

IN THE FAMILY COURT OF _____ COUNTY, WEST VIRGINIA.

In Re:

The Marriage / Children of:

Civil Action No. _____

_____,
Petitioner

and

_____.
Respondent

Address

Address

Daytime phone

Daytime phone

FINANCIAL STATEMENT

This form MUST be completed in ALL DIVORCE, CHILD SUPPORT, AND PATERNITY CASES.

The Petitioner and the Respondent must each complete one of these forms.

The completed form MUST be filed in the Circuit Clerk’s Office and served on the opposing party AT LEAST 5 DAYS BEFORE THE FIRST HEARING. If the Bureau For Child Support Enforcement is a party, the completed form must also be served on their local office.

If your case involves minor children, or either party requests spousal support, you MUST file the following information WITH your completed Financial Statement.

1. A copy of your most recent wage or salary stub showing gross pay, deductions for taxes and other items, and net pay for a normal pay period, and for the year-to-date;
2. Copies of the your and your spouse’s complete income tax returns for the two years immediately preceding the date the petition was filed, together with copies of the federal Form W-2 for those years; and a copy of the Form W-2 for the most recent year for which that form is available, even if a tax return has not yet been filed for that year;
3. For self-employed persons and business owners, a copy of a current financial statement showing gross income, expenses, and net income;
4. Copies of any invoices or receipts showing the cost of any extraordinary medical expenses for the party or the children, of any child care expenses, and of any expenses necessitated by the special needs of the children.

If the information you provide in this form, or file with this form changes after you file the form, you MUST immediately provide the new information.

The information you provide on this form is ONLY for the use in the judicial system, and is required by law and court rule to be kept CONFIDENTIAL.

Read each question carefully. Provide all requested information. Write or print clearly. After you have completed the form, you MUST sign the Verification on the last page before a Notary Public.

Full Name: _____ Social Security No: _____

Address: _____ Phone #: _____

Any physical or mental disability: _____

Age: _____ Education: _____

Employer: _____ Type of work: _____

Employment Address: _____ Phone #: _____

Date Employed: _____ Gross pay per pay period: _____

Paid: Weekly Every two weeks Twice a Month Monthly

Do you receive TANF benefits? If "Yes," list monthly amount: _____

YOUR INCOME: You MUST attach written documentation for all income. For wage earning employees who work fluctuating hours and/or overtime, provide wage history of at least six months, or length of most recent employment, whichever is less. Wage / salary history MUST be documented by W-2 forms, and/or year-to-date figures on the most recent pay stubs. For self-employed individuals, income MUST be verified by documents which show gross income and expenses.

Income Source	Monthly Amount
1. Salary	
2. Wages	
3. Commissions	
4. Bonuses	
5. Tips	
6. Payments from a pension plan	
7. Social Security, SSI	
8. Other: <u>explain</u>	

PROPERTY

List ALL property in which you, and / or your spouse have an interest. In the "Who owns?" column, put "M" for marital property; "H" if separate property of husband; "W" if separate property of wife.

Property Description	Market Value	Amount Owed	Who owns?
Marital Home	\$ _____	\$ _____	_____
Other Real Estate	\$ _____	\$ _____	_____
Mobile Home	\$ _____	\$ _____	_____
Motor Vehicles	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Household Goods	\$ _____	\$ _____	_____
Checking Accts.	\$ _____	\$ _____	_____
Savings Accts. / CDs	\$ _____	\$ _____	_____
Money Market Certificates	\$ _____	\$ _____	_____
Stocks	\$ _____	\$ _____	_____
Credit Union Accts.	\$ _____	\$ _____	_____
Profit Sharing Plans	\$ _____	\$ _____	_____
Trusts	\$ _____	\$ _____	_____
Stocks / Mutual Funds	\$ _____	\$ _____	_____
Bonds	\$ _____	\$ _____	_____
Pension Plans	\$ _____	\$ _____	_____
IRA / SEP Accts.	\$ _____	\$ _____	_____
Severance Pay; Unemployment	\$ _____	\$ _____	_____
Worker's Comp.	\$ _____	\$ _____	_____
Whole life Insurance	\$ _____	\$ _____	_____

Property Description	Market Value	Amount Owed	Who owns?
Annuities	\$ _____	\$ _____	_____
Guns	\$ _____	\$ _____	_____
Tools	\$ _____	\$ _____	_____
Jewelry	\$ _____	\$ _____	_____
Personal Property not located in Marital Home	\$ _____	\$ _____	_____
Other*; _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

*Other includes, but is not limited to: coin collections; art; state and federal tax refunds; money owed to you or your spouse; business interests; money expected from a lawsuit or settlement; education benefits; patents; copyrights; royalties; contents of safe deposit boxes; and anything else of value.

PROPERTY CONVEYED TO OTHERS

List all real or personal property with a value of \$500.00 or more that was sold, given away, or otherwise transferred by you and / or your spouse within the last 5 years. Describe each such item; list market value when transferred; list type of transfer; provide name of the person to whom property was transferred; list amount received.

DEBTS

List all debts owed by you, and / or your spouse. In the "Whose debt?" column, put "M" for marital debt; "H" if separate debt of husband; "W" if separate debt of wife.

Owed to Whom?	Amount Owed	For what?	Secured by?	Whose debt?
1 _____	\$ _____	_____	_____	_____
2 _____	\$ _____	_____	_____	_____
3 _____	\$ _____	_____	_____	_____
4 _____	\$ _____	_____	_____	_____
5 _____	\$ _____	_____	_____	_____

Total owed: \$ _____ **Total of all monthly payments: \$ _____**

CHILDREN

List the names; ages; birth dates; and social security numbers of all minor children involved in this case. Then, answer the list of questions about the children.

