**PATERNITY & POST DECREE FINANCIAL DECLARATION FORM**
**STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS OF LAKE COUNTY**

IN RE THE MARRIAGE OF: Cause No. ______________________

___________________________
Mother

and

___________________________
Father

FINANCIAL DECLARATION OF: ________________DATED: ________________

*This declaration is considered mandatory discovery and must be exchanged between the parties within 30 days of the filing of any paternity case or any post decree matter. Parties not represented by counsel are required to comply with these practices. Failure by either party to complete and exchange this form as required will authorize the court to impose the sanctions set forth in Rule 6 of the Lake County Rules of Family Law, these include costs and attorney fees.*

Father: __________________________ Mother: __________________________

Address: __________________________ Address: __________________________

__________________________ __________________________

Soc. Sec. No.: ____________________ Soc. Sec. No.: ____________________

Badge/Payroll No.: ________________ Badge/Payroll No.: ________________

Occupation: ______________________ Occupation: ______________________

Employer: ________________________ Employer: ________________________

Date started this employment: ________ Date started this employment: ______

Birth Date: _______________________ Birth Date: _______________________

List the following Dates as Applicable:
Date of Dissolution: ___________________________

Date of most recent support order: ___________________

Date of Filing of this paternity action: _________________

Date of Filing of this post decree action: ________________

List Names, dates of birth, and social security numbers of all children of this relationship, whether by birth or adoption:

_______________________________________________________________

List Names and dates of birth of any other children living at the residence of the person responding (identify if these are children of the responding party) and for each such person indicate the amount of support, if any, that is received:

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

**Part I. INCOME AND EXPENSES STATEMENT**

**Attach COMPLETE copies of your Federal Income Tax Returns for the last three taxable years including all W2's and 1099's. Also attach proof of all wages earned in the present year up to the date of your response.** If current wage statement shows year to date wages and itemized deductions this is sufficient. If current wage statement does not indicate year to date earnings and deductions attach the 8 most recent pay stubs.

| | **Person Responding** |
|---|---|
| **A. Gross yearly** income from Salary and Wages, including commissions, bonuses, allowances and overtime, received in most recent year. | ____________________ |
| **Average gross pay per** pay period (indicate whether you are paid weekly each 2 weeks, or twice per month) | ____________________ |

**B. Gross Monthly Income From Other Sources**[1]

List and explain in detail any Rents received, Dividend income, or Pension, Retirement, Social Security, Disability and/or Unemployment Insurance benefits - or any other source including Public assistance, food stamps, and child support received for any child not born of the parties of this marriage.

_______________________________________________________________

[1] *Some of these items may not apply to support or maintenance computations.*

**C. SELECTED LIVING EXPENSES: List names and relations of each member of the household of the Responding party whose expenses are included.**

__ ____________________________________________________________

______________________________________________________________

______________________________________________________________

**For each expense attach verification of payment** even if it is not specifically requested on this form - please note that Indiana uses an Income Shares model for determining support and thus in most cases the expenses that a party has or does not have are not relevant in determining support under the Indiana Support Guidelines. **However if** you claim your expenses justify a deviation from the support guidelines attach a detailed list of expenses together with verification of same.

| | **Person Responding** |
|---|---|
| Rent or Mortgage payments (residence) | ______________________ |
| Real Property Taxes (residence) if not included in mortgage payment | ____________________ |
| Real Property Insurance (residence) if not included in mortgage payment | ______________________ |
| Cost of **all** Medical Insurance - specify time period - Attach verification of payment if not on pay stub | ______________________ |
| Cost of **only** that medical insurance that is related to the children of this action - specify time period - attach verification from employer or insurance company | ______________________ |
| Child care costs - **to permit work** - specify time period (per day, week, month) - attach verification | ______________________ |
| Pre-School Costs (specify time period week, semester or year) | ______________________ |
| School Tuition - per semester (Grade or High School) | ______________________ |
| Book Costs - per semester (Grade or High School) | ______________________ |
| For Post High School Attach separate list with explanation of loans and scholarships and grants | ______________________ |
| Child support paid for children other than those involved in this case - attach proof of payment | ______________________ |

Other Expenses (per month):

| | |
|---|---|
| Cell Phone | ______________________ |
| Food | ______________________ |
| Car Payment | ______________________ |
| Auto Insurance | ______________________ |
| Gasoline | ______________________ |
| Hair Cuts | ______________________ |
| Life Insurance | ______________________ |
| Miscellaneous | ______________________ |

**D. IN ALL CASES INVOLVING CHILD SUPPORT:** Prepare and attach any Indiana Child Support Guideline Worksheet (with documentation verifying your income); or, supplement with such a Worksheet within ten (10) days of the exchange of this Form.

Further, if there exists a parenting plan or pattern then state the number of overnights the non-custodial parent will have the child during the year.

The yearly number of overnights is ______________________________

**PART II. ARREARAGE COMPUTATION**

If case involves a claim of a support or other arrearage, attach all records or other exhibits regarding payment history and compute the arrearage as of the date of the filing of the petition or motion which raises that issue. Explain in detail how arrearage is calculated.

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

## PART III. POST HIGH SCHOOL EDUCATION EXPENSE

If any of the children subject to this case are attending post high school classes, or will attend within the next six months list the following information for each such student. **Further attach to this financial affidavit any documentation you have in support of these answers.**

Name of Student: ________________________

Name of School: _________________________

Cost of School per year: ___________________

Room and Board (if applicable) _____________

Identify all student financial aid including grants, scholarships, and loans and for each indicate what it is and how much will be received:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Note in those cases where it is appropriate parties may want to engage in additional discovery concerning assets that might be applied to education such as IRA's, 401 K's etc. Note further that withdrawals from IRA's for educational expenses do not suffer a 10% penalty (IRC code sec 72 (t) 2 (e).

