Source of funds to acquire \_\_\_\_\_  
 f. Amount of lien unpaid \_\_\_\_\_  
 g. Current value \_\_\_\_\_ \$\_\_\_\_\_

- 1.2 a. Description \_\_\_\_\_  
 b. Title owner \_\_\_\_\_  
 c. Location \_\_\_\_\_  
 d. Original price or value \_\_\_\_\_

e. Source of funds to acquire \_\_\_\_\_  
 f. Amount of lien unpaid \_\_\_\_\_  
 g. Current value \_\_\_\_\_ \$ \_\_\_\_\_  
 Total: Other

\$ \_\_\_\_\_

TOTAL: ASSETS \$ \_\_\_\_\_

V. LIABILITIES

A. Accounts payable

1.1 a. Name and address of creditor \_\_\_\_\_  
 b. Debtor \_\_\_\_\_  
 c. Amount of original debt \_\_\_\_\_  
 d. Date of incurring debt \_\_\_\_\_  
 e. Purpose \_\_\_\_\_  
 f. Monthly or other periodic payment \_\_\_\_\_  
 g. Amount of current debt \_\_\_\_\_ \$ \_\_\_\_\_

1.2 a. Name and address of creditor \_\_\_\_\_  
 b. Debtor \_\_\_\_\_  
 c. Amount of original debt \_\_\_\_\_  
 d. Date of incurring debt \_\_\_\_\_  
 e. Purpose \_\_\_\_\_  
 f. Monthly or other periodic payment \_\_\_\_\_  
 g. Amount of current debt \_\_\_\_\_ \$ \_\_\_\_\_

1.3 a. Name and address of creditor \_\_\_\_\_  
 b. Debtor \_\_\_\_\_  
 c. Amount of original debt \_\_\_\_\_  
 d. Date of incurring debt \_\_\_\_\_  
 e. Purpose \_\_\_\_\_  
 f. Monthly or other periodic payment \_\_\_\_\_  
 g. Amount of current debt \_\_\_\_\_ \$ \_\_\_\_\_

1.4 a. Name and address of creditor \_\_\_\_\_  
 b. Debtor \_\_\_\_\_  
 c. Amount of original debt \_\_\_\_\_  
 d. Date of incurring debt \_\_\_\_\_  
 e. Purpose \_\_\_\_\_  
 f. Monthly or other periodic payment \_\_\_\_\_  
 g. Amount of current debt \_\_\_\_\_ \$ \_\_\_\_\_

1.5 a. Name and address of creditor \_\_\_\_\_  
 b. Debtor \_\_\_\_\_  
 c. Amount of original debt \_\_\_\_\_  
 d. Date of incurring debt \_\_\_\_\_  
 e. Purpose \_\_\_\_\_  
 f. Monthly or other periodic payment \_\_\_\_\_  
 g. Amount of current debt \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

Total: Accounts payable

B. Notes payable

- 1.1 a. Name and address of note holder \_\_\_\_\_
- b. Debtor \_\_\_\_\_
- c. Amount of original debt \_\_\_\_\_
- d. Date of incurring debt \_\_\_\_\_
- e. Purpose \_\_\_\_\_
- f. Monthly or other periodic payment \_\_\_\_\_
- g. Amount of current debt \_\_\_\_\_ \$ \_\_\_\_\_
  
- 1.2 a. Name and address of note holder \_\_\_\_\_
- b. Debtor \_\_\_\_\_
- c. Amount of original debt \_\_\_\_\_
- d. Date of incurring debt \_\_\_\_\_
- e. Purpose \_\_\_\_\_
- f. Monthly or other periodic payment \_\_\_\_\_
- g. Amount of current debt \_\_\_\_\_ \$ \_\_\_\_\_

Total: Notes payable

\$ \_\_\_\_\_

C. Installment accounts payable (security agreements, chattel mortgages)

- 1.1 a. Name and address of creditor \_\_\_\_\_
- b. Debtor \_\_\_\_\_
- c. Amount of original debt \_\_\_\_\_
- d. Date of incurring debt \_\_\_\_\_
- e. Purpose \_\_\_\_\_
- f. Monthly or other periodic payment \_\_\_\_\_
- g. Amount of current debt \_\_\_\_\_ \$ \_\_\_\_\_
  
- 1.2 a. Name and address of creditor \_\_\_\_\_
- b. Debtor \_\_\_\_\_
- c. Amount of original debt \_\_\_\_\_
- d. Date of incurring debt \_\_\_\_\_
- e. Purpose \_\_\_\_\_
- f. Monthly or other periodic payment \_\_\_\_\_
- g. Amount of current debt \_\_\_\_\_ \$ \_\_\_\_\_

Total: Installment accounts

\$ \_\_\_\_\_

D. Brokers' margin accounts

- 1.1 a. Name and address of broker \_\_\_\_\_
- b. Amount of original debt \_\_\_\_\_
- c. Date of incurring debt \_\_\_\_\_
- d. Purpose \_\_\_\_\_
- e. Monthly or other periodic payment \_\_\_\_\_
- f. Amount of current debt \_\_\_\_\_ \$ \_\_\_\_\_

