

APPLICATION FOR PRO BONO REFERRAL FROM COLORADO LEGAL SERVICES

1000 West 6th Street, Suite I, Pueblo CO 81003 719-545-6708 ext. 333 Fax: 719-545-0961

Kemps #: _____

Date of Application: _____

Problem Code: _____

1. Applicant's Legal Name _____
 First Name Middle Name Last Name

2. Applicant's Mailing Address: _____
 Safe to contact you here? Yes No City, State, ZIP County of Residence

3. Phone (H) (_____) (W) (_____) Cell/Other (_____)
 Safe to call? Yes No Safe to call? Yes No Safe to call? Yes No

4. Your email address: _____ Safe to email you? Yes No

5. Last 4 digits ONLY of Social Security Number: ### - ## - _____

6. Marital Status Single Married Separated (But Married) Divorced Widowed

7. Date of Birth _____ Age _____ 8. Sex: M F 9. Primary Language _____

10. Race: White Black Hispanic Native American Asian Other Undeclared

11. Your Husband or Wife: _____
 First Name Middle Name Last Name Date of Birth

12. Are you a Citizen? Yes No (If "yes", please sign Declaration in #13, below)

Are you a permanent resident? Yes No # _____
 Other legal status? Yes No

For office use only: date received

13. If you are a Citizen, please sign the following declaration:

I declare that I am a citizen of the United States of America.

Date: _____ Signature _____

14. Do you have a disability? None Physical Mental
 Please describe your disability: _____

15. Are you a victim of domestic violence? Have you been threatened or hurt by a spouse or partner, or by someone else close to you (family or close friend)? Yes No

16. Have you or any member of your household served in the military, including the Reserves or National Guard? Yes No

17. Your Living Arrangements: Own Rent Other _____

18. No. of Adults in your Home _____ No. of Children in Home _____ Household Total _____

19. Household Monthly Gross Income
 Before Taxes & Expenses are Deducted

	Your monthly Gross income	Your Spouse's Gross income	Other Residents' Gross income
Employment	\$ _____	\$ _____	\$ _____
Welfare Benefits: <input type="checkbox"/> TANF <input type="checkbox"/> OAP <input type="checkbox"/> AND	_____	_____	_____
<input type="checkbox"/> Soc. Sec. Disab. or <input type="checkbox"/> Retirement	_____	_____	_____
SSI	_____	_____	_____
<input type="checkbox"/> Unemployment; <input type="checkbox"/> Worker's Comp	_____	_____	_____
Income from <input type="checkbox"/> Dividends, <input type="checkbox"/> Interest, <input type="checkbox"/> Other Investments, <input type="checkbox"/> Rents, <input type="checkbox"/> Royalties, <input type="checkbox"/> Estates, <input type="checkbox"/> Trusts)	_____	_____	_____
Other: <input type="checkbox"/> Child Support, <input type="checkbox"/> Alimony, <input type="checkbox"/> Pension, <input type="checkbox"/> Military Allotments, <input type="checkbox"/> any support money received regularly, <input type="checkbox"/> regular insurance or annuity payments, <input type="checkbox"/> VA Benefits	_____	_____	_____
TOTAL INCOME	\$ _____	\$ _____	\$ _____

For office use: Household income is _____ % of poverty level.

Applicant's Name: _____

20. Household Assets (Total amounts for applicant, spouse and all other residents)

Please write the amount in each space or write "none"

Real Estate equity (not including residence)	\$ _____	Cash on hand	\$ _____
Equity in vehicles not used for transportation	_____	Checking Account	_____
Household goods (value in excess of \$3000)	_____	Savings Account	_____
Wearing apparel (value in excess of \$1500)	_____	CD's, Money Mkt, etc.	_____

For office use: Household assets are listed and are within financial eligibility guidelines.

