

My Name _____

Address _____

City, State, Zip _____

Phone _____

E-mail _____

I am the Petitioner

Respondent

Attorney for the Petitioner Respondent and my Utah Bar number is

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

Instructions: You must attach the following records and forms.

Continuation pages (If any, completing paragraphs that don't have enough space. Write the paragraph number on the continuation page.)

Records supporting every item listed (Suggested records are listed with each paragraph. You should delete all but the last 4 digits of account numbers.)

By and through my attorney, (Attorney, check here if you are appearing on behalf of your client.)

I say as follows:

(1) 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;
- the information about the other party is true and correct or is an estimate to the best of my information and belief, and
- I have omitted nothing that is relevant to my financial status.

(2) Social Security Number.

The last 4 digits of my Social Security Number are: _____.

(3) Employment Status.

(A) I am employed by:

Name of Employer	Doing Business As (DBA)	Address

(B) I am self employed by:

Name of Employer	Doing Business As (DBA)	Address

(C) I am unemployed.

(4) Monthly Income. (If only one party receives income in a category, enter the amount in that party's column and enter \$0 in the other party's column. Attach evidence of items listed, such as most recent pay stubs, tax returns, W-2 forms, or a work history report from the Department of Workforce Services.)

Petitioner's Income	Source of Income	Respondent's Income
\$	Work (Including self employment, wages, salaries, commissions, bonuses, and tips)	\$
\$	Rental Income	\$

Petitioner's Income	Source of Income	Respondent's Income
\$	Business Income	\$
\$	Interest and 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	\$
\$	Education Benefits	\$
\$	Veteran's Benefits	\$
\$	Alimony	\$
\$	Child Support	\$
\$	Payments from Civil Litigation	\$
\$	Victim Restitution	\$
\$	Public Assistance (Including AFDC, welfare, etc.)	\$
\$	Support from household members	\$
\$	Support from non-household members	\$
\$	Other (Describe)	\$
\$	Other (Describe)	\$
\$	Total	\$

I have no income because:

(5) Monthly Deductions. (If only one party has a deduction in a category, enter the amount in that party's column and enter \$0 in the other party's column. Attach evidence of claims, such as most recent pay stubs, tax returns, W-2 forms, or a work history report from the Department of Workforce Services.)

Petitioner's Deductions	Type of Deduction	Respondent's Deductions
\$	Federal Income Tax	\$
\$	State Income Tax	\$
\$	FICA	\$
\$	Health Insurance Premiums	\$
\$	Life Insurance Premiums	\$
\$	Union and other dues	\$
\$	Garnishment or Income Withholding Order	\$
\$	Retirement Deposits (Including pensions, 401(k), IRA, etc.)	\$
\$	Other (Describe)	\$
\$	Other (Describe)	\$
\$	Total	\$

(6) Net Income.

Petitioner		Respondent
\$	Income (from (4)) minus Deductions (from (5))	\$

(7) Real Property. (Attach evidence of items listed, such as mortgage statements, loan documents, etc.)

Property	Mortgage or Lien Holder (Name & Address)	In Whose Name?	Current Value	Amount Owed	Monthly Payments
Home (Address)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$	\$
Other Real Property (Address)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$	\$

Property	Mortgage or Lien Holder (Name & Address)	In Whose Name?	Current Value	Amount Owed	Monthly Payments
Other Real Property (Address)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$	\$

(8) Personal Property. (Attach evidence of items listed, such as receipts, loan documents, etc)

Property (Such as vehicles, boats, trailers, major equipment, etc.)	Lien Holder (Name & Address)	In Whose Name?	Current Value	Amount Owed	Monthly Payments
Vehicle (Year, Make, Model)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$	\$
Vehicle (Year, Make, Model)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$	\$
Other (Describe)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$	\$
Other (Describe)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$	\$
Other (Describe)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$	\$

(9) Business interests.

Business Name	Address & Phone	Nature of Business	Percent Owned By	Current Value	Monthly Payments
			___% Petitioner ___% Respondent	\$	\$
			___% Petitioner ___% Respondent	\$	\$

(10) Financial Assets. (Attach evidence of items listed, such as bank statements, contracts, etc.)

Asset	Holder (Name & Address)	In Whose Name?	Current Value
Bank or Credit Union Account Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Bank or Credit Union Account Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Stocks, Bonds, Securities, Money Market Fund Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Stocks, Bonds, Securities, Money Market Fund Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Retirement Account (Pension, 401(k), IRA, etc.) Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Retirement Account (Pension, 401(k), IRA, etc.) Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$

Asset	Holder (Name & Address)	In Whose Name?	Current Value
Profit Sharing Plan Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Profit Sharing Plan Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Annuity Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Annuity Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Money Owed to Parties		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Cash		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Other (Describe)		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$
Life Insurance Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	Face Value \$ _____ Cash Value \$ _____
Life Insurance Last 4 digits of acct number: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	Face Value \$ _____ Cash Value \$ _____

(11) 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)	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"/> Both	\$	\$
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both	\$	\$

(12) Monthly Expenses. (If only one party has an expense, enter the amount in that party's column and enter \$0 in the other party's column. Attach evidence of items listed, such as credit card statements, loan documents, leases, bills, receipts, etc.)

Petitioner's Expenses	Monthly Expense	Respondent's Expenses
\$	Rent or mortgage	\$
\$	Food and Household Supplies	\$
\$	Clothing	\$
\$	Transportation (Such as public transportation, automobile payments, insurance, gas, maintenance)	\$
\$	Utilities (Such as electricity, gas, water, sewer, garbage)	\$
\$	Telephone	\$
\$	Credit Card Payments	\$
\$	Alimony	\$

Petitioner's Expenses	Monthly Expense	Respondent's Expenses
\$	Child Support	\$
\$	Child Care	\$
\$	Education	\$
\$	Health Care Insurance (Excluding premium deductions listed in Paragraph (5))	\$
\$	Health Care Expenses (Excluding insurance listed above or in Paragraph (5))	\$
\$	Real Property Taxes	\$
\$	Real Property Insurance	\$
\$	Real Property Maintenance	\$
\$	Other Insurance (Describe)	\$
\$	Entertainment	\$
\$	Laundry and Dry Cleaning	\$
\$	Donations	\$
\$	Gifts	\$
\$	Other (Describe)	\$
\$	Other (Describe)	\$
\$	Total	\$

(13) Dependents. Dependents claimed on income tax return. (Attach tax return.)

Name (If person is under 18, use only initials)	Age	Relationship to		Claimed By
		Petitioner	Respondent	
				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both
				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both
				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both
				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both
				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both
				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both

I declare under criminal penalty of Utah Code Section 78B-5-705 that this Financial Declaration is true and correct, to the best of my information and belief, and that I have omitted nothing that is relevant to my financial status.

Date _____ Sign here ► _____

Typed or printed name _____

Certificate of Service			
I certify that I served a copy of this Financial Declaration on the following people.			
Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

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Date _____

Sign here ► _____

Typed or printed name _____