Do your children receive social security benefits? ____ If "Yes," list amount per month: \$ _____

Do your children receive income or wages? ____ If "Yes," list amount per month: \$ _____

Do your children have any special needs that result in extraordinary expenses that should be taken into account when the court sets the amount of child support? ____ If "Yes," explain:

Are child care expenses currently being paid so that the parent who takes care of the children can work or seek work? ____ If "Yes," how much per month? \$ _____ You MUST attach receipts.

Are you the parent of minor children OTHER than the minor children involved in this case? ____

Do you provide support for any disabled adult children? ____ If "Yes," list these children's names, ages, the nature of their disability, and the amount of support you provide each month. You must attach receipts or other documentation for the support you provide.

HEALTH INSURANCE

Is health insurance available to you through your employment? ____ If you answered "No," you MUST provide written verification from your employer that health insurance is not available to you. If you have health insurance from ANY source, you MUST complete the following table.

Insurance company name	
Address	
Policy number	

Group number	
Any other ID numbers	
Persons covered	
Restrictions	
Amount of children's portion of premium	
Deductibles	

Do you have recurring, out of pocket health expenses for yourself or your children that are not covered by insurance? _____ If "Yes," you MUST attach documents that verify these expenses.

CHILD SUPPORT PAYMENTS

Do you currently pay court ordered child support payments for any children OTHER than the children involved in this case? _____ If "Yes," you MUST attach a copy of the Support Order, and records showing your payment history; and you must list the following information for each child: full name; birth date; social security number; monthly payment for that child.

SPOUSAL SUPPORT

If **you** are requesting spousal support, you MUST complete the following list of monthly expenses. These are the amounts you now pay if you are living separate from you spouse. If you have not yet separated, list the amounts you estimate you will have to pay when you do separate.

MONTHLY EXPENSES

Credit card payments; other payments on unsecured debts: \$ _____ Car payments: \$ _____
 Rent or mortgage: \$ _____ Electric: \$ _____ Gas: \$ _____ Water / Sewer: \$ _____
 Trash: \$ _____ Telephone: \$ _____ TV Cable: \$ _____ Food: \$ _____
 Clothing: \$ _____ Gasoline: \$ _____ Car repairs: \$ _____ Car insurance: \$ _____

Health insurance: \$ _____ Other insurance: \$ _____ Explain: _____
Home repair and maintenance: \$ _____ Child care: \$ _____
Entertainment & recreation: \$ _____
Medical & health not covered by insurance: \$ _____ Explain: _____
Other: \$ _____ Explain: _____

TOTAL MONTHLY EXPENSES: \$ _____

IF EITHER YOU OR YOUR SPOUSE IS REQUESTING SPOUSAL SUPPORT, YOU MUST COMPLETE THE REST OF THIS FORM.

Wife's Education

Graduate from high school? ____ If "Yes," what year? ____ If "No," receive a GED? ____ If GED, year? _____

Graduate from technical or trade school? ____ If "Yes," list type of training or degree and year received. _____.

Graduate from college? ____ If "Yes," list degree and year received. _____

Receive a post-graduate degree? ____ If "Yes," list degree and year received. _____

Wife's Employment History

List last four jobs. List employer; position held; dates employment began and ended; monthly salary.

Husband's Education

Graduate from high school? ____ If "Yes," what year? ____ If "No," receive a GED? ____ If GED, year? _____

Graduate from technical or trade school? ____ If "Yes," list type of training or degree and year received. _____.

Graduate from college? ____ If "Yes," list degree and year received. _____

Receive a post-graduate degree? ____ If "Yes," list degree and year received. _____

Husband's Employment History

List last four jobs. List employer; position held; dates employment began and ended; monthly salary.

Wife's Health

Wife's age: _____

Wife's physical health is: _____ Excellent _____ Good _____ Poor If "Poor," explain: _____

Wife's mental and emotional health is: _____ Excellent _____ Good _____ Poor If "Poor," explain:

Husband's Health

Husband's age: _____

Husband's physical health is: _____ Excellent _____ Good _____ Poor If "Poor," explain: _____

Husband's mental and emotional health is: _____ Excellent _____ Good _____ Poor If "Poor," explain: _____

Obtaining Additional Education or Training

Would additional training and / or education help the party seeking spousal support to increase earning ability within a reasonable time? _____ If "Yes," explain what type of training or education; the estimated yearly cost of such training or education; and the length of time it would take to complete this training or education: _____

Additional Information

Explain why you think spousal support should be awarded, or denied: _____

VERIFICATION

I, _____, after making an oath of affirmation to tell the truth, say that the facts I have stated in this Financial Statement are true of my personal knowledge; and if I provided information from other persons, I believe that information to be true. **I understand that deliberately failing to provide complete disclosure, and knowingly providing incorrect information constitute the crime of false swearing.**

Signature

This Verification was sworn to or affirmed before me on the ____ day of _____,
_____.

Notary Public / Other Official

My commission expires:_____.

CERTIFICATE of SERVICE

State of West Virginia
County of _____

I, _____, the person completing this Financial Statement, mailed copies the Financial Statement and all attached documents, by first class mail, postage paid, to:
_____, at the address of _____
_____, at the address of _____
on the ____ day of _____, _____.

Signature

Date