21. Is your income likely to change significantly in the near future? Yes No
(If yes, explain how income is likely to change: _____)

22. If you listed no income above, how are you supporting yourself? _____

23. Please tell us what you pay each month for: rent/mortgage: _____ medical care/insurance: _____
child care: _____ other (what is it?): _____

24. If your mailing address is different from your street address, please tell us your street address:

Street	City, State	County
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25. How did you hear about our program? _____

26. If you own a home, please tell us how much equity you have in your home: \$ _____

27. _____	_____	_____
Person filling out application (if not Applicant)	Phone	Relationship to Client

YOUR LEGAL PROBLEM:

28. Brief Description of Your Legal Problem: _____

29. Name(s) of Adverse/Opposing Party _____

30. Deadlines (Court dates, Answer dates, etc.)? _____

31. What County is your legal problem in? _____

32. Please tell us what you would like to do about your legal problem: _____

Signature

Date

FOR LEGAL SERVICES USE: Is this client eligible for services? yes no

*Colorado Legal Services
 Pueblo County and Southeast Colorado Pro Bono Project
 Gail Rodosevich
 719-545-6708, ext 333
 Tuesday-Wednesday-Thursday*

CLIENT RIGHTS AND DUTIES

THIS AGREEMENT is between you and Colorado Legal Services, and Pueblo County and Southeast Colorado Pro Bono Project (a local office of Colorado Legal Services). You are applying for help with a civil legal problem.

This agreement is for the legal problem that you told us about in your application. If you have another legal problem and want help with it, you must fill out a new application with us.

We help people whose income and assets are within the limits set for our program by federal rules. If your income and assets are within our limits, we are allowed to help you. If your income or assets increase while we are helping you, you must tell us. We may have to stop helping you if your income or assets become too high.

We do not have enough staff lawyers and paralegals, or volunteer lawyers and paralegals, to help everyone who applies. We will look at your case to see if we can give you advice or if we can find a lawyer to represent you.

If we help you, you will not have to pay any fees to us or to a volunteer lawyer or paralegal. But you may have to pay any costs of your case such as court filing fees or other costs. We will check to see if court costs can be waived for you.

Once we have your application, while we are deciding if we can help you, you are responsible for your case, and must take care of any deadlines or notices. You must tell us about any deadlines that you know about in your case.

We can't make any promises to you about how your case will be handled, or how it will end. You may win or lose, or you may settle with the other side. You have the right to decide if you want to settle your case or not. We have the right to tell you what we can do for you, and we can refuse to do what you want us to do—if we don't think it's the best thing for you, or if we don't think it's ethical, or if we don't have any staff or volunteers to help with your case. We can also stop helping you if you don't cooperate with us or with your volunteer lawyer or paralegal.

YOUR RIGHTS:

1. To receive respect, courtesy and professionalism from us and from anyone who helps you.
2. That we will keep everything about your case confidential (private), although we can talk to volunteer lawyers or paralegals about your case to see if they will help you.
3. That we will handle your case in an ethical manner and not break any rules or laws.
4. That we will answer your questions and concerns as quickly as possible.
5. That we will keep you informed of the status of your case.
6. To make your own decision about how your case is handled, if a lawyer or paralegal is helping you.
7. To be told about what might happen if you lose your case, including if you might owe attorney fees to the other side.
8. To receive help without regard to race, creed, color, religion, gender, sexual orientation, age, national origin or disability.
9. To ask us to explain anything in this form or any other paper we give you.
10. To tell us to stop helping you, if you change your mind or don't like what we are doing for you. If your case has been filed in court, the judge must allow your staff lawyer or volunteer lawyer to stop helping you.
11. To complain if you don't like how we handle your case, or how you are treated by us.

YOUR DUTIES:

1. To give us respect and courtesy. This includes both staff and volunteers who work with you.
2. To give us all the information we need to decide if we can help you, and all the information needed to help you if we accept your case.
3. To tell us the truth about your case, without exception.
4. To work with us on your case, and keep in touch. If your address or phone number changes, you must tell us. If you are referred to a volunteer lawyer, you must work with and respect your lawyer just as we ask you to work with and respect our staff. This includes anyone in your volunteer lawyer's office or anyone you are asked to work with while you are being helped with your case.
5. To read this form, and any other form we ask you to sign, and to ask questions if you don't understand it.

I HAVE READ AND UNDERSTOOD THE *CLIENT RIGHTS AND DUTIES*.

