

CODE: _____

Nevada Bar No. _____

Attorney For _____

**IN THE FAMILY DIVISION
OF THE _____ JUDICIAL DISTRICT COURT
IN AND FOR THE COUNTY OF _____, STATE OF NEVADA**

Plaintiff or Petitioner

Case No. _____

Dept. No. _____

Defendant or Respondent

FINANCIAL DISCLOSURE FORM

Financial Statement of: _____
First name Middle Last name

Occupation: _____

Employed by: _____ From: _____ To: _____

Previously Employed by: _____ From: _____ To: _____

Age & Date of Birth: _____

Level of Education: _____

Level of Disability, if Any: _____

Marriage Date, If Applicable: _____

Present Home Address: _____

How many adults (over 18) live with you? _____

How much do you receive from each of them each month? _____

I have paid my attorney a retainer of \$ _____; and his/her hourly rate is \$ _____

I am the _____ Plaintiff/Petitioner _____ Defendant/Respondent in the above action. I swear under penalty of perjury, that the contents of this Financial Disclosure Declaration are true to the best of my knowledge as of this date. I understand that by my signature I verify the material accuracy of the contents. I also understand that any willful misstatements may be contemptuous and could result in my punishment by the Court. I understand I have a duty to supplement this form upon discovering additional assets or debts or upon changed circumstances within 10 days of discovery.

I declare under penalty of perjury that the foregoing and following are true and correct.

Executed on _____ Signature _____

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| PERSONAL INCOME SCHEDULE | | |
|---|--|--|
| IF SELF-EMPLOYED OR BUSINESS OWNER PLEASE FILL IN THE BUSINESS INCOME/EXPENSE SCHEDULE | | |
| YOUR OWN INCOME | | AMOUNT |
| | EMPLOYMENT INCOME (if paid weekly multiply by 52 and divide by 12, if paid every two weeks, multiply by 26 and divide by 12) | NOTE: ATTACH COPIES OF YOUR THREE MOST RECENT PAY STUBS |
| 1 | Average Gross Monthly Income from Employment (all employment income including salary \$_____ + bonuses \$_____ + overtime \$_____ + commissions \$_____ + tips \$_____ + other \$_____ = | |
| 2 | Average Monthly Paycheck Deduction – Income Taxes | |
| 3 | Average Monthly Paycheck Deduction – Social Security | |
| 4 | Average Monthly Paycheck Deduction – Medicare | |
| 5 | Average Monthly Paycheck Deduction – Health Insurance | |
| 6 | Average Monthly Paycheck Deduction – Retirement Plan or 401(k) | |
| 7 | Average Monthly Paycheck Deduction – Savings Account | |
| 8 | Average Monthly Paycheck Deduction(s) – Other | |
| 9 | Total Paycheck Deductions Per Month (Add lines 2-8 above) | |
| 10 | Average Net Monthly Income from Employment (Subtract line 9 from line 1) | |
| OTHER INCOME | | |
| 11 | Monthly Spousal Support/Alimony Awarded by a Court | |
| 12 | Monthly Child Support: court ordered \$_____ + other/voluntary child support \$_____ = | |
| 13 | Investment Income (Dividends, interest and capital gains) | |
| 14 | Rental Income (Enter the Amount of Depreciation Claimed in Computing Rental Income Here: \$_____) | |
| 15 | Retirement Income Including Defined-Benefit Distributions, 401(k) Distributions, military retirement | |
| 16 | Social Security Retirement | |
| 17 | Social Security Disability/military disability | |
| 18 | Supplemental Security Income (SSI) | |
| 19 | Unemployment Benefits | |
| 20 | Workers Compensation Payments | |
| 21 | Other Sources of Income (Describe: such as direct contributions from roommates or indirect payment of expenses by roommates) | |
| 22 | Total Other Income Per Month (Add lines 11-21) | |
| 23 | TOTAL INCOME PER MONTH (Add lines 10 and 22) | |

