

<input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ <hr/> In Re: Petitioner: Respondent/Co-Petitioner:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	
FINANCIAL AFFIDAVIT – SIMPLIFIED VERSION	

****THIS FORM MAY BE USED ONLY FOR CASES WITHOUT CHILDREN OR SPOUSAL SUPPORT****

(USE THE STANDARD AFFIDAVIT WITH RESPECT TO FINANCIAL AFFAIRS FOR ALL OTHER CASES)

Name: _____

Social Security Number: _____

Home Telephone: _____ Work Telephone: _____

I declare under oath that the following is true:

1. I am employed as: _____

2. Employer's name, address and phone number: _____

3. I am employed _____ hours per week. I am paid weekly twice a month monthly.

4. The amount of each paycheck is \$_____.

(Attach your last pay stub and last income tax return.)

5. My monthly income is: \$_____ (To figure this out, take each paycheck amount times number of pay periods per year divided by 12.)

6. The following amounts are taken out of each paycheck monthly: _____

Federal Withholding Tax	\$ _____		
Social Security:	\$ _____	PERA:	\$ _____
Medicare:	\$ _____	Union Dues:	\$ _____
Colorado State Tax:	\$ _____	Charity:	\$ _____
Life Insurance:	\$ _____	Stock Purchase:	\$ _____
Health Insurance:	\$ _____	Cafeteria Plan:	\$ _____
401K Plan:	\$ _____	Credit Union:	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____

7. I get income from other sources, in addition to my main employment. The amount per month is:

\$ _____ and is from:

- | | | | |
|--|------------|---|------------|
| <input type="checkbox"/> Another Job: | (\$ _____) | <input type="checkbox"/> Unemployment compensation: | (\$ _____) |
| <input type="checkbox"/> SSI: | (\$ _____) | <input type="checkbox"/> Worker's compensation: | (\$ _____) |
| <input type="checkbox"/> SSDI: | (\$ _____) | <input type="checkbox"/> Interest: | (\$ _____) |
| <input type="checkbox"/> Pension/Retirement: | (\$ _____) | <input type="checkbox"/> Maintenance: | (\$ _____) |
| <input type="checkbox"/> Child Support: | (\$ _____) | <input type="checkbox"/> Dividends: | (\$ _____) |
| <input type="checkbox"/> Other federal or state benefits: (\$ _____) | | | |

8. My deductions from sources in (7) are (type of deduction and amount): _____

9. The monthly debts that I am paying are as follows:

Creditor	Unpaid Balance	Monthly Payment

10. The debts acquired during the marriage that I owe, but am not paying on are:

Creditor	Unpaid Balance	Monthly Payment

11. I own the following property :

ASSET DESCRIPTION (Include VIN #s or any ID #s)	FAIR MARKET VALUE	LOAN BALANCE	EQUITY	PURCHASE DATE	NAME TITLED

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

Date: _____

Signature

STATE OF COLORADO

COUNTY OF: _____

Signed before me under oath on this date: _____

My commission expires: _____

Notary Public

[Seal]