You sign here _____ *Date* _____ *We will sign here* _____ *Date* _____

FAMILY LAW COURT PROGRAM (FLCP)

Gail Rodosevich
719-545-6708, ext 333

Welcome to the Family Law Court Program. This Program was created in response to the high demand for help with Divorce and Custody cases. There are simply not enough volunteer attorneys available to represent every individual in need of legal assistance with these issues. However, though the Pueblo County Pro Bono Project Family Law Court Program, will guide you step-by-step through the process of filing and completing you case on your own, as a pro se litigant.

The program consists of 2 main parts:

1. Procedural Assistance

FLCP will assist you with all of the procedural requirements in your case. At your Initial Meeting, FLCP staff and volunteers will complete all of the paperwork required to get your case started. FLCP will then file your case with the Court and arrange for Service of Process on the other party. FLCP will also schedule you for any required Court appearances.

2. Legal Advice

Once these preliminary steps are complete, you will be ready to have your Permanent Orders Hearing. This is the final step in which you will appear before a Judge who will make decisions about all of the issues in your case. To prepare for this Hearing, you will have the opportunity to meet one-on-one with a volunteer attorney. This attorney will discuss the legal issues in your case with you and prepare your final paperwork. If the other party in your case appears, the attorney will help you *negotiate* agreements. Then, the attorney will represent you in Court at your Hearing.



Please understand that the Family Law Court Program was designed for non-contested cases. If the other party in your case hires an attorney or files a response, your case may no longer be appropriate for this program. If this happens, FLCP will try to refer your case to a volunteer attorney to work with you individually. However, FCLP cannot guarantee that such an attorney will be available.

3. In order to request the court to waive your filing fees, you must provide your (3) most current pay stubs (if employed) and last (3) months bank statements (if you have a checking account) at your first appointment

FAMILY LAW COURT PROGRAM CHECKLIST

FREQUENTLY ASKED QUESTIONS

What if the other party refuses to participate in this case?

The other party will be notified of all hearings in your case, and has the right to appear and participate in the proceedings. However, if the other party chooses not to participate, it will NOT prevent your case from going forward.

The other party is harassing or threatening me. What should I do?

You have the right not to be harassed by the other party during this case. If you are experiencing harassment, you should start by keeping a list of each occurrence. You then have several options for how to deal with the situation.

For minor harassment, you can try to reach an agreement with the other party about how you will interact with each other during this process. You might decide to limit your contact to certain forms or subjects. (For example, parties will often agree to communicate only about their children and not about other topics.)

If the situation cannot be resolved by agreement, you may choose to ask the Court for Temporary Orders. This means that you are asking the Court to impose rules that you and the other party must abide by during your case. (For example, you could ask the Court to order that you and the other party can only communicate with each other in writing.) If the other party breaks these rules, you can let the Court know and the Court will impose whatever sanctions it deems appropriate.

If the harassment is serious, you should ask the Court for a Protection Order (aka a Restraining Order). To get a Protection Order, go to the Pro Se Resource Center and ask for the necessary paperwork. The Court will usually grant a Temporary Protection Order immediately and it is usually effective for two weeks. To make the Temporary Order permanent, you will have to appear before the Court for a Hearing. FLCP cannot assist with Protection Orders. Please let the FLCP know and the program will direct you to ACOVA .

If you are ever concerned for your safety, call 911 immediately.

What if some issues need to be addressed before my Permanent Orders Hearing?

A divorce or custody case can take many months to complete. It can be difficult to know what the “rules” are during this period, especially if you and your spouse/partner have not yet separated. Parties often struggle with questions, such as where the children will live during this time, which cannot wait until your final Hearing.

It is usually best for everyone involved if you and your spouse/partner are able to be respectful and cooperative and work out agreements with each other.

However, if this is not possible, you can ask the Court for Temporary Orders. This means that you are asking the Court to make immediate decisions about certain issues and impose rules that you and the other party must abide by until your final hearing. FLCP cannot represent you for Temporary Orders. Your case would be considered contested and diverted from this program.



Pueblo FAMILY LAW COURT PROGRAM CHECKLIST

Please bring this list with you to your first meeting.

