
My Name

Address

City, State, Zip

Phone

Email

I am the Petitioner
 Respondent

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

Petitioner

v.

Respondent

Financial Declaration

Case Number

Judge

Commissioner

Instructions:

You must complete this form before you file it. The judicial services representative cannot complete this form for you. Use the Checklist to help you understand and complete this form.

- You must update this information if it changes.
- Keep a copy of all documents for your records.
- Attend all court hearings.

- Attach the following to the completed Financial Declaration. Check all boxes that apply:
 - Additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page.
 - Any documents referred to in this document.
 - The following documents required by Utah Rule of Civil Procedure 26.1 to be attached to this Financial Declaration:
 - For the two tax years before the petition in this case was filed, complete federal and state income tax returns, including Form W-2, Form 1099, and Form K-1, and supporting tax schedules and attachments filed by you and by any entity in which you have a majority or controlling interest.
 - Pay stubs and other evidence of all earned and un-earned income for the 12 months before the petition in this case was filed.
 - All loan applications and financial statements prepared or used by the party completing the financial declaration within the 12 months before the petition in this case was filed.
 - Documents verifying the value of all real estate in which the party has an interest, including the most recent appraisal, tax valuation and refinance documents.
 - All statements for the 3 months before the petition in this case was filed for all financial accounts, including checking, savings, money market funds, certificates of deposit, brokerage, investment, and retirement.
 - If any of the documents required to be attached to this Financial Declaration are not reasonably available or are in the possession of the other party, then estimate the amounts entered on this Financial Declaration, and complete Paragraph (14) explaining the basis for the estimation and why the documents are not available.

I say as follows:

(1) Social Security Number.

My Social Security Number is: _____ (last four digits only)

(2) Employment Status.

(A) My occupation is: _____.

(B) I am unemployed.

I am employed by:

Name of Employer	Doing Business As (DBA)	Address & Telephone Number

Name of Employer	Doing Business As (DBA)	Address & Telephone Number

(3) Gross Monthly Income. (Print your pre-tax income in the appropriate boxes below. Attach evidence of items listed, such as most recent pay stubs, federal and state tax returns for past 2 years, W-2 forms, or a work history report from the Department of Workforce Services.)

My Gross Monthly Income	Source of Income
\$	Work (Including self employment, wages, salaries, commissions, bonuses, tips and overtime)
\$	Rental Income
\$	Business Income
\$	Interest Income
\$	Dividends
\$	Retirement Income (Including pensions, 401(k), IRA, etc.)
\$	Worker's Compensation
\$	Social Security Disability (SSDI and SSI)
\$	Private Disability Insurance
\$	Social Security (Do not include SSDI or SSI)
\$	Unemployment Benefits
\$	Education Benefits
\$	Veteran's Benefits
\$	Alimony (from a prior marriage)
\$	Child Support (from a prior order)
\$	Payments from Civil Litigation
\$	Victim Restitution
\$	Public Assistance (Including FEP, welfare, etc.)
\$	Support from household members
\$	Support from non-household members
\$	Other (Describe)
\$	Other (Describe)
\$	Total Gross Monthly Income

I have no income because:

(4) Monthly Tax Deductions. (These are deductions required by law and which you do not make voluntarily. There may be other funds withheld from your paycheck that you will report in Paragraph (11), Monthly Expenses. Attach evidence of claims, such as most recent pay stubs, federal and state tax returns for past 2 years, W-2 forms, or a work history report from the Department of Workforce Services.)

My Monthly Tax Deductions	Type of Tax Deduction
\$ _____	Federal Income Tax
\$ _____	State Income Tax
\$ _____	Municipal Income Tax
\$ _____	FICA
\$ _____	Medicare
\$ _____	Total Monthly Tax Deductions

(5) Net Monthly Income.

\$ _____ Gross Monthly Income from (3)
 — \$ _____ — Monthly Tax Deductions from (4)
 \$ _____ = Net Income

(6) Real Property. (Attach evidence of items listed, such as mortgage statements, loan documents, most recent appraisal, basis of valuation, etc.)

(A)

Home Address _____

Petitioner Respondent
 Other

Date Acquired _____

In Whose Name? _____

\$ _____
Original Cost

\$ _____
Current Value

First Mortgage or Lien Holder (Name & Address) _____

\$ _____
Amount Owed

\$ _____
Monthly Payments

Second Mortgage or Lien Holder (Name & Address) _____

\$ _____
Amount Owed

\$ _____
Monthly Payments

(B)

Other Real Property Address

Petitioner Respondent
 Other

Date Acquired

In Whose Name?

\$

Original Cost

\$

Current Value

First Mortgage or Lien Holder (Name & Address)

\$

Amount Owed

\$

Monthly Payments

Second Mortgage or Lien Holder (Name & Address)

\$

Amount Owed

\$

Monthly Payments

(7) Personal Property. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.)

