

Name _____

(1) Social Security Number (last 4 only): _____

(2) Employment Status:

a. I am unemployed.

I am employed.

b. My occupation is: _____

Name of Employer	Address & Telephone Number

(3) Gross Monthly Income. (Use **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 the 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
\$	Veteran's Benefits
\$	Alimony (from a prior marriage)
\$	Child (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)
\$	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.) (Year, Make, Model)	Lien Holder (Name & Address)	In Whose Name? <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Current Value \$	Amount Owed \$	Monthly Payment \$
(Year, Make, Model)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$	\$
(Year, Make, Model)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$	\$
(Year, Make, Model)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$	\$
(Year, Make, Model)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$	\$
(Year, Make, Model)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$	\$	\$
(Year, Make, Model)		<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 ____% Petitioner ____% Respondent	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 <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other	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, 401k, IRA, etc) Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other	\$

Retirement Account (Pension, 401k, IRA, etc) 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: _____			
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
\$	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

(13) Unavailable Documents. I have not attached all or some of the documents required by Utah Rules 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 and other sanctions deemed appropriate by the court.

_____ Sign here ▶ _____
Date

Printed Name _____