

<input type="checkbox"/> District Court _____ County, Colorado Court Address: _____  <hr/> In Re the Marriage of: Petitioner:  v. Respondent/Co-Petitioner:	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):   Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____  Division _____ Courtroom _____
<b>AFFIDAVIT WITH RESPECT TO FINANCIAL AFFAIRS</b>	

**Notice:** If the support of children is an issue in this case, you must:

1. List all sources of gross income and potential income pursuant to §14-10-115(7), C.R.S.
2. Attach copies of recent pay stubs or employer statements, and your most recent tax return.
3. If self-employed, attach copies of receipts and expenses.
4. If child support is ordered, the obligor must execute an income assignment pursuant to §14-14-111.5, C.R.S.

I, \_\_\_\_\_, Social Security No. \_\_\_\_\_  
 declare under oath that:

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

2. I am employed \_\_\_\_\_ hours per week at (company name and address):  
 \_\_\_\_\_  
 \_\_\_\_\_

I am paid  weekly  every other week  twice each month  monthly.

I am paid on (list pay dates): \_\_\_\_\_

(Attach copy of last pay voucher from **ALL** employers.)

Each paycheck amounts to (gross) \$ \_\_\_\_\_

3. My **MONTHLY GROSS** income from my primary employment is \$ \_\_\_\_\_

4. My **MONTHLY** payroll deductions from my primary employment are:

(Number of exemptions being claimed: \_\_\_\_\_)

Federal Withholding Tax	\$ _____
Social Security Tax	\$ _____
Colorado Tax	\$ _____
Medical Insurance	\$ _____
Life Insurance	\$ _____
Dues	\$ _____

Bonds \$ \_\_\_\_\_  
 Credit Union \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 TOTAL deductions from primary employer \$ \_\_\_\_\_

5. My **NET MONTHLY TAKE HOME** pay from my primary employment (3-4) \$ \_\_\_\_\_

6. List all other sources and amounts of gross income, including expense account allowances.

<u>SOURCE</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL \$ _____	

7. List all other deductions from the income sources listed in part 6.

<u>TYPE OF DEDUCTION</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL \$ _____	

8. My **NET MONTHLY INCOME** from income sources in part 6 is (6-7) \$ \_\_\_\_\_

9. My **NET MONTHLY INCOME** from **ALL** sources is (5+8) \$ \_\_\_\_\_

10. My dependent children have a monthly income of \$ \_\_\_\_\_

11. My total income reported on my last Federal tax return was \$ \_\_\_\_\_  
 My occupation then was \_\_\_\_\_

12. I believe the monthly gross income of the other party to be \$ \_\_\_\_\_  
 I believe the monthly net income of the other party to be (Attach all information available.): \$ \_\_\_\_\_

13. My **MONTHLY EXPENSES** for a household consisting of \_\_\_\_\_ adults and \_\_\_\_\_ children are as follows:

			<u>TOTAL</u>	<u>OF TOTAL, AMOUNT FOR CHILDREN OF THIS MARRIAGE</u>
A.	HOUSING	(1) Rent/1 <sup>st</sup> Mortgage	\$ _____	
		(2) 2 <sup>nd</sup> Mortgage	\$ _____	
		(3) Maintenance Fee	\$ _____	\$ _____
B.	UTILITIES	(1) Gas/Electric	\$ _____	
		(2) Phone/Long Distance	\$ _____	
		(3) Water/Sewer	\$ _____	
		(4) Trash Removal	\$ _____	\$ _____
C.	FOOD	(1) Groceries	\$ _____	
		(2) Eating Out	\$ _____	\$ _____
D.	MEDICAL (Do not duplicate paragraph 4.)	(1) Doctor	\$ _____	
		(2) Dentist	\$ _____	
		(3) Medicine/RX Drugs	\$ _____	
		(4) Other _____	\$ _____	\$ _____
E.	INSURANCE (Do not duplicate paragraph 4.)	(1) Life	\$ _____	
		(2) Health/Hospital	\$ _____	
		(3) Homeowners	\$ _____	\$ _____
F.	TRANSPORTATION	(1) Vehicle Payment(s)	\$ _____	
	Vehicle description(s)	(2) Fuel	\$ _____	
	(make, model, year)	(3) Maintenance	\$ _____	
	_____	(4) Insurance	\$ _____	
	_____	(5) Parking/Bus	\$ _____	\$ _____
G.	CLOTHING			\$ _____
H.	LAUNDRY & CLEANING			\$ _____
I.	CHILD CARE	(1) Work related (after tax credit)	\$ _____	
		(2) Other babysitting	\$ _____	\$ _____
J.	EDUCATION			
	<input type="checkbox"/> Self	(1) Tuition, Books, Supplies	\$ _____	
	<input type="checkbox"/> Children	(2) Lunches	\$ _____	\$ _____
K.	CHILD SUPPORT/ MAINTENANCE	<input type="checkbox"/> This Family	\$ _____	
		<input type="checkbox"/> Other Family	\$ _____	\$ _____