Property (Such as vehicles, boats, trailers, major equipment, etc.)	Lien Holder (Name & Address)	In Whose Name?	Current Value	Amount Owed	Monthly Payments
Vehicle (Year, Make, Model)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$	\$
Vehicle (Year, Make, Model)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$	\$
Other (Describe)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$	\$
Other (Describe)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$	\$
Other (Describe)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$	\$

(8) Business interests. (Attach evidence of items listed.)

Business Name	Address & Phone	Nature of Business	Percent Owned By	Current Value
			___% Petitioner ___% Respondent	\$
			___% Petitioner ___% Respondent	\$

(9) Financial Assets. (Attach evidence of items listed, including last 3 months of bank statements, contracts, etc.)

Asset	Name of Institution (Name & Address)	Names on Account	Current Balance
Bank or Credit Union Account Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$
Bank or Credit Union Account Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$
Stocks, Bonds, Securities, Money Market Fund Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$
Stocks, Bonds, Securities, Money Market Fund Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$
Retirement Account (Pension, 401(k), IRA, etc.) Last 4 digits of acct number: _____ Plan Name _____ Plan Representative _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$

Asset	Name of Institution (Name & Address)	Names on Account	Current Balance
Retirement Account (Pension, 401(k), IRA, etc.) Last 4 digits of acct number: _____ Plan Name _____ Plan Representative _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$ _____
Profit Sharing Plan Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$ _____
Profit Sharing Plan Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$ _____
Annuity Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$ _____
Annuity Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$ _____
Money Owed to Parties		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$ _____
Cash		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$ _____
Life Insurance Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	Face Value \$ _____ Cash Value \$ _____
Life Insurance Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	Face Value \$ _____ Cash Value \$ _____
Other (Describe)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other _____	\$ _____

(10) Debts. (Do not include amount owed on property reported in Paragraphs (7) and (8). (Attach evidence of items listed, such as credit card statements, loan documents, leases, bills, etc.)

Debt Owed To (Name & Address of Creditor)	Purpose of Debt (Such as credit card, cash loan, installment payment, etc.)	In Whose Name?	Amount Owed	Monthly Payments
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$

(11) Monthly Expenses. (Include amounts other than taxes withheld from your paycheck. Attach evidence of items listed, such as pay stubs, leases, bills, receipts, etc. For expenses that change from month to month, calculate the annual total and divide by 12 months to list a monthly amount. Include amounts you pay for yourself and any children or other dependents in your household.)

My Monthly Expenses	Type of Expense
\$	Rent or mortgage
\$	Real property taxes
\$	Real property insurance
\$	Real property maintenance
\$	Food and household supplies
\$	Clothing
\$	Laundry and dry cleaning
\$	Automobile loan
\$	Automobile insurance

My Monthly Expenses	Type of Expense
\$	Automobile gasoline
\$	Automobile maintenance
\$	Public transportation
\$	Electricity
\$	Gas
\$	Water, sewer and garbage
\$	Telephone
\$	Paid television (Cable, Satellite, Etc.)
\$	Internet
\$	Garnishments
\$	Alimony (from prior marriage)
\$	Child support (from prior order)
\$	Child care
\$	Education (children)
\$	Education (self)
\$	Extra-curricular activities (children)
\$	Health care insurance premiums
\$	Health care expenses
\$	Other insurance (Describe)
\$	Credit cards
\$	Union or other dues
\$	401K or other retirement or pension fund contribution
\$	Savings plan contribution
\$	Entertainment
\$	Donations
\$	Gifts
\$	Other (Describe)
\$	Total

(12) Estimated Amounts. I have estimated all or some of the amounts entered in the Paragraphs above.

Paragraph	Item estimated	Amount estimated	Basis for estimation

Paragraph	Item estimated	Amount estimated	Basis for estimation

(13) Unavailable Documents. I have not attached all or some of the documents required by Utah Rule of Civil Procedure 26.1 to support this Financial Declaration. They are not available to me.

The following documents are not available to me	because

I declare under criminal penalty of Utah Code Section 78B-5-705 that:

- the information in this Financial Declaration about myself is true and correct;
- any information about the other party is true and correct or is an estimate to the best of my information and belief;
- I have disclosed everything that is relevant to my financial status; and
- I understand that if I fail to fully disclose all assets and income in the Financial Declaration and attachments I may be subjected to sanctions under Utah Rule of Civil Procedure 37 including an award of non-disclosed assets to the other party, attorney's fees or other sanctions deemed appropriate by the court.

_____ Sign here ► _____
Date _____
Typed or Printed Name _____

Certificate of Service

I certify that I served a copy of this Financial Declaration and all attached documents on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Sign here ► _____

Date _____

Typed or Printed Name _____