

Financial Disclosure Affidavit

State of Vermont Vermont Superior Court	Division	Unit	Type of Case	Docket Number
---	----------	------	--------------	---------------

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

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

Financial Disclosure Affidavit

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

Additional Assets:

Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net value
Real Property	Description	FMV	Mortgage	Net Value
Other Assets e.g. tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.	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 hereby affirm of my own knowledge that the facts and financial information I have stated are true and correct as of the date of this Affirmation and that I am not omitting any source or amount of income or other information requested on this form. I understand that any false information may constitute perjury by me. I also understand that if I fail to provide the required information or give misinformation, the judge may order sanctions against me.

Signed and sworn before me: Notary Public	Date	Defendant's Signature	Date
---	------	------------------------------	------