MISC

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nevada State Bar No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Judicial District Court

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Nevada

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Plaintiff,** **vs.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Defendant.**  |  **Case No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**GENERAL FINANCIAL DISCLOSURE FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Hire | Employer Name | Job Title | Work Schedule(days) | Work Schedule(shift times) |
|  |  |  |  |  |
|  |  |  |  |  |

1. Personal Information:
2. What is your full name? *(first, middle, last)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How old are you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.What is your date of birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is your highest level of education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Employment Information:
6. Are you currently employed/ self-employed? *(☑ check one)*
	* + No
		+ Yes If yes, complete the table below. Attached an additional page if needed.

1. Are you disabled? *(☑ check one)*
	* No
	* Yes If yes, what is your level of disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What agency certified you disabled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the nature of your disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Hire: \_\_\_\_\_\_\_\_\_\_\_ Date of Termination: \_\_\_\_\_\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Personal Income Schedule**

1. **Year-to-date Income.**

As of the pay period ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ my gross year to date pay is \_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **Determine your Gross Monthly Income.**

Hourly Wage

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **×** |  | **=** |  | **×** | 52 Weeks | **=** |  | **÷** | 12Months | **=** |  |
| Hourly Wage | Number of hours worked per week | Weekly Income | Annual Income | Gross Monthly Income |

Annual Salary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **÷** | 12Months | **=** |  |
| Annual Income | Gross Monthly Income |

1. **Other Sources of Income.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of Income** | **Frequency** | **Amount** | **12 Month Average** |
| Annuity or Trust Income  |  |  |  |
| Bonuses |  |  |  |
| Car, Housing, or Other allowance: |  |  |  |
| Commissions or Tips: |  |  |  |
| Net Rental Income: |  |  |  |
| Overtime Pay |  |  |  |
| Pension/Retirement: |  |  |  |
| Social Security Income (SSI): |  |  |  |
| Social Security Disability (SSD): |  |  |  |
| Spousal Support |  |  |  |
| Workman’s Compensation |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Total Other Income Received |  |

|  |  |  |
| --- | --- | --- |
|  | Type of Deduction | Amount  |
| 1.  | Court Ordered Child Support |  |
| 2. | Federal Health Savings Plan |  |
| 3.  | Federal Income Tax |  |
| 4.  | Health Insurance |  |
| 5.  | Life, Disability, or Other Insurance Premiums |  |
| 6.  | Medicare |  |
| 7.  | Other: (Type of Deduction) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 8.  | Retirement, Pension, IRA, or 401(k)  |  |
| 9.  | Savings  |  |
| 10.  | Social Security |  |
| 11.  | Union Dues  |  |
| Total Monthly Deductions (Lines 1-11) |  |

**D. Monthly Deductions**

**Business/Self-Employment Income & Expense Schedule**

1. Business Income:

What is your average gross monthly income/revenue from self-employment or businesses? $\_\_\_\_\_\_\_\_\_\_\_\_

1. Business Expenses: Attach an additional page if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Business Expense** | **Frequency** | **Amount** | **12 Month Average** |
| Advertising |  |  |  |
| Car and truck used for business |  |  |  |
| Commissions, wages or fees |  |  |  |
| Business Entertainment/Travel |  |  |  |
| Insurance  |  |  |  |
| Legal and professional |  |  |  |
| Mortgage or Rent |  |  |  |
| Other: (type of expense) \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Pension and profit-sharing plans |  |  |  |
| Repairs and maintenance |  |  |  |
| Supplies |  |  |  |
| Taxes and licenses |  |  |  |
| Utilities |  |  |  |

**Personal Expense Schedule (Monthly)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expense**  | **Monthly Amount I Pay**  | For Me✓ | Other Party✓ | For Both ✓ |
| Alimony Spousal Support |  |  |  |  |
| Auto Insurance |  |  |  |  |
| Car Loan/Lease Payment |  |  |  |  |
| Cell Phone |  |  |  |  |
| Child Support  |  |  |  |  |
| Clothing, Shoes, Etc… |  |  |  |  |
| Credit Card Payments |  |  |  |  |
| Dry Cleaning |  |  |  |  |
| Electric |  |  |  |  |
| Food (groceries & restaurants) |  |  |  |  |
| Fuel  |  |  |  |  |
| Gas |  |  |  |  |
| Health Insurance |  |  |  |  |
| HOA |  |  |  |  |
| Home Insurance |  |  |  |  |
| Home Phone |  |  |  |  |
| Internet/Cable |  |  |  |  |
| Lawn Care |  |  |  |  |
| Membership Fees |  |  |  |  |
| Mortgage/Rent/Lease |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Pest Control |  |  |  |  |
| Pets |  |  |  |  |
| Pool Service |  |  |  |  |
| Property Taxes |  |  |  |  |
| Security |  |  |  |  |
| Sewer |  |  |  |  |
| Student Loans |  |  |  |  |
| Unreimbursed Medical Expense |  |  |  |  |
| Water |  |  |  |  |
| Total Monthly Expenses |  |  |  |  |

