

THE RULES COMMITTEE ON CIVIL PRACTICE AND PROCEDURE SEEKS  
COMMENTS FROM THE BENCH, THE BAR AND THE PUBLIC ON THE  
PROPOSED AMENDMENT TO  
**UNIFORM CHANCERY COURT RULE 8.05.**

**\*\*\*\*\*PLEASE NOTE\*\*\*\*\***

**The following Rule 8.05 includes proposed revisions to the Rule indicated by strike-outs and underscores. The following Rule 8.05 also includes the current “short form” (Exhibit A) and the proposed “long form” financial statement (Exhibit B).**

**The Rules Committee on Civil Practice and Procedure is also interested in comments on a proposal to require the Financial Statements be answered under oath.**

Comments should be filed with the Clerk of the Supreme Court,  
Gartin Justice Building, P.O. Box 249, Jackson, Mississippi 39205-0249.  
Deadline: **September 20, 2010.**

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**RULE 8.05 FINANCIAL STATEMENT REQUIRED**

Unless excused by Order of the Court for good cause shown, each party in every domestic case involving economic issues and/or property division shall provide the opposite party or counsel, if known, the following disclosures:

(A) A detailed written statement of actual income and expenses and assets and liabilities, such statement to be on the forms attached hereto as Exhibit “A” ~~and “B”~~, or

(B) ~~Copies of the preceding year’s Federal and State Income Tax returns, in full form as filed, or copies of W-2s if the return has not yet been filed. By agreement of the parties, or on motion and by order of the Court, or on the Court’s own motion, a more detailed statement on the form attached hereto as Exhibit “B”.~~

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~~(C) A general statement of the providing party describing employment history and earnings from the inception of the marriage or from the date of divorce, whichever is applicable.~~

The party providing the required written statement shall immediately file a Certificate of Compliance with the Chancery Clerk for filing in the court file. ~~The Certificate of Compliance shall be in the form of the attached Exhibit "C".~~ The financial statement shall not be filed with the Chancery Clerk, nor shall it be made available for public inspection.

A party filing a document containing personal identifiers and/or sensitive information and data may (1) file an unredacted document under seal; this document shall be retained by the court as part of the record; or, (2) file a reference list under seal. The reference list shall contain the complete personal data identifiers and/or the complete sensitive information and data required by this Rule.

The foregoing disclosures shall be made by the plaintiff not later than the time that the defendant's Answer is due, and by the defendant at the time that the defendant's Answer is due, but not later than 45 days from the date of the filing of the commencing pleading. The Court may extend or shorten the required time for disclosure upon written motion of one of the parties and upon good cause shown.

When offered in a trial or a conference, the party offering the disclosure statement shall provide a copy of the disclosure statement to the Court, the witness and opposing counsel.

This rule shall not preclude any litigant from exercising the right of discovery, but duplicate effort shall be avoided.

The failure to observe this rule, without just cause, shall constitute contempt of Court for which the Court shall impose appropriate sanctions and penalties.

[Amended effective July 1, 1996; amended effective January 8, 2009, to provide procedures for filing documents containing sensitive personal information; amended effective July 1, 2011 to incorporate an optional long form financial statement.]

### **EXHIBIT "A"**

IN THE CHANCERY COURT OF \_\_\_\_\_ COUNTY

STATE OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NUMBER

DEFENDANT

\*\*\*\*\*

I. GENERAL INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

	NAME	DATE OF BIRTH
MINOR CHILDREN:	_____	_____
	_____	_____
	_____	_____
	_____	_____

II. INCOME STATEMENT

GROSS MONTHLY INCOME

- 1. Salary and Wages, including commissions  
bonuses, allowance and overtime

1. \_\_\_\_\_

NOTE: To arrive at a monthly income figure,

if paid weekly, multiply weekly income  
by 4.3; if paid bi-weekly, multiply  
bi-weekly income by 2.16

- 2. Pensions and retirement 2. \_\_\_\_\_
- 3. Social Security 3. \_\_\_\_\_
- 4. Disability and unemployment insurance 4. \_\_\_\_\_
- 5. Public assistance (welfare, AFDC payments, etc.) 5. \_\_\_\_\_
- 6. Dividends and interest 6. \_\_\_\_\_
- 7. Rental Income 7. \_\_\_\_\_
- 8. Other income \_\_\_\_\_ 8. \_\_\_\_\_
- 9. Other income \_\_\_\_\_ 9. \_\_\_\_\_
- 10. TOTAL MONTHLY INCOME 10. \_\_\_\_\_

ITEMIZED MONTHLY DEDUCTIONS:

- 1. State Income Taxes 1. \_\_\_\_\_
- 2. Federal Income Taxes 2. \_\_\_\_\_
- 3. Social Security 3. \_\_\_\_\_
- 4. Mandatory Insurance 4. \_\_\_\_\_
- 5. Mandatory Retirement 5. \_\_\_\_\_
- 6. Union or other dues 6. \_\_\_\_\_
- 7. Other: (Specify) \_\_\_\_\_ 7. \_\_\_\_\_
- 8. Other: (Specify) \_\_\_\_\_ 8. \_\_\_\_\_
- 9. TOTAL MONTHLY DEDUCTIONS 9. \_\_\_\_\_
- 10. NUMBER OF EXEMPTIONS: \_\_\_\_\_
- 11. NET MONTHLY PAY 11. \_\_\_\_\_

III. EXPENSE STATEMENT

A. LIVING EXPENSES	AS OF _____		AS OF _____	
	Self	Children	Self	Children
1. Rent/Mortgage (Residence)				
2. Real Property Taxes				
3. Real Property Insurance				
4. Maintenance (Residence)				
5. Food/Household Supplies				
6. Water, Sewer, etc.				

7. Electricity				
8. Gas (Residence)				
9. Telephone				
10. Laundry & Cleaning				
11. Clothing				
12. Insurance ( <b>Not</b> payroll deducted)				
13. Medical				
14. Dental				
15. Child Care				
16. Children's Allowance				
17. Payment of child support/alimony (Prior Marriage)				
18. School Expenses				
19. Entertainment				
20. Incidentals & Miscellaneous				
21. Transportation other than vehicle				
22. Gasoline & Oil (auto)				
23. Repair (auto)				
24. Insurance (auto)				
25. Auto payments				
26. Church donations				

III. EXPENSE STATEMENT

	Self	Children	Self	Children
27. Charitable donations				
28. Newspaper/Magazines				
29. Cable TV				
30. Pet Expenses				
31. Yard Expenses				
32. Maid				
33. Retirement (IRA, etc.)				
34. Pest Control				
<b>B. TOTAL LIVING EXPENSES</b>				
35. Installment Payments Notes, loans, charge accounts, etc.				
36.				
37.				
38.				
<b>39. OTHER EXPENSES</b>				
40.				
41.				
<b>TOTAL INSTALLMENT PAYMENTS:</b>				
<b>COMBINED TOTAL EXPENSES:</b>				

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**EXHIBIT "B"**

**IV. STATEMENT OF ASSETS**

**A. Real Estate**

1. Title in the name of : \_\_\_\_\_  
Address: \_\_\_\_\_  
Who paid cost: \_\_\_\_\_  
How cost paid: \_\_\_\_\_  
  
Value (estimate) \_\_\_\_\_  
Mortgage Balance \_\_\_\_\_  
Equity \_\_\_\_\_
  
2. Title in the name of : \_\_\_\_\_  
Address: \_\_\_\_\_  
Who paid cost: \_\_\_\_\_  
How cost paid: \_\_\_\_\_  
  
Value (estimate) \_\_\_\_\_  
Mortgage Balance \_\_\_\_\_  
Equity \_\_\_\_\_

*Note:* List mortgage balance also under liabilities on the next page. List the amount of your monthly payment only under "V. LIABILITIES."

**B. Motor Vehicles**

1. Registered in the name of: \_\_\_\_\_  
Year: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
How cost paid: \_\_\_\_\_ How cost paid: \_\_\_\_\_  
  
VALUE  
- Loan Balance \_\_\_\_\_  
=Equity \_\_\_\_\_
  
2. Registered in the name of: \_\_\_\_\_  
Year: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
How cost paid: \_\_\_\_\_ How cost paid: \_\_\_\_\_  
  
VALUE  
- Loan Balance \_\_\_\_\_  
=Equity \_\_\_\_\_

IV. STATEMENT OF ASSETS (Continued)

3. Registered in the name of: \_\_\_\_\_  
 Year: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
 How cost paid: \_\_\_\_\_ How cost paid: \_\_\_\_\_

VALUE  
 - Loan Balance \_\_\_\_\_  
 =Equity \_\_\_\_\_

C. Other Personal Property (such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

	VALUES
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

D. Checking/Savings (name of Bank, Account Number and Amount in Account, including CDs, money markets, passbook accounts, etc.)

Name(s) on Account	Bank/Account Number	Type Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL VALUE			_____

E. Other Investments (IRAs, stock(s), mutual funds, pension plans, etc.)

Bank/Account Number	Type Investment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Life Insurance (exclude children)

Insured	Company	Face Amount	Cash	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL CASH VALUE (less loans)			_____	_____

G. All Other Assets

_____	_____	
_____	_____	
_____	_____	
TOTAL VALUE		_____
TOTAL OF ALL ASSETS		\$ _____

V. STATEMENT OF LIABILITIES

(Include mortgage, car loan, credit cards, personal loans)

*Note:* Also include under items 35-44 on Exhibit "A"

A. Creditor	Party Responsible for Payment	Current Balance	Monthly Payment	Who Makes Payments
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
B. TOTAL LIABILITIES		_____		

**ACKNOWLEDGMENT OF TRUTHFULNESS**

I declare to the Court that the foregoing Exhibits "A" and "B," including attachments, ~~are~~ is true and correct and that this declaration was executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Party's Signature

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**EXHIBIT "C"**

**IN THE CHANCERY COURT OF \_\_\_\_\_ COUNTY  
STATE OF MISSISSIPPI**

\_\_\_\_\_  
PLAINTIFF

\_\_\_\_\_  
CIVIL ACTION NUMBER

\_\_\_\_\_  
DEFENDANT

CERTIFICATE OF COMPLIANCE

I, \_\_\_\_\_ (name of party or attorney) \_\_\_\_\_, do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Attorney Or Opposing Party

EXHIBIT "B"

IN THE CHANCERY COURT  
OF \_\_\_\_\_ COUNTY, MISSISSIPPI  
\_\_\_\_\_ JUDICIAL DISTRICT

\_\_\_\_\_  
VS  
\_\_\_\_\_  
PLAINTIFF  
CAUSE NO. \_\_\_\_\_  
DEFENDANT

RULE 8.05 FINANCIAL STATEMENT

I, (full legal name) \_\_\_\_\_, certify that the following information is true:

**SECTION I. GENERAL INFORMATION**

- 1. Date of Birth: \_\_\_\_\_
- 2. Physical Address: \_\_\_\_\_
- 3. Mailing Address: \_\_\_\_\_

4. A. Minor Children (below the age of 21) or a full-time student above the age of 21:

Name	Date of Birth	Child Support Order in effect? (Yes or No)	Amount of Monthly Child Support Order Payment

B. Adult Children being supported by you

Name	Date of Birth	Child Support Order in effect? (Yes or No)	Amount of Monthly Child Support Order Payment
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5. Are you subject to and/or a party in any litigation or other court proceedings? (Bankruptcy, Class Action, Worker's Compensation, Personal Injury, etc.) If yes, please provide the style of the action including cause number and a brief description of the nature thereof.
- \_\_\_\_\_
- \_\_\_\_\_

**SECTION II. INCOME**

1. My occupation is: \_\_\_\_\_

2. I am currently: [ all that apply]

\_\_\_\_\_ a. **Unemployed**

1. Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Provide a statement of your employment history and earnings from the inception of the marriage, or from the date of divorce, (whichever is applicable) on a separate sheet paper and attach it to this form.

Label the attachment "Employment History".

\_\_\_\_\_ b. **Employed by:** \_\_\_\_\_

1. Address: \_\_\_\_\_

2. City, State, Zip Code: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4. My position is: \_\_\_\_\_

5. Pay rate: \$ \_\_\_\_\_ ( ) every week ( ) every other week ( ) twice a month ( ) monthly

\_\_\_\_\_ Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this statement.

\_\_\_\_ Check here if you are self-employed, own an interest in a business or farm, receive income from rental property, or if you report income or expenses on Schedule C, Schedule E, or Schedule F of your tax return.

**Complete Exhibit 1 attached hereto.**

\_\_\_\_ Check here if you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ **c. Retired.** Date of retirement: \_\_\_\_\_

1. Employer from whom retired: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City, State, Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

4. Are you receiving retirement pay or benefits from this employer? \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ d. Is there any information which you think would be helpful for the Court to know about your employment? (If so, give comments here). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LAST YEAR'S GROSS INCOME FROM TAX RETURN:**

	Your Income	Other Party's Income (if known)
Year _____	\$ _____	\$ _____

**LAST YEAR'S ADJUSTED GROSS INCOME FROM TAX RETURN:**

	Your Income	Other Party's Income (if known)
Year _____	\$ _____	\$ _____

**LAST YEAR'S TAX REFUND FROM TAX RETURN:**

Federal Refund	State Refund
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Year \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**OUTSTANDING TAX LIABILITIES FROM TAX RETURN:**

Federal State

Year \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Does the IRS or the State of Mississippi currently have a tax lien on any items of property? \_\_\_\_\_

If yes, please state the total amount of the tax lien and the items encumbered.

**PRESENT MONTHLY GROSS INCOME:**

**All amounts must be MONTHLY.** Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

If you are paid on a schedule which is not monthly, you must convert those amounts. Conversion are as follows:

- 1. Paid Weekly, multiply by 4.33
- 2. Paid bi-weekly, multiply by 2.16
- 3. Paid on the 1<sup>st</sup> and 15<sup>th</sup>, or on 15<sup>th</sup> and 30th/31st, multiply by 2
- 4. Paid annually divide by 12

1.	Monthly gross salary or wages	1. \$ _____
2.	Bonuses, commissions, allowances, overtime, tips, and similar payments	2. _____
3.	Average monthly business income for previous 6 months from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.) (● Attach sheet itemizing such income and expenses)	3. _____
4.	Monthly disability benefits	4. _____
5.	Monthly Workers' Compensation	5. _____
6.	Monthly Unemployment Compensation	6. _____
7.	Monthly pension, retirement, or annuity payments	7. _____
8.	Monthly Social Security benefits	8. _____
9.	Monthly alimony actually received	
	9a. From this case: \$ _____	
	9b. From other case(s) _____ Add 9a and 9b	9. _____
10.	Monthly interest and dividends	10. _____

11.	Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (●Attach sheet itemizing each item and amount)	11. _____
12.	Monthly income from royalties, trusts, and estates	12. _____
13.	Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses such as cars, travel, gas, phone, etc. (●Attach sheet itemizing each item and amount)	13. _____
14.	Monthly income from property such as CRP payments or subsidies	14. _____
15.	Public Assistance (Welfare, AFDC Payments, CHIPS, Etc.)	15. _____
16.	Severance Pay	16. _____
17.	Monthly Investment Income	17. _____
18.	Other: _____	18. _____
19.	Other: _____	19. _____
20.	Other: _____	20. _____
21.	<b>PRESENT MONTHLY GROSS INCOME</b> (Add lines 1-20) <b>TOTAL:</b>	21. _____

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**PRESENT MONTHLY DEDUCTIONS:****All amounts must be MONTHLY.**

If you have deductions which are not deducted on a monthly basis, you must convert those amounts. Conversion are as follows:

1. Paid Weekly, multiply by 4.33
2. Paid bi-weekly, multiply by 2.16
3. Paid on the 1<sup>st</sup> and 15<sup>th</sup>, or on 15<sup>th</sup> and 30th/31st, multiply by 2

22.	Present Monthly Federal Income Tax.	22.	_____
	a. Anticipated Filing Status for the Present Year: _____ (e.g. single, head of household, married filing separate, etc)		
	b. Filing Status Last Year: _____		
	c. Anticipated Number of Dependents claimed for Present Year: _____		
	d. Number of Dependents claimed Last Year: _____		
	e. Number of Exemptions claimed for the Present Year: _____		
	f. Number of Exemptions claimed Last Year: _____		
23.	Present Monthly State Income Tax	23.	_____
	a. Anticipated Filing Status for the Present Year: _____ (e.g. single, head of household, married filing separate, etc.)		
	b. Filing Status Last Year: _____		
	c. Anticipated Number of Dependents claimed for Present Year: _____		
	d. Number of Dependents claimed Last Year: _____		
	e. Number of Exemptions claimed for the Present Year: _____		
	f. Number of Exemptions claimed Last Year: _____		
24.	Monthly FICA or self-employment taxes	24.	_____
25.	Monthly Medicare payment	25.	_____
26.	Monthly mandatory union dues	26.	_____
27.	Monthly mandatory retirement payments	27.	_____
28.	Monthly court-ordered child support actually paid for children from another relationship	28.	_____
29.	Monthly court-ordered alimony actually paid		
	28a. From this case:       \$ _____		
	28b. From other case(s):   _____ Add 28a and 28b	29.	_____
30.	Other Mandatory Monthly Deductions.	30.	_____
31.	<b>TOTAL MONTHLY DEDUCTIONS:</b> (Add lines 22 through 29)	31.	_____
32.	<b>PRESENT NET MONTHLY INCOME</b> (Total Gross Income minus Total Monthly Deductions)	32.	_____