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| PERSONAL EXPENSE SCHEDULE (NOTE: ALL EXPENSES LISTED BELOW SHOULD BE ON AN AVERAGE MONTHLY BASIS annual payments divided by 12, semiannual payments divided by 6, and quarterly payments divided by 3) | | TOTAL AMOUNT |
|--|---|--------------|
| 1 | Mortgage or Rent: 1st Mtg. \$ _____ + 2nd Mtg. \$ _____ + line of credit \$ _____ + taxes \$ _____ + insurance _____ = | |
| 2 | Utilities: Gas/Oil \$ _____ + electricity \$ _____ + TV/cable \$ _____ + water & _____ + garbage _____ = | |
| 3 | Telephone: landline \$ _____ + cellular \$ _____ + Internet \$ _____ + fax \$ _____ + other \$ _____ = | |
| 4 | Food, Groceries & Incidentals (not including entertainment or dining out) | |
| 5 | Transportation: monthly payment/lease \$ _____ + gas and oil _____ + repairs and maintenance, tires \$ _____ + insurance \$ _____ + license/registration \$ _____ + parking \$ _____ + public transportation \$ _____ + other \$ _____ | |
| 6 | House Maintenance: housekeeping \$ _____ + garden/lawn care \$ _____ + snow removal \$ _____ + repairs & maintenance \$ _____ + other \$ _____ | |
| 7 | Entertainment: dining out \$ _____ + movies, shows \$ _____ + music/videos \$ _____ + other \$ _____ = | |
| 8 | Dues, Memberships, Fees: Professional \$ _____ + memberships (health club, country club) \$ _____ homeowners \$ _____ fraternal \$ _____ + business \$ _____ + other \$ _____ = | |
| 9 | Health/exercise: clothing/shoes \$ _____ + fees/passes (health clubs etc.) \$ _____ + other \$ _____ = | |
| 10 | Clothing: self \$ _____ + children \$ _____ + cleaning \$ _____ = | |
| 11 | Vacations | |
| 12 | Pets: Food \$ _____ + boarding \$ _____ + healthcare \$ _____ + grooming \$ _____ + other \$ _____ = | |
| 13 | Healthcare: Insurance \$ _____ + unreimbursed; medical \$ _____ + dental \$ _____ + orthodontic \$ _____ + medications \$ _____ + counseling \$ _____ + physical therapy \$ _____ + chiropractic \$ _____ + other \$ _____ = | |
| 14 | Appearance: hair \$ _____ + nails \$ _____ + facials/massage \$ _____ + cosmetics \$ _____ + other \$ _____ = | |
| 15 | Insurance: life \$ _____ + disability \$ _____ + other \$ _____ = | |
| 16 | Books, Newspapers & Magazines | |
| 17 | Church/Charitable | |
| 18 | Accounting & Tax Preparation | |
| 19 | Support of Others: Ordered Child Support \$ _____ + voluntary child support \$ _____ + court-ordered spousal support \$ _____ + eldercare \$ _____ = | |
| 20 | Miscellaneous: Gifts \$ _____ + storage \$ _____ + flowers \$ _____ + savings \$ _____ + Lawyers fees \$ _____ + other \$ _____ = | |
| 21 | Education: Tuition, Books & Fees \$ _____ + extracurricular \$ _____ + sports \$ _____ + music \$ _____ + other \$ _____ = | |
| 22 | Childcare: day care \$ _____ + preschool \$ _____ + other \$ _____ = | |
| 23 | Minimum Charge Card Payments and other consumer/installment debt: credit card #1 \$ _____ + credit card #2 \$ _____ + credit card #3 \$ _____ + credit card #4 \$ _____ + other debt \$ _____ = | |
| 24 | TOTAL MONTHLY EXPENSES (Add lines 1-23 above) | |

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| | |
|--|--|
| INCOME/EXPENSE SUMMARY SCHEDULE | |
| Total Monthly Income from Personal Income Schedule Line 23 | |
| | |
| Add: Total Average Net Monthly Income from Self-Employment or Business Schedule Line 30 | |
| | |
| Less: Total Monthly Expenses from Personal Expense Schedule line 24 | |
| | |
| Net Monthly Income or (Loss) | |

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| ASSET AND DEBT SCHEDULE | | | | | | |
|---|-----------------|---|--|-----------|----------|------|
| NOTE: PLEASE USE ADDITIONAL ASSET AND DEBT SCHEDULES, AND CARRY TOTALS TO THIS SCHEDULE IF YOU NEED TO LIST ADDITIONAL ASSETS AND DEBTS BEYOND THE LINES PROVIDED ON THIS SCHEDULE. | | PROPERTY VALUE (List all assets and debts @ current values) | | | | |
| Note: In general, Separate Property is defined as that acquired before marriage, or after marriage by gift or inheritance. | | | | COMMUNITY | SEPARATE | |
| | | TOTAL | | | HUSBAND | WIFE |
| ASSETS | | | | | | |
| CASH: include the last four numbers of the account, and the name and location including the branch of the institution, including CDs. | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | Subtotal | | | | | |
| INVESTMENTS: Include mutual funds, stocks, bonds, brokerage accounts, and other investment accounts. Provide the last four numbers of the account, and the name and location including the branch of the institution. | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | Subtotal | | | | | |
| BUSINESS INTERESTS: If you own all or part include. Indicate percentage of ownership here. | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | Subtotal | | | | | |
| RECEIVABLES & DEPOSITS | | | | | | |
| 12 | | | | | | |
| 13 | Subtotal | | | | | |
| REAL PROPERTY. Provide common address and type of property, e.g., condominium, townhouse, single-family residence, commercial or retail. | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | Subtotal | | | | | |
| AUTOS & RECREATIONAL VEHICLES. Provide make, model, mileage, and vehicle identification number. | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | Subtotal | | | | | |
| PERSONAL PROPERTY. Provide information on furniture, electronics, household goods, tools, computers, artwork, precious metals and jewelry having value of \$500 or greater. | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |
| 32 | | | | | | |
| 32 | | | | | | |
| 34 | | | | | | |
| 35 | Subtotal | | | | | |