What's the Next Step?	When does it occur?	Who is responsible for completing this?	Date Complete
<p>Initial Meeting At your Initial Meeting, FLCP will prepare all of the paperwork and file your case with the Court.</p>	<p>Within a few weeks after acceptance into the Family Law Court Program</p>	<p>FLCP will send you a letter scheduling this meeting. It is your responsibility to attend.</p>	
<p>Case Filed with the Court FLCP will request a filing fee waiver if you qualify by income/ The decision to waive filing fee is made by the Court. (Required by the Court: If you want to request a fee waiver, you must bring 3 months of pay stubs (if employed) , 3 months bank statements (if you have a bank account)</p>	<p>Within 1 weeks after your Initial Meeting</p>	<p>FLCP will file your case with the Court.</p>	
<p>Service of Process The Court requires that we officially notify the other party of this case. To do this, we must have a process server deliver papers to him/her.</p> <p>This is the only fee you will be responsible to pay. It is usually \$25.00 if in Pueblo County. FLCP will let you know the cost of service if the other party lives outside of Pueblo County or the state of Colorado. You will bring the required amount in a money order to your first scheduled meeting.</p>	<p>As soon as possible after filing your case.</p> <p>Depending on how difficult it is to locate the other party.</p> <p>Must be served before your Initial Status Conference Date (ISC) with the Court</p>	<p>You are responsible for providing FLCP with current information about the other party's whereabouts. FLCP will then arrange for service.</p> <p>If you cannot find any information about the other party, you must notify FLCP immediately and we can discuss your options.</p>	
<p>Financial Disclosures Program will file with the Court</p>	<p>Gather documents that may be needed (deeds, pension plans, life insurance, bills, appraisals, etc)</p>	<p>FLCP will file all documents required by the Court</p>	
<p>Initial Status Conference with the Court</p> <p>This is a mandatory meeting unless your service is by Publication/ FLCP will let you know if you do not have to attend.</p>	<p>Case Management Order (CMO) will be included with your copies of all documents that are filed and returned to FLCP by the Court</p>	<p>FLCP will provide you with the date and time. FLCP will meet you at the conference with your file.</p>	
<p>Meeting with Attorney You will meet with a volunteer attorney at Colorado Legal Services to discuss the legal issues in your case and to prepare the paperwork for your final hearing.</p>	<p>FLCP will call to schedule appointment and send you a reminder letter. This meeting will take approximately 30 – 45 minutes</p>	<p>FLCP will notify you of the confirmed date of this meeting. It is your responsibility to attend. Appointments are limited and usually cannot be rescheduled.</p>	
<p>Permanent Orders Hearing At your hearing, you will appear in Court before a Judge. The volunteer attorney will represent you. The Judge will make final decisions about all of the issues in your case.</p>	<p>For Divorce cases, at least 91 days after Service of Process.</p> <p>For Custody only cases, at least 31 days after Service of Process.</p>	<p>FLCP will notify you of the date of your hearing. FLCP will file all notices and send you and the other party a copy. It is your responsibility to attend. You will be noticed of an AM or PM docket, please arrange to take either the morning or afternoon off.</p>	
<p>FLCP will send you and the other party your final Decree or APR Order</p>	<p>Within 30 days of the final hearing or when the Judge signs the decree</p>	<p>FLCP will mail the final Decree, APR Order, and Support Order to both parties</p>	

STATEMENT OF UNDERSTANDING

I understand that Family Law Court Program does NOT represent me and is not my attorney. I am filing my Divorce or Custody case on my own as a pro se litigant.

However, the family Law Court Program is agreeing to assist me with procedural aspects of my case. This includes:

- Assisting me in completing the appropriate legal documents
- Filing documents with the Court on my behalf
- Arranging for Service of Process on the other party
- Scheduling hearing dates with the Court

Family Law Court Program is also agreeing to provide a volunteer attorney to help me prepare for my Permanent Orders Hearing. This attorney will also represent me during my Permanent Orders Hearing.