**F**. **Debts And Obligations**: (Include credit union) attach additional sheets as needed. Indicate any special circumstances, i.e., premarital debts, debts in arrears on the date of physical separation, or date of filing and the amount or number of payments in arrears.

**ATTACH A COPY OF THE MOST RECENT STATEMENT FOR EACH LISTED DEBT**

| Creditor's Name & Persons on Account | Balance | Monthly Payment |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL: | | |

**PART II. NET WORTH - ATTACH ALL AVAILABLE DOCUMENTATION TO VERIFY VALUES** -

List all property owned either individually or jointly. Indication who holds or how the title is held: (H) Husband, (W) Wife, or (J) Jointly or other appropriate indication. WHERE SPACE IS INSUFFICIENT FOR COMPLETE INFORMATION OR LISTING PLEASE ATTACH SEPARATE PAGE.

**A. Household Furnishings**: (Value of Furniture, Appliances, and Equipment, as a whole - You need not itemize - indicate whether you use replacement cost or "garage sale" value)

________________________________

**B. Automobiles, Boats, Snowmobiles, Motorcycles, Etc.**:

| Automobile/driver | Ownership | Value | Balance Owed/Creditor |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

*Source for value: Kelley Blue Book*

**C**. **Cash and Deposit Accounts**: (including **ALL** banks, savings and loan associations, credit unions, thrift plans, mutual funds, certificate of deposit, savings and/or checking accounts, IRA's and annuities). **This also includes listing the contents of any safety deposit boxes**. Use additional page if necessary.

| Name of Institution/Type of Account | "Owner(s)" | Account No. | Balance |
|---|---|---|---|
| | | | |
| | | | |

**D. Securities:** (Stocks, Bonds, Etc) - use additional page if necessary

| Company Name | "Owner(s)" | Shares | Account No. | Value |
|---|---|---|---|---|
| | | | | |
| | | | | |

**E. Real Estate**: (attach separate sheet with the following information for each separate piece of real estate).

Address: ________________________

________________________________

Original Cost: ____________________

Type of Property: _____________

Date of Acquisition: ______________

Owner(s): _______________________

Present Value: ____________________

Basis for Valuation: ________________
(Attach appraisal if obtained)

1st MORTGAGE BALANCE AS OF DATE OF ANSWER: ________________________

Other liens (amount and type): ____________________________________________

Monthly payment on each mortgage: 1st: ____________________ 2nd: ____________

To whom paid: ______________________________________________

Taxes (if not included in Mtg. payment): _____________________________________

Insurance (if not included in Mtg. payment): __________________________________

Special Assessments (including utility or condo assessments): ___________________

Identify Individual contributions to the real estate (for example, inheritance, pre-marital assets, personal loans, etc.):

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

**F. Retirement Plans**: List monthly amount you would be entitled to at earliest retirement date (indicating that date) if you stopped work today. Your response should indicate date of valuation. Further, if it is a defined interest plan list present amount in plan and date of valuation.

Also, identify whose plan it is and list both the name and the address of administrator of plan - indicate whether plan is vested - if not vested, indicate when it will vest:

| Name of Plan | Ownership | Vested | Monthly Benefit | Present Value |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Attach documents from each plan verifying information. If not yet received, attach a copy of your written request to the plan(s).**

**G. Life Insurance**: Give name of insured, beneficiary, company issuing, policy #, type of insurance (term, whole life, group), face value, cash value and any loans against - include plans provided by employer:

| Company Policy No. | Ownership | Beneficiary | Face Amount | Type | Cash Value Loan Amount |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

**H. Business or Professional Interests**: Indicate name, share, type of business, value less indebtedness, etc.:

______________________________________________________________

______________________________________________________________

________________________________________________________

**I. Other Assets**: (this includes coin, stamp or gun collections or other items of unusual value). Use additional pages as needed:

______________________________________________________________

______________________________________________________________

__________________________________________________________

**PART III. VERIFICATION**

I declare, under the penalty of perjury, that the foregoing, including any valuations and attachments, is true and correct and that I have made a complete and absolute disclosure of all of my assets and liabilities. Furthermore, I understand that if, in the future, it is proven to this court that I have intentionally failed to disclosure any asset or liability, I may lose the asset and may be required to pay the liability. Finally, I acknowledge that sanctions may be imposed against me, including reasonable attorney's fees and expenses incurred in the investigation, preparation and prosecution of any claim or action that proves my failure to disclose income, assets or liabilities.

DATE: ____________________ ________________________________________

PARTY'S SIGNATURE

**PART IV. ATTORNEY'S CERTIFICATION**

I have reviewed with my client the foregoing information, including any valuations and attachments, and sign this certificate consistent with my obligation under Trial Rule 11 of the Indiana Rules of Procedure.

DATE: __________________ _______________________________________

***AFFIDAVIT OF SERVICE***

I affirm under the penalties of perjury that on the _______ day of ______________________, __, service of a true and complete copy of the above and foregoing pleading or paper was made upon each party or attorney of record herein by depositing the same in the United States Mail in envelopes properly addressed to each of them and with sufficient first class postage affixed.

BY: ______________________________