

MISC

Name: _____

Address: _____

Phone: _____

Email: _____

_____ Judicial District Court

_____, Nevada

| | |
|---|--|
| <p>_____</p> <p>Plaintiff,</p> <p>_____</p> <p>Defendant.</p> | <p>Case No. _____</p> <p>Dept. _____</p> |
|---|--|

General Financial Disclosure Form

A. Personal Information:

1. What is your full name? (*first, middle, last*) _____
2. How old are you? _____
3. What is your date of birth? _____
4. What is your highest level of education? _____

B. Employment Information:

1. Are you currently employed/ self-employed? (*check one*)
 - No
 - Yes If yes, list the names of each of your employers and your dates of hire:
 - Employer 1: _____ Date of Hire: _____
 - Employer 2: _____ Date of Hire: _____
2. Are you disabled? (*check one*)
 - No
 - Yes If yes, what is your level of disability? _____
 - What agency certified you disabled? _____
 - What is the nature of your disability? _____

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: _____ Date of Hire: _____ Date of Termination: _____
 Reason for Leaving: _____

D. Attorney Information: *Complete the following sentences:*

1. I (*have/have not*) _____ retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of \$ _____ on my behalf.
3. I have a credit with my attorney in the amount of \$ _____.
4. I currently owe my attorney a total of \$ _____. I owe my prior attorney a total of \$ _____.

Business Income & Expense Schedule

A. Business Income: What is your average gross monthly income/revenue from self-employment or businesses? \$ _____

B. Business Expenses: Fill in the amount you spend **each month** on the following types of business expenses:

| | | |
|--|----------------------------------|----|
| 1. | Advertising | \$ |
| 2. | Car and truck | \$ |
| 3. | Commissions and fees | \$ |
| 4. | Employee benefit programs | \$ |
| 5. | Entertainment | \$ |
| 6. | Insurance | \$ |
| 7. | Legal and professional | \$ |
| 8. | Mortgage or Rent | \$ |
| 9. | Office expense | \$ |
| 10. | Other: (type of expense) _____ | \$ |
| 11. | Pension and profit-sharing plans | \$ |
| 12. | Repairs and maintenance | \$ |
| 13. | Supplies | \$ |
| 14. | Taxes and licenses | \$ |
| 15. | Travel | \$ |
| 16. | Meals | \$ |
| 17. | Utilities | \$ |
| 18. | Wages | \$ |
| Total Monthly Business Expenses (lines 1-18) | | \$ |

Personal Expense Schedule (Monthly)

A. Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

| Expense | Monthly Amount I Pay | For Me ✓ | Other Party ✓ | For Both ✓ |
|--------------------------------|----------------------|-------------|------------------|---------------|
| Mortgage/Rent/Lease | \$ | | | |
| Property Taxes | \$ | | | |
| HOA | \$ | | | |
| Home Insurance | \$ | | | |
| Lawn Care | \$ | | | |
| Pest Control | \$ | | | |
| Pool Service | \$ | | | |
| Security | \$ | | | |
| Pets | \$ | | | |
| Water | \$ | | | |
| Electric | \$ | | | |
| Gas | \$ | | | |
| Sewer | \$ | | | |
| Home Phone | \$ | | | |
| Internet/Cable | \$ | | | |
| Cell Phone | \$ | | | |
| Health Insurance | \$ | | | |
| Unreimbursed Medical Expense | \$ | | | |
| Car Loan/Lease Payment | \$ | | | |
| Auto Insurance | \$ | | | |
| Food (groceries & restaurants) | \$ | | | |
| Membership Fees | \$ | | | |
| Clothing, Shoes, Etc... | \$ | | | |
| Dry Cleaning | \$ | | | |
| Credit Card Payments | \$ | | | |
| Child Support | \$ | | | |
| Alimony Spousal Support | \$ | | | |
| Student Loans | \$ | | | |
| Other: | \$ | | | |
| Fuel | \$ | | | |
| Total Monthly Expenses | \$ | | | |

Personal Expense Schedule
Household Information

A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. If more than 4 children attached a separate sheet.

| | Child's Name | Child's DOB | Whom is child living with? | Is this child from this relationship? |
|-----------------|---------------------|--------------------|-----------------------------------|--|
| 1 st | | | | |
| 2 nd | | | | |
| 3 rd | | | | |
| 4 th | | | | |

B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

| Expense | 1st Child | 2nd Child | 3rd Child | 4th Child |
|-------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Clothing | \$ | \$ | \$ | \$ |
| Unreimbursed Medical Expenses | \$ | \$ | \$ | \$ |
| Telephone and Internet | \$ | \$ | \$ | \$ |
| Entertainment | \$ | \$ | \$ | \$ |
| Food | \$ | \$ | \$ | \$ |
| Education | \$ | \$ | \$ | \$ |
| Vehicle | \$ | \$ | \$ | \$ |
| Transportation Costs for Visitation | \$ | \$ | \$ | \$ |
| Summer Camp/Programs | \$ | \$ | \$ | \$ |
| Total Monthly Expenses | \$ | \$ | \$ | \$ |

C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

| Name | Age | Person's Relationship to You (i.e. sister, friend, cousin, etc...) | Monthly Contribution |
|-------------|------------|---|-----------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

| Line # | Description of Asset and Debt Thereon | Gross Value | | Amount Owed | | Net Value | Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both |
|--|---------------------------------------|-------------|---|-------------|---|-----------|--|
| 1. | | \$ | - | \$ | = | \$ | |
| 2. | | \$ | - | \$ | = | \$ | |
| 3. | | \$ | - | \$ | = | \$ | |
| 4. | | \$ | - | \$ | = | \$ | |
| 5. | | \$ | - | \$ | = | \$ | |
| 6. | | \$ | - | \$ | = | \$ | |
| 7. | | \$ | - | \$ | = | \$ | |
| 8. | | \$ | - | \$ | = | \$ | |
| 9. | | \$ | - | \$ | = | \$ | |
| 10. | | \$ | - | \$ | = | \$ | |
| 11. | | \$ | - | \$ | = | \$ | |
| 12. | | \$ | - | \$ | = | \$ | |
| 13. | | \$ | - | \$ | = | \$ | |
| 14. | | \$ | - | \$ | = | \$ | |
| 15. | | \$ | - | \$ | = | \$ | |
| Total Value of Assets (add lines 1-15) | | \$ | - | \$ | = | \$ | |

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

| Line # | Description of Credit Card or Other Unsecured Debt | Amount owed | Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both |
|--------------------------------------|--|-------------|--|
| 1. | | \$ | |
| 2. | | \$ | |
| 3. | | \$ | |
| 4. | | \$ | |
| 5. | | \$ | |
| Total Unsecured Debt (add lines 1-5) | | \$ | |

IMPORTANT: Read the following paragraphs carefully and initial.

_____ I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

_____ **I have attached to this form a copy of my 3 most recent pay stubs.**

► _____
Your Signature

_____ Date