

STATE OF WISCONSIN : CIRCUIT COURT : _____ COUNTY
FAMILY COURT BRANCH

In re the marriage of:							
Name:							
Petitioner,				Case No.		<u> -FA- </u>	
and							
Name:							
Respondent.							

FINANCIAL DISCLOSURE STATEMENT

Name:		Name:	
Address:		Address:	
SSN:		SSN:	
DOB:		DOB:	
Employer:		Employer:	
Occupation:		Occupation:	
CHILDREN:			
Name:	DOB	Age	
Name:	DOB	Age	
Name:	DOB	Age	
Date of Marriage:		Date of Service:	
Date of Separation:		Date of Filing:	

STATEMENT OF INCOME									
**GROSS CURRENT MONTHLY INCOME: (Based on....)									
Pensions & Retirements:									
Social Security:									
Disability & Unemployment Insurance:									
Child Support From Any Former Marriage:									
Rents:									
Bonuses (annual, semi-annual, quarterly):									
All Other Sources (specify):									
TOTAL MONTHLY INCOME:									\$0
MONTHLY DEDUCTIONS FROM GROSS INCOME									
Number of Exemptions Taken: married									
State Income Tax:									
Federal Income Tax:									
Social Security:									
Medicare:									
Medical or Other Insurance: Medical, dental, vision, life, AD&D									
Union Dues									
Retirement or Pension Fund: 401k BTM & 401K BTU									
Health Savings Account/Cafeteria Plan:									
Total Monthly Deductions									\$0
NET MONTHLY INCOME (TAKE HOME PAY)									\$0

STATEMENT OF EXPENSES

(Specify the number of members in each household whose expenses are included and list the member's names and relationships)

Rent or Mortgage Payments (residence):	
Real Property taxes (residence):	
Real Property Insurance	
Maintenance (residence):	
Food & Household Supplies	
Utilities (gas, electric, sewer, water):	
Telephone:	
Laundry & Cleaning:	
Clothing:	
Medical/Drug Expenses Not Covered By Insurance:	
Dental Expenses Not Covered By Insurance:	
Insurance (life, health, accident comprehensive, liability, disability; exclude payroll deducted):	
Child Care:	
Payment of Child/Spousal Support (prior marriage):	
School:	
Entertainment (clubs, travel, recreation; including children):	
Incidentals (beauty/personal hygiene, newspapers/magazines, pets):	
Transportation (other than automobile):	
Auto Expense (gas, oil, repairs, insurance):	
Auto Payments:	
Installment Payments (credit cards, student/personal loans):	
Professional expenses (memberships, journals):	
Gifts (birthdays, holidays):	
Donations & Charitable Contributions:	
Others (specify):	
TOTAL EXPENSES:	\$0
Disposable Income	\$0

DEBTS AND OBLIGATIONS

Creditor's Name:	Balance:	Monthly:	Who Pays?
TOTAL LIABILITIES:	\$ -	\$ -	

AUTOMOBILES							
Year:	Make:	Model:	Owner	Value	Owed:		

SECURITIES							
Stocks, Bonds, Mutual Funds, Commodity Accounts, etc.							
Shares:	Name of Company:	Holder:	Date:	Value:			

CASH AND DEPOSIT ACCOUNTS							
Banks, Savings & Loans, Credit Unions Savings, Checking, C.D.'s							
Institution:	Type:	Account No.:	Date:	Holder:	Balance:		

LIFE INSURANCE						
Include insurance through employment						
Name of Company:	Policy Number:	Date:	Insured:	Cash Value	Face Value	

RETIREMENT INTERESTS						
Profit Sharing, Pension Plans, Keogh Plan, IRA's, Employee Stock Options, Deferred Comp. Plans						
Name of Company:	Type of Plan:	Value:	Vested:	Date:	Owner:	

REAL ESTATE

If more than one parcel owned, attach sheet with identical information for each parcel

Type of Property:	Personal Residence		First Mortgage Holder		
Address:			First Mortgage Balance		
			Second Mortgage Holder		
Date of Purchase:			Second Mortgage Balance		
Current Market Value:			HELOC Holder		
Basis of Valuation			HELOC Balance		
Original Cost:			EQUITY		
Cost of Additions:			Most Recent Property Tax Bill:		
Total Cost:			How Title Held:		
Type of Property:			First Mortgage Holder		
Address:			First Mortgage Balance		
			Second Mortgage Holder		
Date of Purchase:			Second Mortgage Balance		
Current Market Value:			HELOC Holder		
Basis of Valuation			HELOC Balance		
Original Cost:			EQUITY		
Cost of Additions:			Most Recent Property Tax Bill:		
Total Cost:			How Title Held:		

BUSINESS INTERESTS

Include all business interests, partnerships, tax shelter, etc.

Name and Address:	Nature of Business:	Owner:	% Owned:

MEDICAL, CASUALTY, DISABILITY & OTHER INSURANCE

Name and Address:	Type of Insurance:	Owner:	Policy No:

ASSETS DISPOSED OF AND UNACCOUNTED FOR ONE YEAR PRIOR TO FILING FOR DIVORCE

Have you disposed of any assets including gifts/donations/loans within the one year prior prior to the filing of the divorce action, the proceeds of which are not already accounted for in the above representation of assets? Yes: No:

If yes, describe the asset and its value, the date of transfer, to whom it was transferred and the value received if any:

PROPERTY ACQUIRED BY GIFT OR INHERITANCE

List and describe any property valued over \$500 that you acquired by gift of inheritance (not from your spouse). Give description, when and how acquired, fair market value at time acquired and at present, and how property is currently held:

PROPERTY OWNED PRIOR TO MARRIAGE

List and describe any property valued over \$500 and not acquired by gift or inheritance that you owned prior to this marriage. Give description, including fair market value at time of marriage and at present, and how property is currently held:

ADDITIONAL PROPERTY AND ASSETS (specify)

LITIGATION

Are you or your spouse a party to any other lawsuits? Yes: No:

Do you or your spouse have a claim against anyone (e.g. personal injury, property damage, breach of contract)? Yes: No:

BANKRUPTCY

Have you ever filed bankruptcy? Yes: No:

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct to the best of my knowledge.

--	--	--	--	--	--	--	--	--

Dated at Milwaukee, Wisconsin this _____ day of _____, 2015.

Client name

--	--	--	--	--	--	--	--	--

Post Office Address:
 HALLING & CAYO, S.C.
 320 East Buffalo Street
 Suite 700
 Milwaukee, WI 53202
 414-217-3400 Phone
 414-271-3841 Fax
www.hallingcayo.com