In The First Judicial District Court of the State of Nevada
In and for Carson City

____
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 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 brand 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 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 a value of $500 or greater.					
25						
26						
27						
28						
29						
30						
31						
32						
33						
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 value of a life insurance policy.					
36						
37						
38	Subtotal					
	RETIREMENT ACCOUNTS: Provide the name of the account, account number, and 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, & 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 (Skip this schedule if you are not self-employed or do not own a business)	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)	