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## SECTION III. MONTHLY EXPENSES

**All amounts must be MONTHLY.**

For any expenses which are not paid monthly, you must convert those amounts. Conversion are as follows:

1. Paid Weekly, multiply by 4.33
2. Paid bi-weekly, multiply by 2.16
3. Paid on the 1<sup>st</sup> and 15<sup>th</sup>, or on 15<sup>th</sup> and 30th/31st, multiply by 2
4. Paid annually divide by 12

	<b>A. <u>HOUSEHOLD:</u></b>	<b>PRE-SEPARATION</b>	<b>CURRENT:</b>	<b>PROPOSED/ ESTIMATE EXPENSES:</b>
1.	Monthly mortgage or rent payments	1. _____	1. _____	1. _____
2.	Monthly property taxes (if not included in mortgage)	2. _____	2. _____	2. _____
3.	Monthly insurance on residence (if not included in mortgage)	3. _____	3. _____	3. _____
4.	Monthly homeowners' association fees	4. _____	4. _____	4. _____
5.	Monthly electricity	5. _____	5. _____	5. _____
6.	Monthly water, garbage, and sewer	6. _____	6. _____	6. _____
7.	Monthly telephone a. Land line b. Cell phone	7. _____	7. _____	7. _____
8.	Monthly residence gas	8. _____	8. _____	8. _____
9.	Monthly repairs and maintenance	9. _____	9. _____	9. _____
10.	Monthly lawn care	10. _____	10. _____	10. _____
11.	Monthly pest control	11. _____	11. _____	11. _____
12.	Monthly misc. household supplies	12. _____	12. _____	12. _____
13.	Monthly food	13. _____	13. _____	13. _____
14.	Monthly meals outside home	14. _____	14. _____	14. _____
15.	Monthly cable t.v.	15. _____	15. _____	15. _____
16.	Monthly internet service	16. _____	16. _____	16. _____
17.	Monthly alarm service contract	17. _____	17. _____	17. _____
18.	Monthly service contracts on appliances	18. _____	18. _____	18. _____
19.	Monthly maid service	19. _____	19. _____	19. _____

20.	Monthly dry cleaning and laundry	20. _____	20. _____	20. _____
21.	Monthly clothing	21. _____	21. _____	21. _____
22.	Monthly medical, dental, and prescription (only those not covered by insurance or otherwise reimbursed)	22. _____	22. _____	22. _____
23.	Monthly psychiatric, psychological, or counselor (only those not covered by insurance or otherwise reimbursed)	23. _____	23. _____	23. _____
24.	Monthly nonprescription medications, cosmetics, toiletries, and sundries	24. _____	24. _____	24. _____
25.	Monthly grooming	25. _____	25. _____	25. _____
26.	Monthly gifts	26. _____	26. _____	26. _____
27.	Monthly pet expenses	27. _____	27. _____	27. _____
28.	Monthly club dues and membership	28. _____	28. _____	28. _____
29.	Monthly sports and hobbies	29. _____	29. _____	29. _____
30.	Monthly entertainment	30. _____	30. _____	30. _____
31.	Monthly tolls and parking	31. _____	31. _____	31. _____
32.	Monthly periodicals/newspapers/magazines/books/tapes/CDs	32. _____	32. _____	32. _____
33.	Monthly vacations	33. _____	33. _____	33. _____
34.	Monthly education expenses	34. _____	34. _____	34. _____
35.	<b>SUBTOTAL</b>	35. _____	35. _____	35. _____
<b>B. VEHICLES AND BOATS</b>				
36.	Monthly gasoline and oil	36. _____	36. _____	36. _____
37.	Monthly repairs	37. _____	37. _____	37. _____
38.	Monthly tags	38. _____	38. _____	38. _____
39.	Monthly insurance for each vehicle	39. _____	39. _____	39. _____
	a. _____			
	b. _____			
	c. _____			
40.	Monthly payments (lease or financing)	40. _____	40. _____	40. _____
41.	Monthly alternative transportation (bus, rail, car pool, etc.)	41. _____	41. _____	41. _____

42.

Monthly tolls and parking

42. \_\_\_\_\_

42. \_\_\_\_\_

42. \_\_\_\_\_

43.

Other: \_\_\_\_\_

43. \_\_\_\_\_

43. \_\_\_\_\_

43. \_\_\_\_\_

44.

**SUBTOTAL**

44. \_\_\_\_\_

44. \_\_\_\_\_

44. \_\_\_\_\_

**C. MONTHLY EXPENSES FOR CHILDREN**  
**(In addition to the amount please**  
**indicate with "M" or "F" if the expense**  
**is normally paid by Mother or Father.)**

45. Monthly nursery, babysitting, or day care

45. \_\_\_\_\_

45. \_\_\_\_\_

45. \_\_\_\_\_

46. Monthly school tuition

46. \_\_\_\_\_

46. \_\_\_\_\_

46. \_\_\_\_\_

47. Monthly school supplies, books, fees and field trips

47. \_\_\_\_\_

47. \_\_\_\_\_

47. \_\_\_\_\_

48. Monthly after school activities (School sponsored: Math, Drama, etc.)

48. \_\_\_\_\_

48. \_\_\_\_\_

48. \_\_\_\_\_

49. Monthly lunch money

49. \_\_\_\_\_

49. \_\_\_\_\_

49. \_\_\_\_\_

50. Monthly private lessons or tutoring (music, dance, tennis, etc.)

50. \_\_\_\_\_

50. \_\_\_\_\_

50. \_\_\_\_\_

51. Monthly allowances (spending money, gas money, etc.)

51. \_\_\_\_\_

51. \_\_\_\_\_

51. \_\_\_\_\_

52. Monthly clothing and uniforms

52. \_\_\_\_\_

52. \_\_\_\_\_

52. \_\_\_\_\_

53. Monthly entertainment (movies, parties, etc.)

53. \_\_\_\_\_

53. \_\_\_\_\_

53. \_\_\_\_\_

54. Monthly medical dental, prescriptions (nonreimbursed only)

54. \_\_\_\_\_

54. \_\_\_\_\_

54. \_\_\_\_\_

55. Monthly psychiatric/psychological/counselor

55. \_\_\_\_\_

55. \_\_\_\_\_

55. \_\_\_\_\_

56. Monthly orthodontic

56. \_\_\_\_\_

56. \_\_\_\_\_

56. \_\_\_\_\_

57. Monthly beauty parlor/barber shop

57. \_\_\_\_\_

57. \_\_\_\_\_

57. \_\_\_\_\_

58. Monthly nonprescription medication

58. \_\_\_\_\_

58. \_\_\_\_\_

58. \_\_\_\_\_

59. Monthly cosmetics, toiletries, and sundries

59. \_\_\_\_\_

59. \_\_\_\_\_

59. \_\_\_\_\_

60. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)

60. \_\_\_\_\_

60. \_\_\_\_\_

60. \_\_\_\_\_

61. Monthly cost of annual gifts to children (Christmas, Birthday, etc.)

61. \_\_\_\_\_

61. \_\_\_\_\_

61. \_\_\_\_\_

62. Monthly camp or summer activities

62. \_\_\_\_\_

62. \_\_\_\_\_

62. \_\_\_\_\_

63. Monthly clubs (4-H, Girl Scouts/Boy Scouts, etc.)

63. \_\_\_\_\_

63. \_\_\_\_\_

63. \_\_\_\_\_

64. Monthly travel expenses for visitation with minor children

64. \_\_\_\_\_

64. \_\_\_\_\_

64. \_\_\_\_\_

65. Other: \_\_\_\_\_

65. \_\_\_\_\_

65. \_\_\_\_\_

65. \_\_\_\_\_

66.	Other: _____	66. _____	66. _____	66. _____
67.	<b>SUBTOTAL</b>	67. _____	67. _____	67. _____

**D. MONTHLY EXPENSES FOR CHILD(REN)  
FROM ANOTHER RELATIONSHIP:**  
(other than court-ordered child support)

68.	_____	68. _____	68. _____	68. _____
69.	_____	69. _____	69. _____	69. _____
70.	_____	70. _____	70. _____	70. _____
71.	<b>SUBTOTAL</b>	71. _____	71. _____	71. _____

**E. MONTHLY INSURANCE:**

72.	Health/ Medical Insurance a. Insured Premium \$ _____ b. Insured plus spouse Premium \$ _____ c. Family Premium \$ _____	72. _____	72. _____	72. _____
73.	Monthly Life Insurance Premiums	73. _____	73. _____	73. _____
74.	Dental Insurance a. Insured Premium \$ _____ b. Insured plus Spouse Premium \$ _____ c. Family Premium \$ _____	74. _____	74. _____	74. _____
75.	Disability Insurance Premiums	75. _____	75. _____	75. _____
76.	Optical Insurance Premiums	76. _____	76. _____	76. _____
77.	Other: _____	77. _____	77. _____	77. _____
78.	<b>SUBTOTAL</b>	78. _____	78. _____	78. _____

**F. OTHER MONTHLY EXPENSES NOT  
LISTED ABOVE:**

79.	Other: _____	79. _____	79. _____	79. _____
80.	Other: _____	80. _____	80. _____	80. _____
81.	Other: _____	81. _____	81. _____	81. _____
82.	Other: _____	82. _____	82. _____	82. _____
83.	<b>SUBTOTAL</b>	83. _____	83. _____	83. _____

<b>84.</b>	<b>TOTAL MONTHLY EXPENSES:</b> (Add all expense Subtotals plus the monthly payments due on any liabilities that are listed in Section V., <u>A. Liabilities</u> , that you have not listed in 1-84)	<b>84.</b> _____	<b>84.</b> _____	<b>84.</b> _____
<b>SUMMARY:</b>				
<b>85.</b>	<b>TOTAL PRESENT MONTHLY NET INCOME</b> (from line 32 of SECTION I. INCOME)	<b>85.</b> \$ _____	<b>85.</b> \$ _____	<b>85.</b> \$ _____
<b>86.</b>	<b>TOTAL MONTHLY EXPENSES</b> (from line 84 above)	<b>86.</b> \$ _____	<b>86.</b> \$ _____	<b>86.</b> \$ _____
<b>87.</b>	<b>SURPLUS</b> (If line 85 is more than line 86, subtract line 86 from line 85. This is the amount of your surplus. Enter that amount here.)	<b>87.</b> \$ _____	<b>87.</b> \$ _____	<b>87.</b> \$ _____
<b>88.</b>	<b>(DEFICIT)</b> (If line 86 is more than line 85, subtract line 85 from line 86. This is the amount of your deficit. Enter that amount here).	<b>88.</b> (\$ _____)	<b>88.</b> (\$ _____)	<b>88.</b> (\$ _____)

**SECTION IV. ASSETS**

**A. REAL ESTATE** The value of the real estate may be an estimate or a recent appraisal. If values are acquired from an appraisal, attach to this 8.05 Financial Statement Affidavit a copy of the appraisal. Attach additional sheets if necessary.