I understand that I am responsible for:

- Attending meetings scheduled by the Court and/or FLCP
- Reading and replying appropriately to correspondence from FLCP
- Providing information necessary for my case, including information for Service of Process
- Updating FLCP with changes to my address and/or phone number
- Informing FLCP if I receive any paperwork from the Court or the other party about my case.
- Informing FLCP if the other party in my case hires an attorney
- Scheduling and attending the Court ordered Parenting Class, if applicable
- Paying any filing fees required by the Court

I understand that, if I fail to fulfill these responsibilities, FLCP will no longer be obligated to assist me with my case. I understand that, if I fail to fulfill these responsibilities and this results in delay or missed deadlines, the Court may dismiss my case and I will have to re-file my case on my own.

I understand that, if my case becomes contested, it may no longer be appropriate for the Family Law Court Program. Should this happen, FLCP will attempt to refer my case to a volunteer attorney to assist me. However, FLCP cannot guarantee that such an attorney will be available. I also understand that my income eligibility will be reevaluated before referral to a volunteer attorney.

Print Name

Signature

Date

**Pueblo County and Southeast Colorado Pro Bono Project
Family Law Court Program Divorce Questionnaire-with children**

Applicant's Name _____

1. Full Legal Name of Wife: _____

Date of birth: _____ Social Security Number: _____ Driver's Lic # _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Length of **Current Residency in Colorado:** _____ (Yrs/mos) Dates: _____

2. Full Legal Name of Husband: _____

Date of birth: _____ Social Security Number: _____ Driver's Lic # _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Length of **Current Residency in Colorado:** _____ (Yrs/mos) Dates: _____

3. Date of the Marriage: _____ **Place of Marriage:** _____ (City/State)

4. Date the parties separated: _____

5. The Wife is pregnant not pregnant.

6. Do you request that the Court restore **prior full name to _____?**

7. Required Notice of Prior Protection/Restraining Orders.

Have any Temporary or Permanent Protection/Restraining Orders to prevent domestic abuse or any Criminal Mandatory Protection/Restraining Orders (MRO) or Emergency Protection Orders been issued against either party within two years prior to the filing of this Petition?

No Yes If your answer was **Yes**, complete the following:

The Protection/Restraining Order was Temporary Permanent MRO and issued against _____ in a Municipal Court County Court District Court in the County of _____, State of _____, in case number _____ on _____ (date).

What was the subject matter of the Protection/Restraining Order or Emergency Protection Order?

The following child(ren) was/were born or adopted of this marriage (attach a second sheet, if necessary):

Full Name of Child	Present Address	Sex	Date of Birth	Soc. Sec. No.

9. The child(ren) listed above have lived in Colorado since birth? Yes No If No, please state the name of child, name of person child lived with and the month, date and year when each child most recently moved to Colorado.

Full Name of Child	Name of Person Child Lived with	State Moved From	Month	Day	Year

10. I/We have participated in the following proceeding(s) regarding the child(ren) as a party or a witness, or in any other capacity concerning the allocation of parental responsibilities including decision-making, child support and parenting time with the child(ren). Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

11. I/We know of the following proceeding(s) that could affect the current proceeding including, but not limited to proceedings relating to domestic violence or domestic abuse, enforcement of Court orders, protection/restraining orders, termination of parental rights, and adoptions. Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

12. The following people are not parties in this matter, but have physical custody of the child(ren) or claim rights of parental responsibilities, legal custody or physical custody, or visitation/parenting time with the child(ren). Identify name and address of those persons, if any.

Full Name of Person	Address (Street, City/State, Zip Code)

13. Required Notice of Human Services Involvement.

The parents or dependent child(ren) listed on this Petition has/have received within the last five years, or is/are currently receiving benefits or public assistance from the state Department of Human Services or the County Department of Social Services. No Yes If your answer was Yes, complete the following:

Name of Person Receiving Benefit	Name of County and State	Case Number	Month/Year

14. Notice of Existing Case with Child Support Enforcement (CSE)

The parents have filed a case with CSE? No Yes If Yes, identify the case number: _____

Information about the opposing party to serve him/her with court documents.