L. RECREATION, CONSISTING OF

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

\$ \_\_\_\_\_ \$ \_\_\_\_\_

M. MISCELLANEOUS, CONSISTING OF

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

\$ \_\_\_\_\_ \$ \_\_\_\_\_

N. TOTAL REQUIRED MONTHLY EXPENSES

(1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_

14. My **DEBTS** are:

	Creditor	Item	Unpaid Balance	Monthly Payment
A.	_____	_____	\$ _____	\$ _____
B.	_____	_____	\$ _____	\$ _____
C.	_____	_____	\$ _____	\$ _____
D.	_____	_____	\$ _____	\$ _____
E.	_____	_____	\$ _____	\$ _____
F.	_____	_____	\$ _____	\$ _____
G.	_____	_____	\$ _____	\$ _____
H.	TOTAL MONTHLY DEBT PAYMENT(S)		\$ _____	\$ _____
I.	TOTAL MONTHLY EXPENSES PLUS DEBTS (13N(1) + 14H)			\$ _____

15. The **ASSETS** of the parties of this action are as follows:

**Husband's/Wife's:** Acquired before this marriage, or by gift, or by inheritance, only.

**Joint:** Acquired during the marriage, other than by gift or inheritance.  
 Does not refer to how titled or how possessed.

	HUSBAND'S	WIFE'S	JOINT
A. REAL ESTATE (Attach schedule giving location, market value, encumbrances, and how titled.)	\$ _____	\$ _____	\$ _____
B. FURNITURE AND HOUSEHOLD GOODS (Attach schedule showing location value, and encumbrances.)	\$ _____	\$ _____	\$ _____
C. MOTOR VEHICLES (Attach schedule showing make, year, value, and encumbrance.)	\$ _____	\$ _____	\$ _____

D. CASH ON HAND	\$ _____	\$ _____	\$ _____
E. BANK ACCOUNTS (Attach schedule specifying for each account, the name and location of bank.)	\$ _____	\$ _____	\$ _____
(1) Savings	\$ _____	\$ _____	\$ _____
(2) Checking	\$ _____	\$ _____	\$ _____
(3) Certificate/Deposit	\$ _____	\$ _____	\$ _____
F. STOCKS AND BONDS (Attach schedule describing holdings, including company name, number of shares, names in which held, market values and date of.)	\$ _____	\$ _____	\$ _____
G. LIFE INSURANCE (Attach schedule showing company name, policy number, beneficiary, and cash surrender value.)	\$ _____	\$ _____	\$ _____
H. PENSION, PROFIT SHARING, OR RETIREMENT FUNDS (Attach schedule naming source and location of funds.)	\$ _____	\$ _____	\$ _____
I. MISCELLANEOUS			
(1) _____	\$ _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____	\$ _____
(4) _____	\$ _____	\$ _____	\$ _____
(5) _____	\$ _____	\$ _____	\$ _____
J. TOTAL ASSETS	\$ _____	\$ _____	\$ _____

16. The assets of the children of this marriage are valued at \$\_\_\_\_\_.

I declare under penalty of perjury that I have read this affidavit and the statements contained in it are true and correct.

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

\_\_\_\_\_  
Signature

Subscribed under oath before me on (date) \_\_\_\_\_

My commission expires (date): \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