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| ASSET AND DEBT SCHEDULE | | | | | | |
|---|---|---|-------|-----------|----------|------|
| NOTE: PLEASE USE ADDITIONAL ASSET AND DEBT SCHEDULES, AND CARRY TOTALS TO THIS SCHEDULE IF YOU NEED TO LIST ADDITIONAL ASSETS AND DEBTS BEYOND THE LINES PROVIDED ON THIS SCHEDULE. | | PROPERTY VALUE (List all assets and debts @ current values) | | | | |
| Note: In general, Separate Property is defined as that acquired before marriage, or after marriage by gift or inheritance. | | | | COMMUNITY | SEPARATE | |
| | | | TOTAL | | HUSBAND | WIFE |
| | CASH VALUE OF LIFE INSURANCE. Provide information on any loans against the cash rounder value of a life insurance policy. | | | | | |
| 36 | | | | | | |
| 37 | | | | | | |
| 38 | Subtotal | | | | | |
| | RETIREMENT ACCOUNTS. Provide the name of the account, account number, an administrator. Provide any information on loans against retirement assets. | | | | | |
| 39 | | | | | | |
| 40 | | | | | | |
| 41 | | | | | | |
| 42 | | | | | | |
| 43 | Subtotal | | | | | |
| 44 | TOTAL ASSETS (add Lines 4,8,11,13,18,24,35,38 and 43) | | | | | |
| | DEBT | | | | | |
| | LONG TERM DEBT. Provide information on mortgages, notes & deeds of trust, home equity loans and lines of credit, and automobile, recreational vehicle loans and leases. | | | | | |
| 45 | | | | | | |
| 46 | | | | | | |
| 47 | | | | | | |
| 48 | | | | | | |
| 49 | | | | | | |
| 50 | Subtotal | | | | | |
| | OTHER DEBT. Charge accounts, credit cards, medical debts, and other short-term debts. Provide the name of the lender, and the last four numbers of the account. | | | | | |
| 51 | | | | | | |
| 52 | | | | | | |
| 53 | | | | | | |
| 54 | | | | | | |
| 55 | | | | | | |
| 56 | | | | | | |
| 57 | | | | | | |
| 58 | | | | | | |
| 59 | Subtotal | | | | | |
| 60 | TOTAL DEBT (add lines 50 and 59) | | | | | |
| 61 | NET WORTH (TOTAL ASSETS, line 44 MINUS TOTAL DEBT, line 60) | | | | | |

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| BUSINESS INCOME/EXPENSE SCHEDULE <i>(Skip this schedule if you are not self-employed or do not own a business)</i> | | AMOUNT PER MONTH |
|--|---|-------------------------|
| 1 | Average Monthly Gross Receipts from Self-Employment, Business or Businesses | |
| 2 | Cost of Sales or Cost of Goods Sold (if applicable) | |
| 3 | Gross Profit (Subtract Line 2 from Line 1) | |
| | | |
| 4 | Advertising | |
| 5 | Car and truck | |
| 6 | Commissions and fees | |
| 7 | Deductible meals | |
| 8 | Depletion | |
| 9 | Depreciation and section 179 | |
| 10 | Employee benefit programs | |
| 11 | Entertainment | |
| 12 | Insurance (other than health) | |
| 13 | Interest | |
| 14 | Legal and professional | |
| 15 | Mortgage on building or office space (paid to banks, etc.) | |
| 16 | Office expense | |
| 17 | Other | |
| 18 | Pension and profit-sharing plans | |
| 19 | Rent | |
| 20 | Repairs and maintenance | |
| 21 | Supplies | |
| 22 | Taxes and licenses | |
| 23 | Travel | |
| 24 | Meals | |
| 25 | Utilities | |
| 26 | Wages | |
| | | |
| 27 | Total Business Expenses Per Month Including Cost of Sales (Add Lines 4-26) | |
| 28 | Average Gross Monthly Income from Self-Employment or Business (Subtract Line 27 from Line 3) | |
| 29 | Average Estimated Tax Payments on a Monthly Basis (Estimated Tax Payments are made on a quarterly basis. As a result, the required quarterly payment would be divided by three to calculate the average monthly estimated tax payment.) | |
| 30 | Average Net Monthly Income from Self-Employment or Business (Subtract Line 29 from Line 28) | |