Information for the Process Server Family Law Court Program

Information about the opposing party to serve him/her with court documents

Opposing Party Name _____

Opposing Party's address: _____

(Must have an address for service)

Phone # _____

Days and/or hours expected at this address: _____

Employment name and address: _____

Days and/or hours _____

Height _____

Weight _____

Eye color: _____

Hair (short? Long? Color?) _____

Tattoo? _____

Vehicle description _____

If the opposing party is not at his residence or at work please tell us

where he/she spends free time:

Location description and address: _____

Is the opposing party incarcerated? No _____ Yes _____

If yes please provide this information:

Jail or Correction Facility name _____

County _____ State _____

SWORN FINANCIAL STATEMENT

I, _____ (full name) am am not currently employed.

I am employed _____ hours per week. I am paid weekly bi-weekly twice a month monthly.

My pay is based on a Monthly Salary Hourly rate of \$ _____ Other: _____

Date employment began _____.

My occupation is: _____ Name of employer: _____ Address of employer: _____

If unemployed, what date did you last work? _____

I am unemployed due to disability involuntary layoff at work other: _____

This household consists of _____ adult(s), and _____ minor child(ren).

I believe the monthly gross income of the other party is \$ _____.

Annual gross income (last tax year 20__) for Petitioner \$ _____, Co-Petitioner/Respondent \$ _____

1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)

Gross Monthly Income (before taxes and deductions) from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	\$	Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based)	\$
Unemployment & Veterans' Benefits		Disability, Workers' Compensation	
Pension & Retirement Benefits		Interest & Dividends	
Public Assistance (TANF)		Other - _____	
Total Monthly Income			\$
Miscellaneous Income			
Royalties, Trusts, and Other Investments	\$	Contributions from Others	\$
Dependent Children's monthly gross income. Source of Income: _____		All other sources, i.e. personal injury settlement, non-reported income, etc.	
Rental Net Income		Expense Accounts	
Child Support from Others		Other - _____	
Spousal Support from Others		Other - _____	
Total Monthly Miscellaneous Income			\$
Total Income			\$

2. Monthly Deductions (Mandatory and Voluntary)

Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax	\$	State/Local Income Tax	\$
PERA/Civil Service		Social Security Tax	
Medicare Tax		Other - _____	
Total Mandatory Deductions			\$
Voluntary Deductions	Cost Per Month		Cost Per Month
Life and Disability Insurance	\$	Stocks/Bonds	\$
Health, Dental, Vision Insurance Premium		Retirement & Deferred Compensation	
Total number of people covered on Plan →			
Child Care (deducted from salary)		Other - _____	
Flex Benefit Cafeteria Plan		Other - _____	
Total Voluntary Deductions			\$
Total Monthly Deductions			\$

3. Monthly Expenses

Note: List regular monthly expenses below that you pay on an on-going basis and that are not identified in the deductions above.

A. Housing

	Cost Per Month		Cost Per Month
1 st Mortgage	\$	2 nd Mortgage	\$
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)		Condo/Homeowner's/Maintenance Fees	
Rent		Other - _____	
Total Housing			\$

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	\$	Water, Sewer, Trash Removal	\$
Telephone (local, long distance, cellular & pager)		Property Care (Lawn, snow removal, cleaning, security system, etc.)	
Internet Provider, Cable & Satellite TV		Other - _____	
Total Utilities and Miscellaneous Housing Services			\$

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	\$	Dining Out	\$
Total Food & Supplies			\$

D. Health Care Costs (Co-pays, Premiums, etc.)

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$	Dentist and Orthodontist	\$
Medicine & RX Drugs		Therapist	
Premiums (if not paid by employer)		Other - _____	
Total Health Care			\$

E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$	Other Vehicle Payments	\$
Fuel, Parking, and Maintenance		Insurance & Registration/Tax Payments (yearly amount(s) ÷ 12)	
Bus & Commuter Fees		Other - _____	
Total Transportation			\$

F. Children's Expenses and Activities

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$	Child Care	\$
Extraordinary Expenses i.e. Special Needs, etc.		Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	
Tuition		Other - _____	
Total Children's Expenses and Activities			\$

G. Education for you - Please identify status: Full-time student Part-time student

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.		Other - _____	
Total Education			\$

H. Maintenance & Child Support (that you pay)

	Cost Per Month		Cost Per Month
Spousal Maintenance		Child Support	
<input type="checkbox"/> This family	\$	<input type="checkbox"/> This family	\$
<input type="checkbox"/> Other family		<input type="checkbox"/> Other family	
Total Maintenance and Child Support			\$

I. Miscellaneous (Please list on-going expenses not covered in the sections above)

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$	Personal Care (Hair, Nail, Clothing, etc.)	\$
Legal/Accounting Fees		Subscriptions (Newspapers, Magazines, etc.)	
Charity/Worship		Movie & Video Rentals	
Vacation/Travel/Hobbies		Investments (Not part of payroll deductions)	
Membership/Clubs		Home Furnishings	
Pets/Pet Care		Sports Events/Participation	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	
Total Miscellaneous			\$

Total Monthly Expenses (Totals from A – I)	\$
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4. Debts (unsecured)

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., etc. **Do not** list debts that are liens against your property, such as mortgages and car loans, because that payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles.

For name on account, "P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

Name of Creditor	Account Number (last 4-digits only)	P	C/R	J	Date of Balance	Balance	Minimum Monthly Payment Required	Reason for Which Debt was Incurred
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Unsecured Debt Balance						\$	\$	→ Total Minimum Monthly Payment

**SWORN FINANCIAL STATEMENT SUMMARY
(INCOME/EXPENSES)**

Total Income (from Page 1) \$ _____ **A**

Total Monthly Deductions (from Page 2) \$ _____ **B**

Total Monthly Net Income (A minus B) \$ _____

Total Monthly Expenses (from Page 3) \$ _____ **C**

Total Minimum Monthly Payment Required - Debts Unsecured (from Page 4) \$ _____ **D**

Total Monthly Expenses and Payments (C plus D) \$ _____

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments)	(+/-)	\$ _____
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5. Assets

You **MUST** disclose all assets correctly. By indicating "None", you are stating affirmatively that you or the other party, do not have assets in that category. Please attach additional copies of pages 5 & 6 to identify your assets, if necessary.

If the parties are married, check under the heading Joint (J) all assets acquired during the marriage but not by gift or inheritance. Under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage and assets acquired by gift or inheritance.

If the parties were NEVER married to each other or are using this form to modify child support, list all of each party's assets under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R).

"P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) <input type="checkbox"/> None	P	C/R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total				\$	\$	\$

B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> None	P	C/R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total				\$	\$	\$

C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	P	C/R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$

D. Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None	P	C/R	J	Type of Policy	Face Amount of Policy	Cash Value today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total					\$	\$

E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. <input type="checkbox"/> None	P	C/R	J	Current Possession Held by			Estimated Value as of Today Value = what you could sell it for in its current condition.
				P	C/R	J	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total							\$

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$
G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$

H. Miscellaneous Assets <input type="checkbox"/> None If you own any of the assets identified below, please check the appropriate box and attach JDF 1111-SS to report the value.			
<input type="checkbox"/> Business Interests	<input type="checkbox"/> Stock Options	<input type="checkbox"/> Money/Loans owed to you	<input type="checkbox"/> IRS Refunds due to you
<input type="checkbox"/> Country Club & Other Memberships	<input type="checkbox"/> Livestock, Crops, Farm Equipment	<input type="checkbox"/> Pending lawsuit or claim by you	<input type="checkbox"/> Accrued Paid Leave (sick, vacation, personal)
<input type="checkbox"/> Oil and Gas Rights	<input type="checkbox"/> Vacation Club Points	<input type="checkbox"/> Safety Deposit Box/Vault	<input type="checkbox"/> Trust Beneficiary
<input type="checkbox"/> Frequent Flyer Miles	<input type="checkbox"/> Education Accounts	<input type="checkbox"/> Health Savings Accounts	<input type="checkbox"/> Mineral and Water Rights
<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____
Total			\$

I. Separate Property <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS to identify the property and to report the value.	Total	\$
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Total Value/Balance of All Assets (A – I)	\$
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