

Name _____
Address _____
Telephone _____

In the Third Judicial District Court of _____ County
STATE OF UTAH

: **FINANCIAL DECLARATION**
: _____,
Petitioner, :
: **Case#** _____
v. :
: **Judge:** _____
: **Comm:** _____
: _____,
Respondent. :

Name: _____
Address: _____
Occupation: _____
Employer: _____
Employer Address: _____
Number of exemptions claimed: _____
Birth date: _____

STATEMENT OF INCOME, EXPENSES, ASSETS & LIABILITIES

- GROSS MONTHLY INCOME from:
Salary and wages, including commissions,
bonuses, overtime and allowances) \$ _____
Pensions and retirement _____
Social security _____
Disability and unemployment insurance _____
Public assistance (e.g., TANF, church assistance, etc.) _____

Child support from any prior marriage _____
 Dividends and interest _____
 Rents _____
 All other sources: (Specify) _____
TOTAL MONTHLY INCOME \$ _____

2. MONTHLY DEDUCTIONS:

Federal income tax \$ _____
 State income tax _____
 FICA _____
 Health insurance _____
 Life insurance _____
 Union or other dues _____
 Retirement or pension fund _____
 401(k) _____
 Savings plan _____
 Credit union _____
 Other (specify) _____
TOTAL MONTHLY DEDUCTIONS \$ _____

3. NET MONTHLY INCOME: (Attach YTD pay stub and prior year W-2/tax return)

\$ _____

4. DEBTS AND OBLIGATIONS:

Creditor's Name	Purpose of debt	In whose name	Balance	Monthly Payment
TOTAL DEBTS			\$	\$

(d) Securities, stocks, bonds, money market funds (other)

Name of institution	Current Value
	\$

(e) Business interests

Name of business	Shares	Current value
		\$

(f) Other assets (include value or equity)

6. PROFIT SHARING OR RETIREMENT ACCOUNTS

(If more than two accounts, attach sheet with identical information)

Name of company/plan name _____

Plan representative _____

Address _____

Current value _____

Name of company _____
 Plan representative _____
 Address _____

 Current value _____

7. LIFE INSURANCE

Name of Company	Face Amount	Cash Value (if any)
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. MONTHLY EXPENSES:

Rent or mortgage payments (residence)	\$ _____
Real property taxes (residence)	_____
Real property insurance (residence)	_____
Maintenance (residence)	_____
Food and household supplies	_____
Utilities:	
Electricity	_____
Natural gas	_____
Water	_____
Sewer	_____
Garbage	_____
Telephone	_____
Laundry and dry cleaning	_____
Clothing	_____
Medical	_____
Dental	_____
Insurance (life, accident, comprehensive liability, disability: excluding deductions from wages in item 2 above)	_____
Child care	_____
Payment of child support or alimony	_____

from prior marriage	_____
School	_____
Entertainment	_____
Gifts	_____
Donations	_____
Travel	_____
Auto expense	_____
Auto payments	_____
Installment payments (from item 4 above, not including above)	_____
Other expenses (specify)_____	_____
_____	_____

TOTAL MONTHLY EXPENSES \$ _____

STATE OF UTAH)

: ss.

County of Salt Lake)

I swear under penalty of perjury that all of the information contained herein is true and correct.

Affiant

Subscribed and sworn to before me this ___ day of _____, 20__.

Notary Public
Residing in Salt Lake County, Utah

My Commission Expires:

CERTIFICATE OF MAILING

I hereby certify that on _____ the _____ day of _____, 20____, a true and correct copy of the forgoing Financial Declaration in case # _____ was mailed, postage prepaid to:

By the undersigned:
