

# Financial Disclosure

<b>State of Vermont</b> Vermont Superior Court	Division	Unit	Type of Case	Case Number
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<b>Name:</b>		<b>Others Living with You</b> (include adults and children)		
<b>Address:</b>	Street:			
	City, State, Zip:			
Telephone Number (Day)	(    )			
Telephone Number (Alternate)				
Date of Birth	Mo    Day    Year /    /	Total Number in Household (including yourself)		

## EMPLOYMENT

Are you employed? **Y** **N**    Employer(s) Name(s) and Address(es) :

Circle Y for yes or N for no

If yes, fill in Name and Address of each employer

INCOME			EXPENSES	
			Enter your household's <b>monthly</b> expenses	
			Yes    No	
<b>Do you receive Public Assistance?</b> (including TANF/Reach UP; SSI, General Assistance)			<b>Y</b>	<b>N</b>
Do any family members living with you receive public assistance			<b>Y</b>	<b>N</b>
<b>Monthly Income during the previous year</b>				
	You	Other Household Members Living With You		
Gross Income from Wages	\$ _____	\$ _____	Rent or Mortgage Pmt.	\$ _____
Self Employment/Business Income (other than wages)	\$ _____	\$ _____	Electric Service	\$ _____
Investment or Income from assets not included above	\$ _____	\$ _____	Food	\$ _____
Unemployment Compensation	\$ _____	\$ _____	Fuel (heat and/or gas)	\$ _____
Child Support	\$ _____	\$ _____	Phone	\$ _____
Public Assistance	\$ _____	\$ _____	Clothing	\$ _____
Other Income (Including Disability Insurance and Social Security)	\$ _____	\$ _____	Medical	\$ _____
<b>Total Income</b>	<b>\$ _____</b>	<b>\$ _____</b>	Child Support	\$ _____
<b>Total Monthly Income</b> (Your income plus Household Members )	<b>\$ _____</b>		Auto Loan Payments	\$ _____
<b>Is your income in the last 30 days significantly different from the previous year</b>	<b>Y</b>	<b>N</b>	Property Taxes	\$ _____
If YES, please explain the circumstances on page 2.			Insurance (Incl. Health, Auto, etc)	\$ _____
			Other Expenses: please specify	\$ _____
				\$ _____
			<b>Total Expenses</b>	<b>\$ _____</b>

Cash Assets		Other Assets	
		Real Estate (Location)	Auto (Make, Model, Yr)
Cash On Hand	\$ _____		
Checking Account	\$ _____	Fair Market Value	\$ _____
Savings Account	\$ _____	Outstanding Mortgage	\$ _____
<b>Total Cash Assets</b>	<b>\$ _____</b>	<b>Net Value</b>	<b>\$ _____</b>

**I have additional assets**    **Y**    **N**    If YES, please describe below

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### Additional Assets:

Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net value
Real Property	Description	FMV	Mortgage	Net Value
Other Assets <small>e.g. tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.</small>	Description	FMV		

### Other Employed Household Members

Name of Household Member	Name of Employer	Employer's Address

**Change in Monthly Income:** If your current monthly income is significantly different from last year's income, please describe your current monthly income and the reasons why it changed.

My current monthly income is:	\$	
My current household income is:	\$	

**The reason for the change is:** (This section must be filled out if you have a change in income.)


I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

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