

Financial Disclosure

State of Vermont Vermont Superior Court	Division	Unit	Type of Case	Case Number
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Name:		Others Living with You (include adults and children)	
Address:	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

	Yes	No
Do you receive Public Assistance? (including TANF/Reach UP; SSI, General Assistance)	Y	N
Do any family members living with you receive public assistance	Y	N

Monthly Income during the previous year

	You	Other Household Members Living With You
Gross Income from Wages	\$ _____	\$ _____
Self Employment/Business Income (other than wages)	\$ _____	\$ _____
Investment or Income from assets not included above	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
Other Income (Including Disability Insurance and Social Security)	\$ _____	\$ _____

Total Income \$ _____ \$ _____

Total Monthly Income
(Your income plus Household Members) \$ _____

Is your income in the last 30 days significantly different from the previous year **Y** **N**

If YES, please explain the circumstances on page 2.

EXPENSES

Enter your household's **monthly** expenses

Rent or Mortgage Pmt.	\$ _____
Electric Service	\$ _____
Food	\$ _____
Fuel (heat and/or gas)	\$ _____
Phone	\$ _____
Clothing	\$ _____
Medical	\$ _____
Child Support	\$ _____
Auto Loan Payments	\$ _____
Property Taxes	\$ _____
Insurance(Incl. Health, Auto, etc)	\$ _____
Other Expenses: please specify	\$ _____
	\$ _____
	\$ _____

Total Expenses \$ _____

Cash Assets

Cash On Hand	\$ _____
Checking Account	\$ _____
Savings Account	\$ _____
Total Cash Assets	\$ _____

Other Assets

	Real Estate (Location)	Auto (Make , Model, Yr)
	_____	_____
Fair Market Value	\$ _____	\$ _____
Outstanding Mortgage	\$ _____	\$ _____
Net Value	\$ _____	\$ _____

Financial Disclosure

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	Description	FMV		
e.g. tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.				

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.

Dated

Signature

Printed Name