

## STATEMENT OF FINANCIAL CONDITION

**IMPORTANT: YOU MUST WRITE AN ANSWER FOR EVERY QUESTION. WRITE N/A IF THE QUESTION DOES NOT APPLY TO YOU. ATTACH ADDITIONAL SHEETS WHENEVER NECESSARY.**

SECTION I - PERSONAL INFORMATION		
<b>1. NAME AND ADDRESS</b>  HOW LONG AT CURRENT ADDRESS? _____ YEARS _____ MONTHS	<b>2. HOME PHONE NUMBER</b>	<b>3. CELL PHONE NUMBER</b>
	<b>4. SOCIAL SECURITY NUMBER</b>	<b>5. E-MAIL ADDRESS</b>
<b>6. TYPE OF RESIDENCE</b> <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER (SPECIFY, E.G., BOARDER, ROOMMATE, LIVE WITH RELATIVES, ETC.)	<b>7. DRIVER'S LICENSE NUMBER</b>	<b>8. DATE OF BIRTH</b>
<b>9. MARITAL STATUS (CHECK ONE):</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	<b>10. CURRENT SPOUSE'S NAME</b>	<b>11. SPOUSE'S DATE OF BIRTH</b>

SECTION II - DEPENDENT INFORMATION			
<b>12. PROVIDE THE FOLLOWING INFORMATION FOR EACH OF THE CHILDREN FOR WHOM YOU PAY SUPPORT IN THIS CASE (ATTACH ADDITIONAL SHEET IF NEEDED):</b>			
NAME	DATE OF BIRTH	DOES CHILD LIVE WITH YOU?	IF YOU PAY CHILD SUPPORT, INDICATE AMOUNT AND FREQUENCY (I.E., WEEKLY OR MONTHLY)
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>13. PROVIDE THE FOLLOWING INFORMATION FOR EACH INDIVIDUAL WHO RESIDES IN YOUR HOUSEHOLD (ATTACH ADDITIONAL SHEET IF NEEDED):</b>			
NAME	RELATIONSHIP TO YOU (E.G., PARENT, FRIEND, SPOUSE, ETC.)	DOES INDIVIDUAL CONTRIBUTE TO HOUSEHOLD EXPENSES?	AMOUNT OF MONTHLY CONTRIBUTION
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION III - EMPLOYMENT INFORMATION		
<b>14. EMPLOYER NAME AND ADDRESS</b>	<b>15. EMPLOYER PHONE NUMBER</b>	<b>16. OCCUPATION</b>
	<b>17. EMPLOYMENT DATES</b> FROM _____ TO _____	<b>18. SELF-EMPLOYED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>19. SPOUSE'S EMPLOYER NAME AND ADDRESS</b> (YOUR SPOUSE IS NOT RESPONSIBLE FOR PAYING YOUR PAST-DUE CHILD SUPPORT, BUT YOUR SPOUSE'S INCOME IS RELEVANT TO ASSESSING YOUR FINANCIAL CONDITION, INCLUDING YOUR STANDARD OF LIVING, AS IT RELATES TO YOUR ABILITY TO PAY YOUR CHILD SUPPORT).		
<b>20. SPOUSE'S MONTHLY INCOME</b>	<b>21. SOURCE OF SPOUSE'S MONTHLY INCOME</b> (IF OTHER THAN FROM EMPLOYMENT)	

**SECTION IV - ASSETS**

**24. VEHICLES (AUTOMOBILES, MOTORCYCLES, MOTORHOMES, CAMPERS, BOATS, TRAILERS, SNOWMOBILES, ETC.)**

DESCRIPTION	MAKE	MODEL	YEAR	OWN/LEASE	LICENSE PLATE #	CURRENT VALUE	AMOUNT OWED ON LOAN

25. CASH \$ \_\_\_\_\_

**26. DO YOU RENT A SAFE DEPOSIT BOX? (LIST ALL LOCATIONS, BOX NUMBERS AND CONTENTS):**

**27. REAL PROPERTY (RESIDENCE, VACATION HOME, RENTAL PROPERTY, UNIMPROVED LAND, ETC.)**

DESCRIPTION	ADDRESS	CURRENT MARKET VALUE	AMOUNT OWED ON MORTGAGE	EQUITY IN PROPERTY

IS A FORECLOSURE PROCEEDING PENDING ON ANY REAL ESTATE THAT YOU OWN OR HAVE AN INTEREST IN?  YES  NO

**28. BANK ACCOUNTS (CHECKING, SAVINGS, MONEY MARKET ACCOUNTS, CERTIFICATE OF DEPOSIT, ETC.)**

NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	TYPE OF ACCOUNT	BALANCE
			\$

**29. RETIREMENT ACCOUNTS (IRA, KEOGH, 401K, PROFIT-SHARING, PENSION, ETC.)**

NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	TYPE OF ACCOUNT	BALANCE
			\$

