MISC

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

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

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

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

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

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

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

**General Financial Disclosure Form**

The judge uses this form to understand the financial position of the Plaintiff and the Defendant. You must fill this form out completely and truthfully.

1. Personal Information:
2. What is your full name? *(first, middle, last)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How old are you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is your date of birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What is your highest level of education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Employment Information: *(☑ check one)*
8. Are you currently employed?
	* + No
		+ Yes If yes, what is the name of your employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What date were you hired on? *(mm/dd/yy)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. Attorney Information: *Complete the following sentences:*
2. An Attorney *(has/has not)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ been retained on my behalf for this case.
3. As of today, the attorney has been paid a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on my behalf.
4. I have a credit with my attorney in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
5. I currently owe my attorney a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
6. 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

4.00 = Paid every week

* + - 1. Fill in the line that applies to you. Only complete line 1 OR line 2.



* + - 1. Fill in the amount of money you receive each month for the following types of income:



* + - 1. Total monthly income from all sources:



**Section 2: Personal Deductions**

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

|  |  |  |
| --- | --- | --- |
| Line # | Name of Deduction  | Amount Deducted Monthly |
| 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 deducted from 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 401(k) 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 Monthly Deductions (add lines 18-29)** | $  |

**Section 3: Income Summary**

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**Section 4: Child Information**

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

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

**Section 5: Household Information**

1. I live with *(number)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ other adults, 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.

 

**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).



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.

►\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Your Signature* *Date*