1. Fill in the table with the amount of money **you** spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

**Personal Expense Schedule**

Household Information

1. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Child’s Name** | **Child’s DOB** | **Whom is this child living with?** | **Is this child from this relationship?** | **Has this child been certified as special needs/disabled?** |
| 1st  |  |  |  |  |  |
| 2nd  |  |  |  |  |  |
| 3rd  |  |  |  |  |  |
| 4th  |  |  |  |  |  |

1. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Expense** | **1st Child**  | **2nd Child**  | **3rd Child**  | **4th Child** |
| Child Care |  |  |  |  |
| Clothing  |  |  |  |  |
| Education |  |  |  |  |
| Entertainment |  |  |  |  |
| Summer Camp/Programs |  |  |  |  |
| Transportation Costs for Visitation |  |  |  |  |
| Unreimbursed Medical Expenses  |  |  |  |  |
| Vehicle |  |  |  |  |
| **Total Monthly Expenses** |  |  |  |  |

1. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Person’s Relationship to You****(i.e. sister, friend, cousin, etc…)** | **Monthly Contribution**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Personal Asset and Debt Chart**

1. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Line # | Description of Asset and Debt Thereon | Gross Value |  | Total Amount Owed |  | Net Value | Whose Name is on the Account?You, Your Spouse/Domestic Partner or Both |
|  |   |  $ | - |  $ | = |  $ |   |
|  |   |  $ | - |  $ | = |  $ |   |
|  |   |  $ | - |  $ | = |  $ |   |
|  |   |  $ | - |  $ | = |  $ |   |
|  |   |  $ | - |  $ | = |  $ |   |
|  |   |  $ | - |  $ | = |  $ |   |
|  |   |  $ | - |  $ | = |  $ |   |
|  |   |  $ | - |  $ | = |  $ |   |
|  |   |  $ | - |  $ | = |  $ |   |
|  |   |  $ | - |  $ | = |  $ |  |   |  $ | - |  $ | = |  $ |   |
|  |  |  $ | - |  $ | = |  $ |  |   |  $ | - |  $ | = |  $ |   |
|  |  |  $ | - |  $ | = |  $ |  |   |  $ | - |  $ | = |  $ |   |
|  |  |  $ | - |  $ | = |  $ |  |   |  $ | - |  $ | = |  $ |   |
|  |  |  $ | - |  $ | = |  $ |  |   |  $ | - |  $ | = |  $ |   |
|  |  |  $ | - |  $ | = |  $ |  |   |  $ | - |  $ | = |  $ |   |
| Total Value of Assets (add lines 1-15) | $ | - |  $ | = |  $ |  |   |  $ | - |  $ | = |  $ |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Line # | Description of Credit Card or Other Unsecured Debt | Total Amount owed | Whose Name is on the Account?You, Your Spouse/Domestic Partner or Both |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
| Total Unsecured Debt (add lines 1-5) | $ |  |

1. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

**CERTIFICATION**

**Attorney Information**: *Complete the following sentences:*

1. I *(have/have not)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of $\_\_\_\_\_\_\_\_ on my behalf.
3. I have a credit with my attorney in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. I currently owe my attorney a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
5. I owe my prior attorney a total of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**IMPORTANT:** Read the following paragraphs carefully and initial each one.

\_\_\_\_\_\_ I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

\_\_\_\_\_\_\_ **I have attached a copy of my 3 most recent pay stubs to this form**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**CERTIFICATE OF SERVICE**

I hereby declare under the penalty of perjury of the State of Nevada that the following is true and correct:

 That on *(date)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, service of the General Financial Disclosure Form was made to the following interested parties in the following manner:

☐ Via 1st Class U.S. Mail, postage fully prepaid addressed as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Via Facsimile and/or Email Pursuant to the Consent of Service by Electronic Means on file herein to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executed on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature