

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court Court Address: _____ _____ _____	
In re: <input type="checkbox"/> The Marriage of: _____ <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: _____ and Co-Petitioner/Respondent: _____	
Attorney(s) or party without attorney: (Name and Address) _____ _____ Address: _____ _____ Phone Number: _____ Fax Number: _____ E-mail: _____ Atty. Reg. #: _____	* COURT USE ONLY * Case Number: _____ Division: _____ Courtroom _____
AFFIDAVIT WITH RESPECT TO FINANCIAL AFFAIRS as of: _____ (DATE)	

I, _____ being sworn, understand that I have a duty to make a full disclosure of all my assets, liabilities, income and expenses. I certify that this is that full disclosure to the best of my knowledge:
 My occupation is: _____
 I am primarily employed _____ hours per week at: _____
 I am paid on _____ Employer's Name and Address

 List pay dates or otherwise describe pay schedule

1. Monthly Income {Convert annual, bi-monthly and weekly amounts to monthly amounts}

Base Pay from Salary, Wages _____ Overtime & Shift Differential _____ Commissions, Tips, Bonuses, Allowances and similar pay. _____ Additional Employment (such as part time) _____ Self-employment or other business income from sources such as partnerships, close corp., and/or independent contracts _____ (Gross receipts minus ordinary and necessary expenses required to produce such income) <input type="checkbox"/> Check box indicating you have completed a Supplemental Schedule at pp. 9-10 itemizing such gross income and necessary expenses	Rental Net Income & Business Profits _____ Social Security Benefits (SSA) _____ TANF and Food Stamps _____ Child and spousal support from others _____ Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses _____ <input type="checkbox"/> Check box indicating you have completed a Supplemental Schedule at pp. 9-10 itemizing such reimbursed expenses & in-kind payments. Fellowships, stipends, annuities _____ Contributions from household members _____ Money, goods & services from relatives/friends _____ All other sources, examples: personal injury settlement, non-reported income, etc. _____
Unemployment & Veterans' benefits _____ Disability, Workers Compensation _____ Pension & Retirement Benefits _____ Interest & Dividends _____ Royalties, Trust & Other Investment Income _____	<p style="text-align: right;">Total Monthly Income _____</p>

Comment: _____ *(NOTE ! Attach copies of your last 3 months pay stubs/vouchers)*

2. MONTHLY Deductions

Mandatory Deductions

Federal Income Tax _____
 State Income Tax _____
 PERA/Civil Service _____
 Social Security Tax _____
 Medicare Tax _____
 Local Tax _____
 Other _____
 Other _____
 Other _____

Voluntary Deductions

Credit Union (savings) _____
 Credit Union (loan) _____
 Retirement/Deferred Compensation. _____
 Filing Status: _____
 No. of Dependents Claimed: _____

Voluntary Deductions, continued

Health, dental, vision ins. _____
 Dues _____
 Bonds _____
 Stock Purchase Plan _____
 Flex Benefit Cafeteria Plan _____
 Disability Insurance _____
 Life Insurance _____
 Charity _____
 Child Care _____
 Other (specify) _____
 Other (specify) _____
 Other (specify) _____

Total Monthly Deductions: _____

Total Monthly Net Income: _____

Comment on the above: _____

{List monthly expenses below, **not** deducted from pay above. For any **Anticipated Change** in expenses, list the amount by which the

Actual amount will increase or decrease}

3. MONTHLY Expenses This budget is for a household consisting of _____ adult(s), and _____ minor child(ren).

	<i>Actual</i>	<i>Anticipated Change</i>		<i>Actual</i>	<i>Anticipated Change</i>
A. Housing			C. Food & Supplies		
1st Mortgage	_____	_____	Groceries/Supplies	_____	_____
2nd Mortgage	_____	_____	Dining Out	_____	_____
Rent	_____	_____	D. Uninsured Health Care		
Property Taxes (not in mortgage payment)	_____	_____	Doctor	_____	_____
Maintenance	_____	_____	Dentist	_____	_____
Condo/Home Owners fees	_____	_____	Orthodontist	_____	_____
Security System	_____	_____	Vision Care	_____	_____
Cleaning Services	_____	_____	Medicine/RX Drugs	_____	_____
Lawn care, snow removal	_____	_____	Therapist	_____	_____
Other _____	_____	_____	Other _____	_____	_____
B. Utilities			E. Insurance		
Gas/Elec/Water/Sewer (if combined in one bill)	_____	_____	Automobile	_____	_____
Gas/Heating Fuel	_____	_____	Health/Hospital	_____	_____
Electric	_____	_____	Dental	_____	_____
Water/Sewer	_____	_____	Vision	_____	_____
Cell Phone/pager	_____	_____	Disability	_____	_____
Phone/Long Distance	_____	_____	Homeowners/Renters (not in mortgage pymt)	_____	_____
Trash Removal	_____	_____	Life	_____	_____
Internet Provider	_____	_____	Other _____	_____	_____
Other _____	_____	_____			

