FINANCIAL DECLARATION

State o	f Indiana	In the	Cc	ourt		
County	of .	Cause No.				
IN RE:						
	Petitioner					
and	rennonei					
	Respondent					
	. Koopendenk					
	ONER:	RESPOND	ENT:			
Name		Name				
Addres	SS	Address				
Employ	/er	Employer				
Attorne		Attorney				
Addres		Address				
Teleph	one	Telephone				
FINAN	CIAL DECLARATION OF:					
GROS	S WEEKLY INCOME – attach last 3 paystu	bs	Ar	nount		
	Salaries and Wages					
2	Pension/Retirement/Social Security/Disabil	lity/Unemployment/Worl	ker's Comp.			
3	Child support received from prior marriage					
4 5	Dividends and interest					
6	Capital Gains expenses Business / self-employment income – not a	ofter expenses				
7	Commission / bonus / tips	iller expenses				
8	All other sources					
9	TOTAL GROSS WEEKLY INCOME (Lines 1-8)					
WEEK	LY DEDUCTIONS	,				
10	Weekly court ordered child support for prior					
11	Weekly legal duty child support for prior child(ren)					
12	Premiums pd for employee and child(ren) minus premiums pd for employee only					
13	Weekly alimony/support/maintenance paid					
14	Self-employed tax (half of self-employment tax, annual amount ÷ 52 weeks ÷2)					
15 16	Work related child care costs					
17	Work related child care costs Union Dues (required for employment)					
18	Extraordinary health care expenses – uninsured only					
19	Extraordinary educational expenses					
20	TOTAL GROSS WEEKLY DEDUCTIONS FROM GROSS INCOMEÁ					
21						
1						

MONT	MONTHLY EXPENSES and DEDUCTIONS FROM INCOME Amo					Amount	
	Federal income taxes						
2	State income taxes						
3	Local income taxes						
4	Social Security Taxes						
5	Retirement / pension fund (mandatory)(op	tional)					
6	Rent / mortgage payment (primary residen	ice)					
7	Residence property taxes / insurance						
8	Maintenance on residence (lawn care, maio	d/clear	ning, p	ool, F	HOA dues, etc)		
9	Food and supplies - eat at home / out with	frienc	ds and	child	lren		
10	Electricity						
11	Gas, oil and wood heating						
12	Water, sewer, solid waste, trash collection						
13	Telephone (land line/cell service) includes		et and	telev	vision service?		
14	Personal clothing						
15	Personal expenses						
16	Special work expenses (uniform, safety sh	oes, d	lues, p	arkin	g)		
17	Laundry and dry cleaning	· ·	· · ·		<u> </u>		
18	Automobile – Ioan payment						
19	Automobile – gas, oil car wash						
	Automobile - repairs/oil changes (estimate	annu	al exp	ense	÷ 12 months)		
	Automobile – license plates, excise, and a				•		
	Automobile – insurance						
23	Cable/satellite television/internet (if not inc	luded	with te	elepho	one service above)	-	
24	Uninsured/Non-reimbursed Healthcare exp					-	
	Life insurance premiums/loan payments						
	Health insurance premiums-not including H.S.A. contributions (total preimums paid less						
26	premiums shown on line 12 on page 1)						
27	1 9 /						
28	Disability assident and other insurance						
29	Disability, accident and other insurance Entertainment (hobbies, travel, clubs, recreation)						
30	Entertainment (hobbies, travel, clubs, recreation) Charitable/church contributions						
31							
32	Books, magazines, and newspapers Home tay preparation (non reimburgable business expense)						
33	Home tax preparation (non-reimbursable business expense) Children – clothing and shoes						
34	Children – allowance, membership in scouts, uniforms, fees						
	Children – school lunches						
36	Children – book rental and tuition						
37	Children – sports, scouts, lessons, extracurricular activites, instrument rental, and tutors						
38	Birthday and holiday gifts for friends and family						
39	Membership at YMCA, health club, gym						
40	monitorions at throng houser orang gyrii						
	nent Payments	Н	W	J	Current Balance		
Installment Payments H W J Current Balance							
TOTAL	monthly expenses and deductions from g	ross in	COME	Á			
Average weekly monthly expenses and deductions from gross incomeÁ						+	
The state of the s							
l .							

		sehold Furnishings/Furniture							
A.	Elect	tronic Equipment, Appliances	Gross Value	Debt	Net	Н	W	J	
	1	In Husband's Possession							
	2	In Wife's Possession							
B.	Vehic	cles (boats, Rvs, (Make / Model / Ye	ar)			-			
	3								
	4								
	5								
	6								
	7								
C.	Cash	Accounts/CDs (Name of bank acco	ount, last four digit	s of accour	nt number/ac	count ty	ype)		
	8								
	9								
	10								
	11								
	12								
	13								
	14								
D.	Secu	rities / Stocks / Bonds							
	15								
	16								
	17								
	18								
E.	Real	Estate (including mobile homes)	Fair Mark	et Val. M	ortgage	Net Va	alue		
	19	Marital Residence (address)							
		First mortgagor:							
		Second mortgagor:							
	20	Other residence (address)							
	First mortgagor:								
		Second mortgagor:							
	Defe	rred compensation - profit sharing p							
F.	plans	s, Keoghs, IRSs, 401(k), SEP	% Vested	l Ve	ested FMV	Н	W	J	
	21								
	22								
	23								
	24								
	25								
	26								
	27								
	28								
G.		ness Interest	% Interes	st %	FMV	Н	W	J	
	29								
	30								

H.	Life In:	surance (term and group)	Face Amt.	Policy No.	Beneficiary	Н	W	J
	31							
	32							
	33							
I.	Life In:	surance (whole)	Cash Value	Loan Amt.	% Interest	Н	W	J
	34							
	35							
	36							
J	Collection	ns, jewelry, antiques, silver, china	Value	Debt	Net Value	Н	W	J
	37							
	38							
	39							
	40							
	41							
	42							
	43							

List names, ages, and relationships of persor	ns living in your household:
Are other persons in your household working	?
If so, who?	
Occupation:	Employer:
I declare under the penalties of perjury that the and correct to the best of my knowledge and	ne foregoing, including any attachments(s), is true belief.
Signature:	
Printed Name:	
Dated:	
You are under a duty to supplement or amendearn the information provided is incorrect or t	d this Financial Declaration prior to hearing if you the information provided is no longer true.
Prepared by:	

Hamilton Cty Findec-Rev. 7-2014