

NO. (A) _____

_____ CIRCUIT COURT
FAMILY DIVISION _____

(B) _____

PETITIONER

v.

SELF-HELP FORM
MANDATORY CASE DISCLOSURE

(C) _____

RESPONDENT

* * * * *

1) (D) INFORMATION ON PETITIONER:

Name: _____

Address: _____

Telephone Number: _____

Age: _____ Date of Birth: _____

Date and Place of Marriage to Respondent: _____

Check One: EMPLOYED UNEMPLOYED DISABLED RETIRED

(E) If Petitioner is Employed:

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

Petitioner started working for this employer on _____
(date)

Check One:

Petitioner is paid by the hour. Petitioner earns \$ _____ per hour and works
_____ hours per week.

Petitioner is paid a salary. Petitioner receives \$ _____
(amount of pay check before taxes)
 every week, every two weeks, twice a month, once a month.

(F) If Petitioner is Unemployed:

Name of Last Employer: _____

Address of Last Employer: _____

Petitioner stopped working for this employer on _____.
(date)

Petitioner stopped working for this employer because _____

Petitioner earned \$ _____ every week, every two weeks, twice a
month,
(dollar amount) once a month when Petitioner left this
employer.

Petitioner is is not receiving unemployment compensation. If Petitioner is receiving
unemployment, the amount received is \$ _____ per week.

(G) If Petitioner is Disabled:

Petitioner's disability is _____

(describe disability)

Petitioner does not receive any disability income.

Petitioner receives \$ _____ per month from Social Security/S.S.I.

Petitioner receives \$ _____ per month from a private disability plan.

(H) If Petitioner is Retired:

Petitioner receives \$ _____ per month from Social Security.

Petitioner receives \$ _____ per month from _____.
(name of retirement plan or fund)

(I) Does Petitioner have any other sources of income?

Source(s): _____

Average Amount: _____ per week, month, year.

2) (J) INFORMATION ON RESPONDENT:

Name: _____

Address: _____

Telephone Number: _____

Age: _____ Date of Birth: _____

Check One: EMPLOYED UNEMPLOYED DISABLED RETIRED

(K) If Respondent is Employed:

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

Respondent started working for this employer on _____
(date)

Check One:

Respondent is paid by the hour. Respondent earns \$ _____ per hour and works _____ hours per week.

Respondent is paid a salary. Respondent receives \$ _____
(amount of pay check before taxes)
 every week, every two weeks, twice a month, once a month.

(L) If Respondent is Unemployed:

Name of Last Employer: _____

Address of Last Employer: _____

Respondent stopped working for this employer on _____.
(date)

Respondent stopped working for this employer because _____

Respondent earned \$ _____ every week, every two weeks,
(dollar amount)
 twice a month, once a month when Respondent left this employer.

Respondent is is not receiving unemployment compensation. If Respondent is receiving unemployment, the amount received is \$ _____ per week.

(M) If Respondent is Disabled:

Respondent's disability is _____

(describe disability)

Respondent does not receive any disability income.

Respondent receives \$ _____ per month from Social Security/S.S.I.

Respondent receives \$ _____ per month from a private disability plan.

(N) If Respondent is Retired:

Respondent receives \$ _____ per month from Social Security.

Respondent receives \$ _____ per month from _____.
(name of retirement plan or fund)

(O) Does Respondent have any other sources of income?

Source(s): _____

Average Amount: _____ per week, month, year.

3) **(P) CHILDREN OF THE MARRIAGE**

1. For each child of the marriage:

(name of child)	(child's date of birth and age)
(name of child)	(child's date of birth and age)
(name of child)	(child's date of birth and age)
(name of child)	(child's date of birth and age)

2. The child(ren) currently live(s) primarily with Petitioner Respondent both
Petitioner and Respondent another person
_____ (name of person children live with)

3. Are the child(ren) in daycare or child care?

Yes — Complete this Section

No — Skip to D.

Name and address of daycare or child care provider: _____

The child care for all child(ren) combined costs \$_____ per week month.

Petitioner or Respondent pay(s) for the child care.