Comment on the above: _____

F. Transportation	<i>Actual</i>	<i>Anticipated Change</i>	L. Recreation/Entertain.	<i>Actual</i>	<i>Anticipated Change</i>
Primary Vehicle Payment	_____	_____	Newspapers/Magazines	_____	_____
Other Vehicle Payment(s)	_____	_____	Books	_____	_____
Fuel	_____	_____	Vacation/Travel	_____	_____
Maintenance	_____	_____	Membership/Clubs	_____	_____
Registration and Tax	_____	_____	Cable/Satellite TV	_____	_____
Parking	_____	_____	Movies/Video Rentals	_____	_____
Bus/Commute Fees	_____	_____	Sports Events/Participation	_____	_____
Other _____	_____	_____	Hobbies	_____	_____
			Other _____	_____	_____
G. Clothing & Shoes	_____	_____	M. Miscellaneous		
(for you)			Gifts	_____	_____
H. Laundry/ Dry Clean	_____	_____	Hair/Nail Care	_____	_____
			Pets/Pet care	_____	_____
I. Children's Exp's & Activities			Postage	_____	_____
Clothing & Shoes	_____	_____	Photographs	_____	_____
Work/Ed. Child Care	_____	_____	Bank Charges	_____	_____
Babysitting	_____	_____	Home Furnishings	_____	_____
Tuition/Lessons	_____	_____	Household equipment/tools	_____	_____
Books/Supplies	_____	_____	Professional Association	_____	_____
Tutor	_____	_____	Legal	_____	_____
Schools Lunches	_____	_____	Accounting	_____	_____
Activities/Fees/Field Trips	_____	_____	Charity/Worship	_____	_____
Allowance	_____	_____	Other _____	_____	_____
Other _____	_____	_____	Other _____	_____	_____
			N. Investments (not payroll deducted)		
J. Education (for you)			Savings	_____	_____
Tuition/Lessons	_____	_____	Retirement	_____	_____
Books/Supplies	_____	_____	Other _____	_____	_____
Activities/Fees	_____	_____	Other _____	_____	_____
Other _____	_____	_____			
			Monthly Expenses	_____	
K. Maintenance.& Child Support (that you pay)			Adjustments		_____
Spousal Maintenance	_____	_____	Total Monthly Expenses	_____	
Child Support	_____	_____	(after adjustments)		
			Total Monthly Net Income	_____	
			Less Total Monthly Expenses	_____	
			Less Min. Mo. Debt Payment	_____	
			(from next page)		
			Shortfall or Excess	_____	

Summary of Total Net Income, Expenses & Monthly Debt:

Comment upon the above: _____

4. Debts (unsecured)

{List unsecured debts such as credit cards, store charge accounts, loans from family members, etc. Do not list debts that are liens against your property, such as mortgages and car loans, because their payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles} [(For title designation, "P" = Petitioner, "R" or "Co-Pet " = Respondent or Co-Petitioner, "J" = Joint)]

Creditor	Account Number	Name on Account	Date of Balance	Balance	Minimum Monthly Payment Required	Principal Purchase(s) for Which Debt Was Incurred
Unsecured Debt Balance:						---> Total Min. Mo. Pmt.