Total: Brokers' margin accounts

\$ \_\_\_\_\_

E. Mortgages payable on real estate

- 1.1 a. Name and address of mortgagee \_\_\_\_\_
- b. Address of property mortgaged \_\_\_\_\_
- c. Mortgagor(s) \_\_\_\_\_
- d. Original debt \_\_\_\_\_
- e. Date of incurring debt \_\_\_\_\_
- f. Monthly or other periodic payment \_\_\_\_\_
- g. Maturity Date \_\_\_\_\_
- h. Amount of current debt \_\_\_\_\_ \$ \_\_\_\_\_
  
- 1.2 a. Name and address of mortgagee \_\_\_\_\_
- b. Address of property mortgaged \_\_\_\_\_

c. Mortgagor(s) \_\_\_\_\_  
 d. Original debt \_\_\_\_\_  
 e. Date of incurring debt \_\_\_\_\_  
 f. Monthly or other periodic payment \_\_\_\_\_  
 g. Maturity date \_\_\_\_\_  
 h. Amount of current debt \_\_\_\_\_ \$\_\_\_\_\_

Total: Mortgages payable

\$\_\_\_\_\_

F. Taxes payable

1.1 a. Description of tax \_\_\_\_\_  
 b. Amount of tax \_\_\_\_\_  
 c. Date due \_\_\_\_\_

Total: Taxes payable

\$\_\_\_\_\_

G. Loans on life insurance policies

1.1 a. Name and address of insurer \_\_\_\_\_  
 b. Amount of loan \_\_\_\_\_  
 c. Date incurred \_\_\_\_\_  
 d. Purpose \_\_\_\_\_  
 e. Name of borrower \_\_\_\_\_  
 f. Monthly or other periodic payment \_\_\_\_\_  
 g. Amount of current debt \_\_\_\_\_ \$\_\_\_\_\_

Total: Life insurance loans

\$\_\_\_\_\_

H. Other liabilities

1.1 a. Description \_\_\_\_\_  
 b. Name and address of creditor \_\_\_\_\_  
 c. Debtor \_\_\_\_\_  
 d. Original amount of debt \_\_\_\_\_  
 e. Date incurred \_\_\_\_\_  
 f. Purpose \_\_\_\_\_  
 g. Monthly or other periodic payment \_\_\_\_\_  
 h. Amount of current debt \_\_\_\_\_ \$\_\_\_\_\_

1.2 a. Description \_\_\_\_\_  
 b. Name and address of creditor \_\_\_\_\_  
 c. Debtor \_\_\_\_\_  
 d. Original amount of debt \_\_\_\_\_  
 e. Date incurred \_\_\_\_\_  
 f. Purpose \_\_\_\_\_  
 g. Monthly or other periodic payment \_\_\_\_\_  
 h. Amount of current debt \_\_\_\_\_ \$\_\_\_\_\_

Total: Other liabilities

\$\_\_\_\_\_

TOTAL LIABILITIES: \$\_\_\_\_\_

**NET WORTH**

TOTAL ASSETS: \$\_\_\_\_\_

TOTAL LIABILITIES: (minus) (\$\_\_\_\_\_)

NET WORTH: \$\_\_\_\_\_

VI. ASSETS TRANSFERRED: (List all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter [transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth]).

Description of Property	To Whom Transferred and Relationship to Transferee	Date of Transfer	Value
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

VII. SUPPORT REQUIREMENTS:

(a) Deponent is at present (paying)(receiving) \$\_\_\_\_\_ per (week)(month), and prior to separation (paid)(received) \$\_\_\_\_\_ per (week)(month) to cover expenses for

\_\_\_\_\_

These payments are being made (voluntarily)(pursuant to court order or judgment)(pursuant to separation agreement), and there are (no) arrears outstanding (in the sum of \$\_\_\_\_\_ to date).

(b) Deponent requests for support of each child \$\_\_\_\_\_ per (week)(month). Total for children \$\_\_\_\_\_.

(c) Deponent requests for support of self \$\_\_\_\_\_ per (week)(month).

(d) The day of the (week)(month) on which payment should be made is \_\_\_\_\_.

VIII. COUNSEL FEE REQUIREMENTS:

(a) Deponent requests for counsel fee and disbursements the sum of \_\_\_\_\_.

(b) Deponent has paid counsel the sum of \$\_\_\_\_\_ and has agreed with counsel concerning fees as follows:

\_\_\_\_\_

(c) There is (not) a retainer agreement or written agreement relating to payment of legal fees. (A copy of any such agreement must be annexed.)

IX. ACCOUNTANT AND APPRAISAL FEES REQUIREMENTS:

(a) Deponent requests for accountants' fees and disbursements the sum of \$\_\_\_\_\_. (Include basis for fee, e.g., hourly rate, flat rate)

(b) Deponent requests for appraisal fees and disbursements the sum of \$\_\_\_\_\_. (Include basis for fee, e.g., hourly rate, flat rate)

(c) Deponent requires the services of an accountant for the following reasons:

\_\_\_\_\_

(d) Deponent requires the services of an appraiser for the following reasons:

\_\_\_\_\_

X. Other data concerning the financial circumstances of the parties that should be brought to the attention of the Court are:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

The foregoing statements and a rider consisting of \_\_\_\_\_ page(s) annexed hereto and made part hereof, have been carefully read by the undersigned who states that they are true and correct.

(Petitioner) (Respondent)
(Plaintiff) (Defendant)

Sworn to before me this
day of , 19

\_\_\_\_\_

SIGNATURE OF ATTORNEY

ATTORNEY'S NAME (PRINT OR TYPE)

ATTORNEY'S ADDRESS & TELEPHONE NUMBER