

## Financial Statement

### Why must I complete this?

Uniform Chancery Court Rule 8.05 requires that the attached financial statement be completed and filed in the Court file. Both parties are required to complete this.

### What other information must I provide?

In addition, you are to provide the following:

Copies of last year's Federal and State income tax returns in full form as filed, or copies of W-2s if the return has not been filed;

A general statement describing your employment history and earnings from the inception of the marriage or from the date of divorce (last court order), whichever is applicable.

### When must this be returned?

If you are the Plaintiff/Petitioner (the one filing suit), this must be returned to me within 45 days of the date the pleadings are filed with the Court.

If you are the Defendant/Respondent (the one who has been served), this must be returned within 30 days or when your answer is due, whichever occurs first.

If this is an Irreconcilable Differences divorce, this must be returned within 30 days of the date the divorce papers are filed with the Court.

### What if I do not complete and return this?

Failure to fully disclose all financial information may "constitute contempt of Court for which the Court shall impose appropriate sanctions and penalties."

In addition, the Court will not grant your divorce/other relief until full disclosure is made.

### Must I give my account numbers?

Because this will be filed in the Court file which is public record, most courts will allow redaction of all but the last 4 digits of your account numbers; however, if the other party needs additional information on this account at a later time, you will have to provide it to him/her.

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

PLAINTIFF

V

CAUSE NO. \_\_\_\_\_

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**I. GENERAL INFORMATION**

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

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

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

TELEPHONE NUMBER: \_\_\_\_\_

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

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

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

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

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

EMPLOYER'S PHONE NO.: \_\_\_\_\_

NAME

DATE OF BIRTH

SSN

MINOR CHILDREN

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EXHIBIT "A" CONTINUED

**II. INCOME STATEMENT**

GROSS MONTHLY INCOME	AMOUNT
1. Salary and Wages, including commissions, bonuses, allowance and overtime. NOTE: To arrive at a monthly income figure if paid weekly, multiply weekly income by 4.3. If paid bi-weekly, multiply income by 2.16.	
2. Pensions and retirement	
3. Social Security	
4. Disability and unemployment insurance	
5. Public assistance (welfare, AFDC payments, etc.)	
6. Dividends and Interest	
7. Rental income	
8. Other Income:	
9. Other Income:	
10. TOTAL MONTHLY INCOME	

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

**EXHIBIT "A" CONTINUED**

**III. EXPENSE STATEMENT**

<b>LIVING EXPENSES</b>	<b>SELF</b>	<b>CHILDREN</b>
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 (Not 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		
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>TOTAL LIVING EXPENSES</b>		
35. Installment Payments		
36. Other Expenses		
<b>TOTAL INSTALLMENT EXPENSES</b>		
<b>COMBINE TOTAL EXPENSES</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: \_\_\_\_\_

**B. Motor Vehicles**

1. Registered in the name of: \_\_\_\_\_  
 Year: \_\_\_\_\_ Model: \_\_\_\_\_  
 Mileage: \_\_\_\_\_

Value: \_\_\_\_\_  
 Loan Balance: \_\_\_\_\_  
 Equity: \_\_\_\_\_

2. Registered in the name of: \_\_\_\_\_  
 Year: \_\_\_\_\_ Model: \_\_\_\_\_  
 Mileage: \_\_\_\_\_

Value: \_\_\_\_\_  
 Loan Balance: \_\_\_\_\_  
 Equity: \_\_\_\_\_

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

DESCRIPTION OF PERSONAL PROPERTY	VALUE

D. Checking/Savings (name of bank, account number and amount in account, including CD's, money markets, passbook accounts, etc.)

NAME ON ACCOUNT	ACCOUNT NO.	TYPE OF ACCOUNT	BALANCE

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

ACCOUNT NUMBER	TYPE OF INVESTMENT	BALANCE

F. Life Insurance (exclude children)

INSURED	COMPANY	FACE AMOUNT	CASH	BENEFICIARY

G. All Other Assets


TOTAL OF ALL ASSETS:

**V. STATEMENT OF LIABILITIES**

LIABILITIES (include mortgage, car loan, credit cards, personal loans)

CREDITOR	WHOSE NAME	BALANCE DUE	MONTHLY PAY	WHO PAYS
1.				
2.				
3.				
4.				
5.				
6.				

**TOTAL LIABILITIES**

**ACKNOWLEDGMENT OF TRUTHFULNESS**

I, declare to the Court that the foregoing Exhibit "A", including any attachments, is true and correct as therein stated and that this declarations was executed in the \_\_\_\_\_ day of \_\_\_\_\_, 2005.

\_\_\_\_\_  
PARTY'S SIGNATURE