

FINANCIAL DISCLOSURE STATEMENT

Case No.: \_\_\_\_\_ Judge: \_\_\_\_\_ Branch: \_\_\_\_\_

_____ Husband's Attorney	_____ Wife's Attorney
HUSBAND:	WIFE:
Birth Date: _____	Birth Date: _____
Soc. Sec. No.: _____	Soc Sec. No.: _____
Address: _____	Address: _____
Employer: _____	Employer: _____
Address: _____	Address: _____

DATE OF MARRIAGE: \_\_\_\_\_ DATE OF SEPARATION: \_\_\_\_\_

CHILDREN	BIRTH DATE	CHILDREN	BIRTH DATE
_____	_____	_____	_____
_____	_____	_____	_____

WITH WHOM CHILDREN ARE LIVING: \_\_\_\_\_

1. INCOME

Last Year's Income Tax Refunds:  
 Federal: \_\_\_\_\_ State: \_\_\_\_\_

GROSS MONTHLY INCOME

	<u>HUSBAND</u>	<u>WIFE</u>
Salary, wages, commissions, allowances, overtime (Note: To arrive at monthly income figure if paid weekly, multiply weekly income by 52 and divide by 12. If paid bi-weekly, multiply bi-weekly income by 26 and divide by 12.)	_____	_____
Retirement (i.e., pension, profit-sharing) .....	_____	_____
Social security benefits .....	_____	_____
Disability or unemployment compensation .....	_____	_____
Public assistance (welfare, AFDC) .....	_____	_____
Child support from any prior marriage .....	_____	_____
Other support from any prior marriage .....	_____	_____
Dividends and interest .....	_____	_____
Rents .....	_____	_____
Bonuses .....	_____	_____
Other .....	_____	_____
Total Gross Monthly Income	\$0.00	\$0.00

MONTHLY DEDUCTIONS FROM GROSS INCOME

Number of tax exemptions claimed for payroll deductions:

H: \_\_\_\_\_ W: \_\_\_\_\_

Federal income taxes .....	_____	_____
State Income taxes .....	_____	_____
Social security .....	_____	_____
Medical insurance .....	_____	_____
Other insurance .....	_____	_____
Union or other dues .....	_____	_____
Retirement .....	_____	_____
Savings plan .....	_____	_____
Debt repayment .....	_____	_____
Other .....	_____	_____
Total Monthly Deductions	\$0.00	\$0.00
<b>TOTAL NET MONTHLY INCOME</b>	<b>\$0.00</b>	<b>\$0.00</b>

This statement of household expenses is an estimate based on incomplete data and may be revised from time to time.

2. **BUDGET**

Specify the members in each household with their names and relationships:

Husband \_\_\_\_\_  
 Wife \_\_\_\_\_

	HUSBAND	CHILDREN	WIFE
a) Rent or mortgage	_____	_____	_____
b) Real property taxes and insurance	_____	_____	_____
c) Residence repairs, maintenance, cable, etc.	_____	_____	_____
d) Food, entertainment, household cleaning, supplies	_____	_____	_____
e) Electricity	_____	_____	_____
f) Heat	_____	_____	_____
g) Water	_____	_____	_____
h) Telephone	_____	_____	_____
i) Laundry, dry cleaning	_____	_____	_____
j) Clothing, shoes	_____	_____	_____
k) Medications, drugs (not covered by insurance)	_____	_____	_____
l) Dental (not covered by insurance)	_____	_____	_____
m) Insurance, life	_____	_____	_____
Insurance, health	_____	_____	_____
Insurance, disability	_____	_____	_____
Insurance, umbrella/liability	_____	_____	_____
n) Child care (including babysitting, day care)	_____	_____	_____
o) Child support payments (prior marriage)	_____	_____	_____
Maintenance payments (prior marriage)	_____	_____	_____
p) School (adult)	_____	_____	_____
School (children)	_____	_____	_____
q) Entertainment (clubs, social, travel, vacation, hobbies)	_____	_____	_____
r) Incidentals (grooming, gifts, donations)	_____	_____	_____
s) Transportation (gas, oil, repairs, parking, plane)	_____	_____	_____
t) Automobile payments	_____	_____	_____
Automobile insurance	_____	_____	_____
u) Newspapers, periodicals, books	_____	_____	_____
v) Memberships (clubs, associations, religious)	_____	_____	_____
w) Care, maintenance of pets	_____	_____	_____
x) Support of dependents not at home	_____	_____	_____
y) Installment debt payments	_____	_____	_____
z) Taxes (excluding withholding taxes)	_____	_____	_____
z1) IRA	_____	_____	_____
z2) Other expenses	_____	_____	_____
<b>TOTAL EXPENSES</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

3. **DEBTS**

CREDITOR	FOR	ORIG. AMT.	BALANCE	MO. PAY.
(a) _____	_____	_____	_____	_____
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____

TOTAL MONTHLY PAYMENTS (add to line "y" above): **\$0.00**

In Re the Marriage of and  
Case No.

