

PART A. INCOME AND EXPENSE STATEMENT

Party A

Party B

1. Gross **monthly income** from:

| | | |
|--|-----------------|-----------------|
| Salary and wages (incl. commissions, bonuses and overtime) payable _____ weekly/monthly/etc. | \$ _____ | \$ _____ |
| Pensions and retirement..... | \$ _____ | \$ _____ |
| Social Security..... | \$ _____ | \$ _____ |
| Disability and unemployment insurance..... | \$ _____ | \$ _____ |
| Welfare/Alaska Temp. Assistance payments | \$ _____ | \$ _____ |
| Child/spousal support from prior relationship | \$ _____ | \$ _____ |
| Dividends and interest (including PFD, Alaska Native Corporation dividends, etc.)..... | \$ _____ | \$ _____ |
| Rents..... | \$ _____ | \$ _____ |
| All other sources: (Specify)_____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| Total Monthly Income..... | \$ _____ | \$ _____ |

2. Itemize **monthly deductions** from gross income:

| | | |
|---------------------------------|-----------------|-----------------|
| Income taxes..... | \$ _____ | \$ _____ |
| Social Security..... | \$ _____ | \$ _____ |
| Medicare Tax..... | \$ _____ | \$ _____ |
| Unemployment insurance..... | \$ _____ | \$ _____ |
| Medical or other insurance..... | \$ _____ | \$ _____ |
| Union or other dues..... | \$ _____ | \$ _____ |
| Retirement or pension fund..... | \$ _____ | \$ _____ |
| Savings plan..... | \$ _____ | \$ _____ |
| Other: (Specify)_____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| Total Deductions..... | \$ _____ | \$ _____ |

3. Net monthly income..... \$ _____ \$ _____

4. Total monthly expenses: (specify which party is presently the custodial parent of any children of this marriage and list name and relationship of all members of the household whose expenses are included)

4. Total Monthly Expenses - Continued

The court may require proof of expenses in the form of canceled checks, receipts or other documents.

| | Party A | Party B |
|--|----------|----------|
| Rent or mortgage payments (residence) | \$ _____ | \$ _____ |
| Real Property taxes (residence)..... | \$ _____ | \$ _____ |
| Maintenance (residence)..... | \$ _____ | \$ _____ |
| Food and household supplies | \$ _____ | \$ _____ |
| Utilities | \$ _____ | \$ _____ |
| Telephone..... | \$ _____ | \$ _____ |
| Laundry and cleaning..... | \$ _____ | \$ _____ |
| Clothing..... | \$ _____ | \$ _____ |
| Medical | \$ _____ | \$ _____ |
| Dental | \$ _____ | \$ _____ |
| Insurance (life, health, accident, etc.)..... | \$ _____ | \$ _____ |
| Child care..... | \$ _____ | \$ _____ |
| Child/spousal support payments from prior relationship | \$ _____ | \$ _____ |
| School..... | \$ _____ | \$ _____ |
| Entertainment | \$ _____ | \$ _____ |
| Incidentals..... | \$ _____ | \$ _____ |
| Transportation..... | \$ _____ | \$ _____ |
| Gas, oil, repair (auto) | \$ _____ | \$ _____ |
| Auto payments..... | \$ _____ | \$ _____ |

Installment payment(s) (Itemize below)

| Creditor's Name | For | Balance Due | | |
|-----------------|-----|-------------|----------|----------|
| _____ | | \$ _____ | \$ _____ | \$ _____ |
| _____ | | \$ _____ | \$ _____ | \$ _____ |
| _____ | | \$ _____ | \$ _____ | \$ _____ |
| _____ | | \$ _____ | \$ _____ | \$ _____ |
| _____ | | \$ _____ | \$ _____ | \$ _____ |
| _____ | | \$ _____ | \$ _____ | \$ _____ |

Other Monthly Expenses: (Specify) _____

Total Expenses

| | |
|----------|----------|
| \$ _____ | \$ _____ |
| \$ _____ | \$ _____ |
| \$ _____ | \$ _____ |
| \$ _____ | \$ _____ |
| \$ _____ | \$ _____ |
| \$ _____ | \$ _____ |

5. Other debts and obligations:

| Creditor's Name | For | Date Payable | Balance Due | |
|-------------------------------|-----|--------------|-------------|----------|
| | | | Party A | Party B |
| _____ | | | \$ _____ | \$ _____ |
| _____ | | | \$ _____ | \$ _____ |
| _____ | | | \$ _____ | \$ _____ |
| _____ | | | \$ _____ | \$ _____ |
| _____ | | | \$ _____ | \$ _____ |
| Total Other Debts..... | | | \$ _____ | \$ _____ |

PART C. ATTORNEY FEES AND COST STATEMENT (Divorce/dissolution cases only)

I have paid my attorney(s) \$ _____ for fees, and \$ _____ for costs, and my arrangement with my attorney for payment of fees and costs is as follows:

Attorney's Signature Date Party's Signature Date

PART D. HEALTH

I do do not have a disease or defect in my health which will affect my ability to earn a living and support myself in the foreseeable future. (If you do have such a disease or defect, please explain below. Any claim of disability or impaired earning capacity must be supported by a doctor's statement attached as an exhibit to this statement.)

SIGNATURES

I swear (or affirm) that all the information given in this declaration is true.

Date Signature of Declarant

Type or Print Name

Mailing Address

City State Zip
Work Phone _____
Home Phone _____

Subscribed and sworn to or affirmed before me at _____, Alaska,
on _____.

(SEAL)

Clerk of Court, Notary Public or other
person authorized to administer oaths.
My commission expires: _____

Certificate of Service
[You must serve a copy of this *Financial Declaration* on all parties in this case.]
I certify that on (date) _____ a copy of this application was mailed hand delivered to:
[list everyone served and attach extra pages if necessary]:
 _____ _____
Your signature: _____