1. Address/Description: \_\_\_\_\_

Primary Use (Example: primary residence, rental property, etc.): \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Original Cost: \$ \_\_\_\_\_

County Assessed Value (County Tax Appraisal): \$ \_\_\_\_\_

Current Fair Market Value: \$ \_\_\_\_\_

Appraisal \_\_\_\_\_ yes \_\_\_\_\_ no

Appraisal Attached? \_\_\_\_\_ yes \_\_\_\_\_ no

Estimate: \_\_\_\_\_ yes \_\_\_\_\_ no

Mortgage Balance: \$ \_\_\_\_\_

**Equity (Fair Market Value minus Mortgage Balance)** \$ \_\_\_\_\_

Titled in the Name of: \_\_\_\_\_

Comments: \_\_\_\_\_

2. Address/Description: \_\_\_\_\_

Primary Use (Example: primary residence, rental property, etc.): \_\_\_\_\_

Date Acquired: \_\_\_\_\_  
 Original Cost: \$ \_\_\_\_\_  
 County Assessed Value (County Tax Appraisal) \$ \_\_\_\_\_  
 Current Fair Market Value: \$ \_\_\_\_\_  
 Appraisal \_\_\_\_\_ yes \_\_\_\_\_ no  
 Appraisal Attached? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Estimate: \_\_\_\_\_ yes \_\_\_\_\_ no  
 Mortgage Balance: \$ \_\_\_\_\_  
**Equity (Fair Market Value minus Mortgage Balance)** \$ \_\_\_\_\_  
 Titled in the Name of: \_\_\_\_\_  
 Comments: \_\_\_\_\_

3. Address/Description: \_\_\_\_\_  
 Primary Use (Example: primary residence, rental property, etc.): \_\_\_\_\_  
 Date Acquired: \_\_\_\_\_  
 Original Cost: \$ \_\_\_\_\_  
 County Assessed Value (County Tax Appraisal) \$ \_\_\_\_\_  
 Current Fair Market Value: \$ \_\_\_\_\_  
 Appraisal \_\_\_\_\_ yes \_\_\_\_\_ no  
 Appraisal Attached? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Estimate: \_\_\_\_\_ yes \_\_\_\_\_ no  
 Mortgage Balance: \$ \_\_\_\_\_  
**Equity (Fair Market Value minus Mortgage Balance)** \$ \_\_\_\_\_  
 Titled in the Name of: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**TOTAL EQUITY:** \_\_\_\_\_

**B. MODULAR/ MOBILE HOMES.**

1. Where is the Modular/ Mobile Home located? \_\_\_\_\_  
 Primary Use (Example: primary residence, rental property, etc.): \_\_\_\_\_  
 Registered in the name of: \_\_\_\_\_  
 Year: \_\_\_\_\_ Model: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_  
 Loan Balance: \$ \_\_\_\_\_  
**Equity:** \$ \_\_\_\_\_  
 Comments: \_\_\_\_\_

**C. MOTOR VEHICLES (Cars, Trucks, RV's, Boats, Tractors, 4-Wheelers, Motorcycles, etc.)** The appropriate value for motor vehicles is the NADA value or a value from a similar source such as Kelly's Blue Book ([www.kbb.com](http://www.kbb.com)) or Edmond's Blue Book ([www.edmonds.com](http://www.edmonds.com)). If values are acquired from these or similar sources, attach to this 8.05 Financial Statement Affidavit a copy of the printout of the assessment. Attach additional sheets if necessary.

1. Registered in the name of: \_\_\_\_\_  
 Year: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
 How Cost Paid: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_  
 Loan Balance: \$ \_\_\_\_\_  
**Equity:** \$ \_\_\_\_\_  
 Printout Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Registered in the name of: \_\_\_\_\_  
 Year: Model: Mileage: \_\_\_\_\_  
 How Cost Paid: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_  
 Loan Balance: \$ \_\_\_\_\_  
**Equity:** \$ \_\_\_\_\_  
 Printout Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Registered in the name of: \_\_\_\_\_  
 Year: Model: Mileage: \_\_\_\_\_  
 How Cost Paid: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_  
 Loan Balance: \$ \_\_\_\_\_  
**Equity:** \$ \_\_\_\_\_  
 Printout Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Registered in the name of: \_\_\_\_\_  
 Year: Model: Mileage: \_\_\_\_\_  
 How Cost Paid: \_\_\_\_\_  
 Value: \$ \_\_\_\_\_  
 Loan Balance: \$ \_\_\_\_\_  
**Equity:** \$ \_\_\_\_\_  
 Printout Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

**TOTAL EQUITY:** \_\_\_\_\_

**D. OTHER PERSONAL PROPERTY** The value of personal property should be the fair market value. Fair market value is the price at which the item could be sold to a willing buyer, under no compulsion to buy. When valuing an item consider the present condition (wear and tear, etc.) Examples of fair market value may be obtained from flea markets, garage sales, pawn shops, etc. **Fair market value is not the replacement value or purchase price.** Attach additional sheets if necessary.

ITEM	VALUE
Furniture and Household Furnishings	_____
Tools	_____
Collectibles (art, coins, dolls, cars, etc.)	_____
Crystal, Silver, China, Gold	_____
Jewelry	_____
Sporting Equipment (guns, skis, golf clubs, etc.)	_____
Entertainment Equipment (televisions, stereo, pool table, etc.)	_____
Electronics (computers, digital cameras, printers, etc.)	_____
Lawn equipment	_____
Musical Instruments	_____
Other:	_____

Other: _____	_____
<b>TOTAL VALUE</b>	<b>\$ _____</b>

**E. FINANCIAL ACCOUNTS:** List all checking accounts, savings accounts, money market accounts, passbook accounts, credit union accounts, etc. in which you have an interest.

NAME(S) ON ACCOUNT	FINANCIAL INSTITUTION OR BANK NAME	TYPE OF ACCOUNT	LAST FOUR(4) DIGITS ON THE ACCOUNT	BALANCE 90 DAYS PRIOR TO DATE OF COMPLAINT FILED	CURRENT BALANCE AS OF _ / _ / _
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL CHECKING/ SAVINGS</b>					<b>\$ _____</b>

**F. OTHER INVESTMENTS** List all IRAs, stocks, CD's, mutual funds, pension plans, bonds, 401(k), PERS, Deferred Compensation, etc.