Instructions for Completing Assets Schedules

(If you have more items for a category than the space provided, **do not** fill in the detail in that space; instead, provide the detail on the Supplemental Schedule at the end of this form. When you have done that, compute the total equity for that asset class and place that amount in the "Total" box provided for that category of asset. If a "Total" box has not been provided for that asset, show the fair market value of that asset, any debt against it, and the remaining equity on the Supplemental Schedule.)(For title designation, "P" = Petitioner, "R" or "Co-Pet " = Respondent or Co-Petitioner, "J" = Joint)

Schedule A. Real Estate

Property Type Owned (residence, condo, rental, etc.)	Address	Title	Fair Market Value	Basis of Fair Market Value (appraisal, estimate, purchase price, etc.)	First Mortgage	Second Mortgage	Equity
<u>First Real Estate Asset:</u>				<u>Second Real Estate Asset:</u>		Total	

Date of 1st Mortgage Balance _____	Date of 1st Mortgage Balance _____
Date of 2nd Mortgage Balance _____	Date of 2nd Mortgage Balance _____
Date of Fair Market Value _____	Date of Fair Market Value _____

Comment: _____

Schedule B. Motor Vehicles

(For title designation, "P" = Petitioner, "R" or "Co-Pet" = Respondent or Co-Petitioner, "J" = Joint)

Vehicle, Year, and Model	Title	Principal Operator	Date of Value & Debt	Creditor To Whom Debt is Owning	Basis Used to State Value (Estimate, NADA or Kelley Bluebook)	Fair Market Value	Amount of Debt Owning	Equity
Comment: _____								Total

Schedule C. Cash on Hand, Bank, Checking or Savings Accounts, CDs

Type of Account	Institution and Location	Account Number	Name on Account	Date of Balance	Balance
Comment: _____					Total

Schedule D. Life Insurance

Company & Policy Number	Type of Policy (whole life, term, universal, etc.)	Insured	Owner	Beneficiary	Face Amount of Policy	As of Date	Outstanding Loan Balance and/or Surrender Charge	Cash Surrender Value (Net of Loan & Surrender Charge)
Comment: _____								Total

Schedule E. Furniture and Household Goods

("Value" equals what you could sell it for in its current condition, such as at auction, not what you paid for it or cost of replacement.)

Item	Value in Petitioner's Possession	Value in R or Co-Pet. Possession	Value Elsewhere
Household furnishings			
Comment: _____	Total		

Schedule F. Stocks, Bonds, Mutual Funds, Securities &/or Investment Accounts (Non-Retirement)

(For Owner, "P" = Petitioner, "R" or "Co-Pet" = Respondent or Co-Petitioner, "J" = Joint) For "Tax Basis" enter the amount you paid for it, or its value at the date of your receipt of it by gift or inheritance. Show items owned by category. Include shares of stock, mutual fund units, bonds, warrants, debentures, treasury bills, notes, and any other securities owned by you that are not in retirement plans. Give your best estimate of market value if items are sold on an open market, or traded on a recognized exchange, and their unit or share value as of the date of your completing this form).

Name of Item or Fund	# of Shares or Units	Value Per Share or Unit	As of Date	Tax Basis	Owner	Brokerage or Location of Security	Account Number	Margin Account Balance	Net Value
Comment: _____	Total								

Schedule G. Pension, Profit Sharing, or Retirement Funds - Defined Contribution Plans

(Include those having an actual balance today in your name, but are not paid out as regular monthly or annual amounts for life. For example, do not list PERA, Civil Service, FFPA, Union or Military Retirement here, but do list SEP's, IRA's, Keogh's, 401(k), 403(b), 457, Tax Savings Plans, TIAA/CREF, etc.)

Category of Retirement Plan Asset {401(k), IRA, etc.}	Official Plan Name (or if IRA), Name of Institution Where Held	Name and Address of Plan Administrator (or if IRA) Institution Address	Owner	Account Number	Value as of what date	Current Value
Comment: _____	Total					

Schedule H. Other Pension or Retirement Funds - Defined Benefit Plans

(Include those that are paid at retirement as regular monthly or annual amounts for life or some defined period of time. For example, do list PERA, Civil Service, FFPA, Union or Military Retirement here, but do not list SEP's, IRA's, Keogh's, 401(k), 403(b), 457 Tax Savings Plans, TIAA/CREF, etc.) (If more than two plans, place the information for the additional plan on the Supplemental Schedule)

	<u>First Plan</u>	<u>Second Plan</u>
Name of Employer and division or dept., or military service	_____	_____
Name of Retirement Plan	_____	_____
Address & telephone number for Plan or retirement authority	_____ _____	_____ _____
Your date of birth	_____	_____
Spouse's date of birth	_____	_____
Date of hire or enlistment	_____	_____
Plan Entry Date (if not date of hire)	_____	_____
Date of Marriage	_____	_____
Your rank, (if military), or your job description	_____	_____
Date 1st eligible to receive retirement	_____	_____
Expected amount of lump sum or monthly payments	_____	_____

Schedule I. Miscellaneous/Other Assets or Interests (not listed above)
(Instructions)

{Check the box of the item listed below if you have that item. By leaving the box blank you are stating that you do not have that item. If you have checked the box, provide the detail concerning it on the Supplemental Schedule at the end of this form. If it is an asset or interest that has a fair market value, then list debt against it, and the remaining equity on that same Supplemental Schedule. If you have an asset or interest that is not listed, check the box and fill in the blank for identifying such additional items that is provided below, and provide the detail on the Supplemental Schedule at pages 9-10.}

<input type="checkbox"/> Business interests (not publicly traded)	<input type="checkbox"/> Country and other club memberships	<input type="checkbox"/> Supplemental exec. retire. plan
<input type="checkbox"/> Stock options	<input type="checkbox"/> Sports memberships, e.g., Broncos	<input type="checkbox"/> Accrued paid sick leave, vacation or personal leave
<input type="checkbox"/> Trust beneficiary (whether or not you are currently receiving money)	<input type="checkbox"/> Livestock	<input type="checkbox"/> Bonus or retirement, partially or wholly accrued, but not yet paid to you.
<input type="checkbox"/> Money that is owed to you personally (not including bus. acct's receivable.)	<input type="checkbox"/> Growing or stored crops	<input type="checkbox"/> Cash, gold or silver bullion
<input type="checkbox"/> Loans owing to you by your business	<input type="checkbox"/> Farm implements & equipment	<input type="checkbox"/> Children's assets or accounts held or managed by you.
<input type="checkbox"/> IRS Refunds due to you	<input type="checkbox"/> Power tools	<input type="checkbox"/> Safety deposit box, vault or safe (if checked, identify contents)
<input type="checkbox"/> Estimated payments made on taxes	<input type="checkbox"/> Motor home	<input type="checkbox"/> Deferred Compensation Plans (not detailed elsewhere)
<input type="checkbox"/> Security deposit(s) you have made.	<input type="checkbox"/> Motorcycles, ATV, Snowmobiles	<input type="checkbox"/> Health Savings Accounts
<input type="checkbox"/> Prepaid expenses - e.g.'s, sports season tickets, travel, fees in attorney's trust account, down payment on lease vehicle, etc.	<input type="checkbox"/> Boats	<input type="checkbox"/> Section 529 Education Accounts
<input type="checkbox"/> Royalties	<input type="checkbox"/> Recreation and sports equipment	<input type="checkbox"/> _____
<input type="checkbox"/> Collectibles, (coins, plates, wine etc.)	<input type="checkbox"/> Frequent Flyer Miles	<input type="checkbox"/> _____
<input type="checkbox"/> Guns	<input type="checkbox"/> Motel/hotel/vacation club points	<input type="checkbox"/> _____
<input type="checkbox"/> Art	<input type="checkbox"/> Timeshares	<input type="checkbox"/> _____
<input type="checkbox"/> Jewelry	<input type="checkbox"/> Back maint. or child sup. owed to you	<input type="checkbox"/> _____
<input type="checkbox"/> Oriental rugs	<input type="checkbox"/> Pending law suit or claim by you	<input type="checkbox"/> _____
	<input type="checkbox"/> Oil and Gas interests	<input type="checkbox"/> _____
	<input type="checkbox"/> Water rights	<input type="checkbox"/> _____
	<input type="checkbox"/> Contract rights	<input type="checkbox"/> _____

Schedule J. Separate Property

"Separate property" includes the following: (1) property acquired prior to the marriage, (2) property acquired by gift or inheritance during the marriage, (3) property acquired in exchange for property acquired prior to the marriage or in exchange for property acquired by gift or inheritance during the marriage, (4) property acquired after the entry of a Decree of Dissolution of Marriage or Legal Separation, and (5) property excluded from the marital property by valid agreement of the parties.

If separate property is mixed with marital property, for example, by placing ownership of it or proceeds from the sale of it into property held in both spouses' names, the separate property may become marital property.

Any increase in the value of separate property from the date of marriage or, if acquired during the marriage, from the date of acquisition is marital property.