ADDENDUM TO FINANCIAL DISCLOSURE STATEMENT

3. **DEBTS**

	CREDITOR	FOR	ORIG. AMT.	BALANCE	MO. PAY.
(a)					
(b)					
(c)					
(d)					
(e)					
(f)					
(g)					
(h)					
(i)					
(i)					
TOTAL MONTHLY PAYMENTS (add to line "y" above):					\$0.00

4. **ASSETS**

Include all property of the parties known to be owned individually or jointly; indicate who holds or how title is held: (H) husband, (W) wife, (J) jointly, or (C) for the benefits of the children. Further, if there are any assets owned by either party prior to the marriage or inherited or received as a gift prior to or during the course of the marriage, also identify the asset or assets as follows: (P) prior to the marriage, (I) inherited, or (G) gifted.

(a) **REAL ESTATE**

Type of property:	_____	Original cost:	_____
Address:	_____	Costs of additions:	_____
	_____	Total cost:	_____
Date of purchase:	_____	Mortgage balance:	_____
Current market value:	_____	To whom owed:	_____
Basis of valuation:	_____	Other liens:	_____
Date of valuation:	_____	To whom owed:	_____
Monthly payment:	_____	Taxes (19_):	_____
Payment includes:	_____	Equity:	_____

(b) **RETIREMENT PLANS/ACCOUNTS**

Name, Type of Plan/Account	Account No.	Value	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(c) **LIFE INSURANCE**

Name of Company	Policy No.	Beneficiary	Face Amount	Net Cash Value	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(d) **HEALTH, DISABILITY, OTHER INSURANCE**

Name of Company	Policy No.	Group No.	Type of Ins.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) **VEHICLES**

Year	Make/Model	Current Value	Lien Amount	Net Value	Date
_____	_____	_____	_____	\$0.00	_____
_____	_____	_____	_____	\$0.00	_____
_____	_____	_____	_____	\$0.00	_____

(f) **CASH AND DEPOSIT ACCOUNTS**

Institution	Acct./Cert. No.	Type of Acct.	Holder	Balance	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(g) **STOCKS AND BONDS**

No. of Shares	Name of Company/Issuer	Value	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(h) BUSINESS INTERESTS

Name of Business	Share	Type of Business	Net Value	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(i) HOUSEHOLD ITEMS AND PERSONAL EFFECTS

Description	Basis of Valuation	Value	Date
Household furniture, furnishings, appliances, etc. ...	(H) _____ (W) _____	_____	_____
Antiques, heirlooms, art, china, furs, jewelry, etc. ...	(H) _____ (W) _____	_____	_____
Other (boats, snowmobiles, guns, etc.) .....	(H) _____ (W) _____	_____	_____

(j) OTHER ASSETS

(k) Have you disposed of any assets valued at more than \$500 within the one-year period prior to the filing of this action, the proceeds of which are not accounted for above? Yes \_\_\_\_\_ No \_\_\_\_\_

(l) Are you a party in any other law suits? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes," provides details: \_\_\_\_\_

(m) Have you ever filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes," provides details: \_\_\_\_\_

FAILURE TO FILE A COMPLETE FINANCIAL DISCLOSURE STATEMENT TIMELY MAY AUTHORIZE THE COURT TO ACCEPT THE STATEMENT OF THE OTHER PARTY AS ACCURATE.

I swear and affirm that the foregoing, including all attachments, is true and accurate to the best of my knowledge and belief. I am also aware that Wis. Stat. § 767.27(1) requires a complete financial disclosure and that a deliberate failure to provide such complete disclosure constitutes perjury.

STATE OF WISCONSIN )  
 ) ss.  
COUNTY OF DANE )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My commission \_\_\_\_\_