NAME(S) ON INVESTMENT	NAME OF FINANCIAL INSTITUTION, BROKERAGE FIRM, ETC.	TYPE OF INVESTMENT	LAST FOUR (4) DIGITS ON THE ACCOUNT	BALANCE 90 DAYS PRIOR TO DATE OF COMPLAINT FILED	CURRENT BALANCE AS OF _ / _ / _
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL OTHER INVESTMENTS</b>					\$ _____

**G. CASH/CASH EQUIVALENTS AND OTHER ITEMS OF VALUE**

	AMOUNT
Money in your possession (on hand)	_____
Money in banks, deposit boxes, etc. not listed above	_____
Money in personal or business safes, lock boxes, etc.	_____
Money being held for you by a third person or entity	_____
Other Cash:	_____
Other Cash:	_____
<b>TOTAL CASH</b>	\$ _____

**H. LIFE INSURANCE**

PERSON INSURED	OWNER OF POLICY	COMPANY	COVERAGE AMOUNT	LOANS	CASH VALUE	LAST FOUR (4) DIGITS OF POLICY	BENEFICIARY
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
	<b>TOTAL CASH VALUE</b>				\$ _____		

I. **FUTURE ASSETS** If you have the right to receive assets or income in the future, such as accrued vacation, sick leave, bonus, income from a trust(s), etc. you must list them here.

FUTURE ASSETS	Possible Value
<b>TOTAL FUTURE ASSETS</b>	<b>\$</b> _____

J. **ALL OTHER ASSETS** (You are required to list all assets of value in which you have an interest, that you have not listed elsewhere on this form)

DESCRIPTION OF ASSET	VALUE
Notes (Money owed to you in writing)	
Loans (Money owed to you not evidenced by a writing)	
Business Interest	
Patents, Copyrights, etc.	
Oil and Gas Interests	
Country Club and other Membership Interests (Hunting Clubs, etc.)	
Timber Rights	
Gold, Precious Metals	
Other:	
Other:	
<b>TOTAL OTHER ASSETS</b>	<b>\$</b> _____

**SUMMARY**

**TOTAL ASSETS: \$** \_\_\_\_\_  
**(ADD Total from previous Sections A through J).**

**SECTION V. LIABILITIES**

**A. LIABILITIES** List all creditors including creditors of your spouse. Include all mortgage(s), car loans, credit cards, personal loans, medical providers, credit union loans, judgments, charge accounts, etc.

	CREDITOR	LAST FOUR (4) DIGITS OF ACCOUNT	PURPOSE/ REASON FOR DEBT	WHOSE NAME IS LISTED ON THE DEBT	CURRENT BALANCE DUE	MONTHLY PAYMENT DUE	WHO PAYS
1							
2							
3							
4							
5							
6							
7							
8							
9							
<b>TOTAL LIABILITIES</b>					\$ _____	\$ _____	

**B. CONTINGENT LIABILITIES** If you have any future liabilities such as tax payments, judgments, pending lawsuits, etc. you must list them here.

DESCRIPTION OF CONTINGENT LIABILITIES	Contingent Amount Owed
<b>TOTAL CONTINGENT LIABILITIES</b>	\$ _____

**SUMMARY**

**SECTION VI. SEPARATE PROPERTY and SEPARATE LIABILITIES**

**TOTAL LIABILITIES: \$ \_\_\_\_\_**  
**(ADD Total from previous Sections A through B).**

Please list any assets including real estate, modular/mobile homes, motor vehicles, personal property, financial accounts, other investments, cash/cash equivalents and other items of value, life insurance, future assets and all other assets which you believe are separate property and should not be divided or equitably distributed in a divorce proceeding and explain your reasons in the comments section.

Separate Asset	Comments:

Please list any liabilities including credit cards, judgments, tax liabilities, etc which you believe should not be divided or equitably distributed in a divorce proceeding and explain your reasons in the comments section.

Separate Liability	Comments:

**ACKNOWLEDGMENT OF TRUTHFULNESS**

I hereby affirm that the above and foregoing statements made in this 8.05 Financial Statement and attachments thereto are true and correct as therein stated to the best of my knowledge, information and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Party**

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

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Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE**

I, \_\_\_\_\_, do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules, and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

**Exhibit 1**

If you are self-employed, own an interest in a business or farm, receive income from rental property, or report income or expenses on Schedule C, Schedule E, or Schedule F of your tax return, please complete the following. Use additional pages if necessary.

1. Please describe the business activity: \_\_\_\_\_
2. Do you actively work in the business? YES or NO (circle appropriate response). If yes, please indicate the average number of hours worked per week: \_\_\_\_\_ hours.
3. Does the business provide a vehicle for your personal use? YES or NO (circle appropriate response). If yes, please provide a description of the vehicle: \_\_\_\_\_  
\_\_\_\_\_
4. Does the business provide a vehicle for the use of any members of your immediate family? YES or NO (circle appropriate response). If yes, please provide a description of each vehicle and indicate the family member that drives the vehicle: \_\_\_\_\_  
\_\_\_\_\_
5. Do any members of your immediate family work in the business? YES or NO (circle appropriate response). If yes, please list each family member, the duties of their position, number of hours worked per week, and the rate of pay.

Name	Duties/ Job Description	Hours Worked Per Week	Pay Per Week

6. Does the business pay any expenses on your behalf or on behalf of your immediate family? YES or NO (circle the appropriate response). If yes, please describe each expense and provide the cost of the expense.

(Examples: Credit Cards, Utilities, Auto Repairs, Fuel, Insurance, Cell Phone, School Tuition, Oil Changes, Medical Expenses, Pet Expenses, Meals, etc.)

Description of the Expense	Amount of Expense Paid by the Business

7. Does the business provide you with anything of value or a tax benefit or any “perks”? YES or NO (circle appropriate response). If yes, please describe each item of value, each tax benefit and every “perk” and provide the cost or monetary value of the same. (Examples: Hunting Leases, Country Club (dues, stock or expenses), Sporting Event Tickets, Vacations, etc.)