**30. SECURITIES (STOCKS, BONDS, MUTUAL FUNDS, ETC.)**

TYPE	ISSUER	QUANTITY OR DENOMINATION	CURRENT VALUE
			\$

**31. VALUE OF OTHER ASSETS**

NOTES RECEIVABLE	\$	JUDGMENTS OR SETTLEMENTS	\$
LIFE INSURANCE (CASH VALUE)	\$	COLLECTABLES, ANTIQUES OR ART	\$
HOUSEHOLD FURNISHINGS	\$	OTHER (SPECIFY)	\$

**32. OTHER INFORMATION**

IS ANYONE HOLDING ANY ASSETS ON YOUR BEHALF?  YES  NO IF YES, IDENTIFY: \_\_\_\_\_

ARE YOU A PARTY TO ANY LAWSUIT NOW PENDING?  YES  NO IF YES, DESCRIBE: \_\_\_\_\_

DO YOU HAVE ANY TYPE OF INSURANCE CLAIM PENDING?  YES  NO IF YES, DESCRIBE: \_\_\_\_\_

IS THERE ANY LIKELIHOOD OF RECEIVING AN INHERITANCE IN THE NEXT 5 YEARS?  YES  NO IF YES, FROM WHOM? \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DO YOU HAVE A PENDING BANKRUPTCY CASE IN US BANKRUPTCY COURT?  YES  NO  CH 13  CH 7 BANKRUPTCY CASE NO: \_\_\_\_\_

**SECTION V - LIABILITIES**

**33. LOANS, NOTES AND OTHER ACCOUNTS PAYABLE**

DESCRIPTION	TOTAL AMOUNT OWED	MONTHLY PAYMENT	NAME OF LENDER	PURPOSE OF LOAN
PERSONAL OR STUDENT LOANS				
NOTES PAYABLE				
AUTOMOBILE LOANS				
OTHER				

**34. BANK CREDIT CARDS (VISA, MASTERCARD, ETC.)**

NAME OF ISSUER	ACCOUNT NUMBER	MONTHLY PAYMENT	CREDIT LIMIT	TOTAL AMOUNT OWED
		\$	\$	\$

**SECTION IV - INCOME AND EXPENSES**

**35. INCOME**

TYPE	SOURCE/PAYOR OF INCOME	GROSS/MONTH
BASE PAY FROM <input type="checkbox"/> SALARY <input type="checkbox"/> WAGES		\$
COMMISSIONS/BONUSES/TIPS		
SOCIAL SECURITY <input type="checkbox"/> SSI <input type="checkbox"/> SSDI		
SOCIAL SECURITY (RETIREMENT)		
DISABILITY BENEFITS		
WORKERS' COMPENSATION		
UNEMPLOYMENT BENEFITS		
PENSION/RETIREMENT FUNDS		
RENTAL INCOME		
PUBLIC ASSISTANCE <input type="checkbox"/> ANNUITIES <input type="checkbox"/> TRUSTS <input type="checkbox"/> DIVIDENDS <input type="checkbox"/> INTEREST		
VETERANS' BENEFITS <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL		
CONTRIBUTIONS FROM HOUSEHOLD MEMBERS <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		
ROYALTIES OR OTHER RIGHTS		
OTHER (SPECIFY)		
TOTAL MONTHLY INCOME		\$

**36. NECESSARY LIVING EXPENSES**

TYPE	MONTHLY AMOUNT
RENT OR MORTGAGE	\$
HOMEOWNER'S/TENANT INSURANCE	
WATER	
ELECTRICITY AND/OR GAS	
HEAT	
TELEPHONE	
GROCERIES	
CLOTHING	
LIFE INSURANCE	
AUTO INSURANCE	
CHILD SUPPORT OR ALIMONY	
TRANSPORTATION	
MEDICAL INSURANCE (IF NOT DEDUCTED FROM GROSS PAY)	
UNINSURED MEDICAL EXPENSES (INCLUDING PHARMACY AND MEDICAL SUPPLIES)	
OTHER (SPECIFY)	
OTHER (SPECIFY)	
TOTAL MONTHLY EXPENSES	

**37. DEDUCTIONS FROM GROSS PAY (IF EARNING WAGES OR SALARY):**

DESCRIPTION	MONTHLY AMOUNT	DESCRIPTION	MONTHLY AMOUNT	DESCRIPTION	MONTHLY AMOUNT
FEDERAL TAXES	\$	FICA AND MEDICARE	\$	DISABILITY INSURANCE	\$
STATE TAXES		UNION DUES		RETIREMENT	
MEDICAL INSURANCE		LIFE INSURANCE		OTHER (SPECIFY)	

Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief this statement of financial condition is true, correct and complete.

Your Signature

Date

