

STATE OF WISCONSIN: CIRCUIT COURT: _____ COUNTY
FAMILY COURT BRANCH

IN RE THE _____ OF:

CASE NO.: _____

PRELIMINARY FINAL

-AND-

WOMAN'S F.D.S

MAN'S F.D.S

FINANCIAL DISCLOSURE STATEMENT

Name: _____

Address: _____

Social Security No.: _____

Birthdate: _____

Employer: _____

Occupation: _____

Date of Filing Summons: _____

Date of Service of Summons: _____

No children were born or adopted.

Child(ren): _____

Date(s) of Birth: _____

Child(ren) living with : Mother Father

STATEMENT OF INCOME, EXPENSES, ASSETS AND LIABILITIES

1. GROSS MONTHLY INCOME:

Salary and wages: \$ _____

Pensions and retirement: \$ _____

Social security: \$ _____

Disability and unemployment insurance: \$ _____

Public assistance (welfare, AFDC payments, etc.): \$ _____

Child support: \$ _____

Dividends and interest: \$ _____

Rents: \$ _____

All other sources: (specify): \$ _____

TOTAL MONTHLY INCOME: \$ _____

2. ITEMIZE MONTHLY DEDUCTIONS FROM GROSS INCOME:

Number of exemptions claimed: _____

State Income Tax: \$ _____

Federal Income Tax: \$ _____

Social Security (FICA): \$ _____

Insurance (medical and/or other): \$ _____

Union or other dues: \$ _____

Retirement and/or Pension Fund: \$ _____

Credit Union: \$ _____

Savings Plan: \$ _____

Other: \$ _____

TOTAL MONTHLY DEDUCTIONS: \$ _____

NET MONTHLY INCOME: \$ _____

5. STATEMENT OF ASSETS:

a. REAL ESTATE:

Address: _____
Original Cost: _____
Additions: _____
Total Cost: _____
Current market Value: _____
Basis of Valuation: _____
Mortgage Balance: _____
Secured Party: _____
Other Liens: _____

Real Estate Taxes for 20 ____ :

b. HOUSEHOLD ITEMS AND PERSONAL EFFECTS:

(1) Household furniture, furnishings, appliances and equipment:

Description: _____
Value: _____
Description: _____
Value: _____
Description: _____
Value: _____
Description: _____
Value: _____
Description: _____
Value: _____

(2) Automobile(s):

Year, Make, Model: _____
Current Value: _____
Amount Owed: _____
Owner: _____
Year, Make, Model: _____
Current Value: _____
Amount Owed: _____
Owner: _____
Year, Make, Model: _____
Current Value: _____
Amount Owed: _____
Owner: _____
Year, Make, Model: _____
Current Value: _____
Amount Owed: _____
Owner: _____

(3) Securities-Stocks and Bonds:

Description: _____
Value: _____
Description: _____
Value: _____

(3) Securities-Stocks and Bonds (cont.):

Description: _____
Value: _____
Description: _____
Value: _____
Description: _____
Value: _____

(4) Cash and Deposit Accounts:
(bank, savings, credit union savings and checking)

Name of Institution: _____
Type of Account: _____
Account Number: _____
Current Balance: _____
Date: _____
Owner of Account: _____

Name of Institution: _____
Type of Account: _____
Account Number: _____
Current Balance: _____
Date: _____
Owner of Account: _____

Name of Institution: _____
Type of Account: _____
Account Number: _____
Current Balance: _____
Date: _____
Owner of Account: _____

Name of Institution: _____
Type of Account: _____
Account Number: _____
Current Balance: _____
Date: _____
Owner of Account: _____

c. INSURANCE:

Name of Insurance Company: _____
Insured: _____
Policy No.: _____
Face Amount: _____
Cash Value: _____
Beneficiary: _____
Type of Policy: _____
Owner: _____

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Insured: _____
Policy No.: _____
Face Amount: _____
Cash Value: _____
Beneficiary: _____
Type of Policy: _____
Owner: _____

d. RETIREMENT INTERESTS:

Name of Company: _____
Type of Plan: _____
ID number: _____
Value of Interest: _____
Percent Vested: _____
Date of Valuation: _____
Owner: _____

Name of Company: _____
Type of Plan: _____
ID number: _____
Value of Interest: _____
Percent Vested: _____
Date of Valuation: _____
Owner: _____

e. BUSINESS INTEREST:

Business's Name and Address: _____
Percentage of Ownership: _____
Value Less Indebtedness: _____
Owner: _____

f. OTHER ASSETS:

Description: _____
Value: _____

Description: _____
Value: _____

Description: _____
Value: _____

g. LITIGATION:

I am not a party to any other lawsuits, except for:

I do not have a personal injury suit, property damage suit, breach of contract or any other claim against anyone, except for:

I have not filed for bankruptcy, except for:

h. ATTACHMENTS (check if attached)

Tax returns for years

Wage statements for periods:

Copy of current health care insurance policy / plan name as beneficiary

Information regarding the types and costs of any health insurance policies or plans offered through employer or other organization.

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct and that this declaration was executed on _____ at _____, Wisconsin.

X _____