Description of item of value, tax benefit or “perk”	Cost or Monetary Value

8. Does the business own any assets that are not necessary for its operation? YES or NO (circle appropriate response)  
 If yes, please describe the asset.  
 (Example: Land or Art held for investment, boats, condominiums, vehicles, etc.)

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## 8.05 FINANCIAL DECLARATION DOCUMENT PRODUCTION REQUEST

You, \_\_\_\_\_ (name of party) must produce to  
\_\_\_\_\_ (name of opposing party or his/her attorney) within  
30 days, the documents checked below if you have them in your possession or  
control, or if you can secure copies upon reasonable request.

- \_\_\_\_\_ 1. Copies of your past three (3) year's Federal and State Income Tax returns, in full form as filed.
- \_\_\_\_\_ 2. A copy of your most recent Social Security Earnings Statement or a completed Form SSA-7050-F4.
- \_\_\_\_\_ 3. Your most recent pay check stub.
- \_\_\_\_\_ 4. Your most recent W-2's.
- \_\_\_\_\_ 5. All 1099's received by you in the past year.
- \_\_\_\_\_ 6. All K-1's received by you in the past year.
- \_\_\_\_\_ 7. Copies of the past three (3) year's Federal and State Tax Income Tax returns, in full form as filed, for any partnership, limited liability company, corporation or limited partnership in which you own or have an interest
- \_\_\_\_\_ 8. Copies of your checking and saving account statements for the past twelve (12) months.
- \_\_\_\_\_ 9. Copies of your investment and brokerage account statements for the past twelve (12) months.
- \_\_\_\_\_ 10. Copies of your Certificates of Deposit, Bonds, or Stock.
- \_\_\_\_\_ 11. Copies of your IRA, 401(K), SEP, PERS, Pension, Deferred Compensation and any other retirement account for the past twelve (12) months.
- \_\_\_\_\_ 12. Copies of the declaration sheet for all life insurance policies owned by you or on which you have been a beneficiary for the past twelve (12) months.
- \_\_\_\_\_ 13. Copies of all credit card statements on which you have made charges for the past six (6) months.

- 
- \_\_\_\_\_ 14. Copies of all loans, mortgages, promissory notes, or other documents showing debts owned by you, or debts owed to you by others.
- \_\_\_\_\_ 15. Copies of all deeds to real property.
- \_\_\_\_\_ 16. Copies of all certificates of title. (Example: Boats, Vehicles, Campers, etc.)
- \_\_\_\_\_ 17. Copies of all appraisals.
- \_\_\_\_\_ 18. Copies of all documents referenced or used to complete the 8.05 Financial Statement Form.

Requested by ( ) mail ( ) fax or ( ) hand delivery on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature, address and telephone number of requesting party or his/her attorney)

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## 8.05 FINANCIAL DECLARATION DOCUMENT PRODUCTION RESPONSE

Pursuant to the 8.05 Financial Declaration Document Production Request form dated \_\_\_\_\_ and requested by \_\_\_\_\_ ( name of opposing party or his/her attorney) I, \_\_\_\_\_ (name of party or attorney) certify that I have produced the following documents (check all that are produced). For those not produced, I certify that I do not have copies in my possession or control, nor are copies available to me upon reasonable request. If I have failed to produce documents for any other reason, those reasons are set forth below and correspond to each numbered request; and I certify that those reasons are true and correct.

- \_\_\_\_\_ 1. Copies of my past three (3) year's Federal and State Income Tax returns, in full form as filed.
- \_\_\_\_\_ 2. A copy of your most recent Social Security Earnings Statement or a completed Form SSA-7050-F4.
- \_\_\_\_\_ 3. My most recent pay check stub.
- \_\_\_\_\_ 4. My most recent W-2's.
- \_\_\_\_\_ 5. All 1099's received by me in the past year.
- \_\_\_\_\_ 6. All K-1's received by me in the past year.
- \_\_\_\_\_ 7. Copies of the past three (3) year's Federal and State Tax Income Tax returns, in full form as filed, for any partnership, limited liability company, corporation or limited partnership in which I own or have an interest
- \_\_\_\_\_ 8. Copies of my checking and saving account statements for the past twelve (12) months.
- \_\_\_\_\_ 9. Copies of my investment and brokerage account statements for the past twelve (12) months.
- \_\_\_\_\_ 10. Copies of my Certificates of Deposit, Bonds, or Stock.
- \_\_\_\_\_ 11. Copies of my IRA, 401(K), SEP, PERS, Pension, Deferred Compensation and any other retirement account for the past twelve (12) months.
- \_\_\_\_\_ 12. Copies of the declaration sheet for all life insurance policies owned by me or on which I have been a beneficiary for the past twelve (12) months.

- 
- \_\_\_\_\_ 13. Copies of all credit card statements on which I have made charges for the past six (6) months.
- \_\_\_\_\_ 14. Copies of all loans, mortgages, promissory notes, or other documents showing debts owned by me, or debts owed to me by others.
- \_\_\_\_\_ 15. Copies of all deeds to real property.
- \_\_\_\_\_ 16. Copies of all certificates of title. (Example: Boats, Vehicles, Campers, etc.)
- \_\_\_\_\_ 17. Copies of all appraisals.
- \_\_\_\_\_ 18. Copies of all documents referenced or used to complete the 8.05 Financial Statement Form.

Reason(s) for failure to produce documents requested in \_\_\_\_\_ (insert request number): \_\_\_\_\_

Reason(s) for failure to produce documents requested in \_\_\_\_\_ (insert request number): \_\_\_\_\_

So CERTIFIED and PRODUCED by ( ) mail, ( ) fax, or ( ) hand delivered to: \_\_\_\_\_ (other party or his/her attorney including full name, address and fax number) on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Signature, address and telephone number of producing party or his/her attorney)