I, **Petitioner** or **Respondent or Co-Petitioner**, claims the following "separate property":
(click on or check appropriate box)

[Check
{or click
on} box
below if
owned
before
marriage]

Description of Separate Property Interest (If it has changed form since marriage, or since acquired if after marriage, briefly trace the changes here into its current form)	Date Interest Acquired, If During Marriage	From Whom Interest Acquired, If During Marriage	Value of Interest on Date of Marriage, or on Date Acquired if During Marriage	Current Value of Asset into which you have traced your Separate Property Interest	Marital Equity, or Decrease in or Depletion of Separate Property Value
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Schedule K. Supplemental Schedule

Item	Description	Comment			

OATH

I affirm that this Affidavit With Respect To Financial Affairs (including attached Supplemental Schedules) contains a complete disclosure of all items of property in which I have any current interest or I expect to receive in the future based upon the work or events that took place during the marriage, and all liabilities for which I am aware that I could be held personally responsible. I also affirm that the representations made herein concerning my income and expenses are accurate to the best of my knowledge. I am aware that should the information provided herein prove to be fraudulent or contain material misstatements or omissions, whether inadvertent or intentional, or be found to be inaccurate, the court shall have continuing jurisdiction to enter such orders as it considers necessary in equity and law to determine the rights and duties with regard to that property right or obligation. I am also aware the court may punish as perjury any materially false statements knowingly made with intent to defraud or mislead .

 Your Signature
 (Sign only in front of Notary or Court Clerk.)

State of Colorado)
) ss.
 _____)

Subscribed and sworn to before me this ____ day of _____, 200__, by

 WITNESS my hand and official seal.

My Commission expires: _____

 Notary Public

(SEAL)

Child Support - Attachment to Financial Affidavit

Where the answer below calls for financial amounts, convert the annual amount to a monthly amount by dividing by 12. The term "**joint children**" means those minor children under age 19 who are unemancipated for whom you and the other party are both legally responsible.

Child Support Related Information	Petitioner	Co-Petitioner or Respondent
Total # of joint children (or those who are over 19 but still in high school or an equivalent program, or who are mentally or physically disabled) [Enter the same number in each person's column in answer to this question]		
# of joint children who are primarily living with you		
# of overnights per year the joint children spend with you if they primarily reside with the other party. (If more than one joint child is primarily residing with the other party, add the total # of overnights per year spent with you by all such joint children, then divide that total by the # of joint children primarily residing with the other party)		
# of non-joint minor children, <u>born before</u> joint children, for whom you are legally responsible <u>and</u> for whom either (a) support is actually being paid by you to a 3rd party, or (b) such non-joint, minor child is living with you and supported by you		
Amount of support for non-joint minor children, <u>born before</u> joint children, for whom you are legally responsible <u>and</u> for whom support is actually being paid by you to a 3rd person where there is no court order.		
Amount of court ordered support for non-joint children being paid by you to a 3rd person pursuant to a court order.		
Monthly <u>work or job search related</u> child care paid by you for joint children [Include annual summer/school and vacation child care expenses work or job search related in your answer, converting total to monthly average]		
Monthly child care paid by you for joint children <u>while you are pursuing an education</u> . [Include annual summer/school and vacation child care expenses during such pursuit, converting total to monthly average]		
Monthly average of <u>uninsured</u> medical and dental expenses exceeding \$250 per year per joint child, paid by you for joint children		
Monthly avg. of private schooling or education expenses paid by you for joint children who have <u>not yet</u> graduated from high school		
Monthly avg. of private schooling, college or other education expenses paid by you for joint children who <u>have</u> graduated from high school		
Monthly cost of transport of joint children for parenting time (a/k/a visitation) between homes, or for child and an accompanying party for parenting time if child is under 12.		
Portion of monthly health, dental, vision insurance paid by you attributable to joint children. [If premium covers others and joint children's portion is unallocated, divide monthly premium by # of persons covered, and multiply result by #of joint children]		
Extraordinary expenses you propose the Court deviate from the child support guidelines and apportion between you and the other party. (examples: auto ins. for teenager, lessons, tutor, sports equipment, extra-curricular activities, camps)		
Adjustment to child support you propose for substantial monthly income of the child, Social Security for child, or other adjustments diminishing child's basic needs, that you propose be applied to reduce child support obligation.		