4. What is the child(ren)'s health insurance plan?

_____ (name of plan)
Who pays for the health insurance? _____

Petitioner Respondent No Cost (Passport)

The cost of health insurance for the child(ren) only is \$_____ per month.

5. Does either party support or have children in their care who are older than the children born of this marriage?

Yes — Complete this Section

No — Skip to IV.

Provide information:

Paying party: Petitioner Respondent

Amount \$ _____ per week month

Number of Children: _____

4) **(Q)NON-MARITAL PROPERTY:**

Petitioner's Non-Marital Property: (attach additional sheets if necessary)

List all property acquired by the Petitioner before the marriage or by gift or inheritance during the marriage

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Respondent's Non-Marital Property: (attach additional sheets if necessary)

List all property acquired by the Respondent before the marriage or by gift or inheritance during the marriage

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5) **(R) MARITAL PROPERTY:**

(S) Personal Property - Have you and your spouse agreed on a division of your household goods and furnishings? If yes, skip to U.

Yes No

(T) If no, list personal property, such as furniture, household items, yard equipment, guns, tools, knife collection, etc.

Description	Value	Debt
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(U) Do you or your spouse have any cars, trucks, boats, 4-wheelers?

Yes No

If yes, please describe:

Description	Name(s) on Title:	Value	Debt
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(V) Do you and your spouse have any bank accounts:

Yes No

If so, please list here:

Name on Account	Name of Bank	Balance
_____	_____	_____

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	_____	_____	_____
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	_____	_____	_____
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	_____	_____	_____

6) **(W) REAL PROPERTY:**

Do you and your spouse have any real estate?

Yes No

If so, Please list here:

Address	Name on Deed	Value	Debt
_____	_____	_____	_____
_____	_____	_____	_____

7) **(X) RETIREMENT:**

Do either you or your spouse have a retirement plan through your employer, such as a pension, profit sharing or 401k or a private plan such as an IRA?

- Yes — Complete this Section
- No — Skip to Section Y

Petitioner's Retirement Plans:

a) _____
Name of Plan/Account

Type of Plan (complete one)

IRA — _____
Balance

401k — _____; _____
Employer Name Balance

Pension — _____
Employer Name

b) _____
Name of Plan/Account

Type of Plan (complete one)

IRA — _____
Balance

401k — _____; _____
Employer Name Balance

Pension — _____
Employer Name

For more plans or accounts, attach additional sheets.

Respondent's Retirement Plans:

c) _____
Name of Plan/Account

Type of Plan (complete one)

IRA — _____
Balance

401k — _____ ; _____
Employer Name Balance

Pension — _____
Employer Name

d) _____
Name of Plan/Account

Type of Plan (complete one)

IRA — _____
Balance

401k — _____ ; _____
Employer Name Balance

Pension — _____
Employer Name

8) **(Y) OTHER PROPERTY(e.g., stocks or bonds):**

Do you or your spouse have any other property of value that you have not listed?
If so, list that property below:

Description of Property	Value
_____	_____
_____	_____

9) (Z) DEBT (not otherwise listed)

Creditor	Name(s) on Account	Balance Owed	Payment
_____ _____	_____	_____	<input type="checkbox"/>
Delinquent			
_____ _____	_____	_____	<input type="checkbox"/>
Delinquent			
_____ _____	_____	_____	<input type="checkbox"/>
Delinquent			
_____ _____	_____	_____	<input type="checkbox"/>
Delinquent			
_____ _____	_____	_____	<input type="checkbox"/>
Delinquent			
_____ _____	_____	_____	<input type="checkbox"/>
Delinquent			
_____ _____	_____	_____	<input type="checkbox"/>
Delinquent			

CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the name, complete address and telephone number of the other person involved in this action as listed below is:

(EE) Name of other party

Street number and name

City, State, ZIP

Telephone number

I have filed this Mandatory Case Disclosure with the Clerk of the _____ Circuit Court, Family Division, and have mailed a copy of the Mandatory Case Disclosure and supporting documentation to the other party involved in this action.

(FF) Signature

Date