

Name: _____

Address: _____

Telephone: _____

IN THE SIXTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF _____

Plaintiff/Petitioner,

Case No. _____

vs.

Dept. No. _____

Defendant/Respondent.

_____ /

GENERAL FINANCIAL DISCLOSURE FORM

This form is used to understand the financial position of the Plaintiff and the Defendant. Please fill out completely and truthfully.

A. Personal Information:

- 1. What is your full name? (first, middle, last) _____
- 2. How old are you? _____
- 3. What is your date of birth? _____
- 4. What is your occupation? _____
- 5. What is your highest level of education? _____

B. Employment information: (Check one)

- 1. Are you currently employed?
 - ___ No
 - ___ Yes If yes, what is the name of your employer? _____
 - What date were you hired on? _____
- 2. Are you disabled? (Check one)
 - ___ No
 - ___ Yes If yes, what is the level of your disability? _____
 - What agency certified you disabled? _____
 - What is nature of your disability? _____

C. Attorney Information: Complete following sentences:

1. An attorney (has/has not) _____ been retained on my behalf for this case.
2. As 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 \$ _____.

SECTION 1: Personal Income

Before you can complete the next section you need to figure out your pay frequency. Your pay frequency is determined by the number of times you are paid each month.

Pay Frequency Table

- 1.00= Paid one time per month
 2.00= Paid two times per month
 2.17= Paid every two weeks
 4.33= Paid every week

A. Fill in the line that applies to you. Only complete Line 1 or Line 2

Line #	Income Question	Amount Earned		# of hours Worked per pay period		Pay Frequency (1.00, 2.00, 2.17, or 4.33)		Monthly Income
1	I am paid an hourly wage in the amount of	\$	X		X		=	
2	I am paid a base salary in the amount of	\$		X			=	

B. Fill in the amount of money you receive each month for the following types of income:

Line #	Income Question	Amount Received Monthly
3	I regularly work overtime and each month earn an average of :	\$
4	I receive bonuses, commissions, or tips in the amount of:	\$
5	I receive a car, gas, housing, or other allowance in the amount of:	\$
6	I receive spousal support in the amount of :	\$
7	I receive social security in the amount of :	\$
8	I receive social security disability in the amount of:	\$
9	I receive workman's compensation benefits in the amount of:	\$

10	I receive unemployment benefits in the amount of:	\$
11	I receive pension or retirement income in the amount of:	\$
12	I receive net rental income in the amount of :	\$
13	I receive income from other sources in the amount of:	\$
14	Total income received (add lines 3-13).	\$

C. Total Monthly income from all sources:

15	Total from Line 1 or 2	\$
16	Total from Line 14	\$
17	Total Gross Monthly Income (add lines 15-16)	\$

SECTION 2: Personal Deductions

A. Fill in the amount of money that is taken out of every paycheck for each of the following deductions:

18	Court Ordered Child Support is deducted from every paycheck in the amount of	\$
19	Federal Income Tax is deducted from every paycheck in the amount of	\$
20	Social Security Tax is deducted from every paycheck in the amount of	\$
21	Medicare is deducted from every paycheck in the amount of	\$
22	Union dues are deducted from every paycheck in the amount of	\$
23	Health Insurance Cost is defined form every paycheck in the amount of	\$
24	Life disability, or other Insurance Premiums are deducted from every paycheck in the amount of	\$
25	Federal Health Savings Plan contribution is deducted from every paycheck in the amount of	\$
26	Retirement, Pension, IRA, or 401k contributions are deducted from every paycheck in the amount of	\$
27	Savings are deducted from every paycheck in the amount of	\$
28	Other:	\$

29	Other:	\$
30	Total Paycheck Deductions	\$
31	Total Monthly Deductions	\$

SECTION 3: Income Summary

32	Total from Line 17	\$
33	Total from Line 30	\$
34	Net Monthly Income	\$

SECTION 4: Child Information

A. Fill in the table below with the name and date of birth of each of your children, parent the child is living with, and whether the child is from this marriage or relationship:

Child's Name	Date of Birth	Whom is Child living with? (Mom, Dad, or Both)	Is this child from this marriage/relationship? (Yes or No)
1 st			
2 nd			
3 rd			
4 th			
5 th			

B. Fill in the table below with the amount of money you spend each month on the following expenses for the children:

	Children's Expenses	1 st Child	2 nd Child	3 rd Child	4 th Child	5 th Child
1	Clothes, Shoes, & Accessories					
2	Unreimbursed Medical Expenses					
3	Telephone & Internet					
4	Entertainment					
5	Food					
6	Insurance					

7	Education Related Expenses					
8	Summer Camp/Programs					
9	Vehicle					
10	Transportation cost for Visitation					
11	Total Monthly Expenses for Children (add lines 1-11)	\$	\$	\$	\$	\$

SECTION 5: Household Information

A. I live with (number) _____ other adult(s), including children over the age of eighteen, who contribute to or pay the household expenses in the amount of \$ _____.

SECTION 6: Personal Expenses

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.

Expense	Monthly Amount of Expense	Self	For the Other Party	For Both
Home				
Mortgage/Rent/Lease				
Property Taxes				
HOA				
Home Owner's Insurance				
Lawn Care				
Pest Control				
Pool Service				
Security				
Other				
Utilities				
Water				
Electric				
Gas				
Sewer				
Home Phone				
Internet/Cable				
Other				
Medical				
Health Insurance				
Unreimbursed Medical Expenses				
Other				
Transportation				
Car Loan/Lease				

Payment				
Fuel				
Auto Insurance				
Other				
Personal				
Food				
Pets				
Cell phone				
Membership Fees				
Clothing, shoes, etc.				
Dry Cleaning				
Other				
Debts				
Credit Card				
Child Support				
Alimony/Spousal Support				
Student Loans				
Other				
Total Monthly Expenses	\$	\$	\$	\$

SECTION 7: Asset and debt chart

Complete the chart below by listing all assets and debts, the value of each, the amount owed on each, and whose name the asset or debt is under (you, the other party, or both).

Line #	Description of Asset or Debt	Gross Value	Amount Owed	Net Value	Whose Name is on the Account? (Self, Other Party, or Both)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

19				
20				
Total Value of Assets (add lines 1-20)		\$	\$	\$

(Attach additional sheets if you need more space. Please make sure to clearly identify additional pages)

IMPORTANT: Read the following paragraph carefully.

I am the (check/one) ___ Plaintiff/___ Defendant in the above action. 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.

Signature

Date