

FILING CODE: FDF

Name: _____

Address: _____

Phone: _____

Email: _____

Attorney for _____

Nevada State Bar No. _____

_____ Judicial District Court
_____, Nevada

| | |
|--|---|
| _____ Plaintiff, vs. _____ Defendant. | Case No. _____ Dept. _____ |
|--|---|

GENERAL FINANCIAL DISCLOSURE FORM

A. Personal Information:

1. What is your full name? (*first, middle, last*) _____
2. How old are you? _____
3. What is your date of birth? _____
4. What is your highest level of education? _____

B. Employment Information:

1. Are you currently employed/ self-employed? (check one)
 - No
 - Yes If yes, complete the table below. Attached an additional page if needed.

| Date of Hire | Employer Name | Job Title | Work Schedule (days) | Work Schedule (shift times) |
|--------------|---------------|-----------|----------------------|-----------------------------|
| | | | | |
| | | | | |

2. Are you disabled? (check one)
 - No
 - Yes If yes, what is your level of disability? _____
 What agency certified you disabled? _____
 What is the nature of your disability? _____

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: _____ Date of Hire: _____ Date of Termination: _____
 Reason for Leaving: _____

Monthly Personal Income Schedule

A. Year-to-date Income.

As of the pay period ending _____ my gross year to date pay is _____.

B. Determine your Gross Monthly Income.

Hourly Wage

| | | | | | | | | | | | | |
|-------------|----------|---------------------------------|-----|---------------|----------|-------|-----|---------------|--------|--------|-----|----------------------|
| | \times | | $=$ | | \times | 52 | $=$ | | \div | 12 | $=$ | |
| Hourly Wage | | Number of hours worked per week | | Weekly Income | | Weeks | | Annual Income | | Months | | Gross Monthly Income |

Annual Salary

| | | | | |
|---------------|--------|--------|-----|----------------------|
| | \div | 12 | $=$ | |
| Annual Income | | Months | | Gross Monthly Income |

C. Other Sources of Income.

| Source of Income | Frequency | Amount | 12 Month Average |
|--|-----------|--------|------------------|
| Annuity or Trust Income | | | |
| Bonuses | | | |
| Car, Housing, or Other allowance: | | | |
| Commissions or Tips: | | | |
| Net Rental Income: | | | |
| Overtime Pay | | | |
| Pension/Retirement: | | | |
| Social Security Income (SSI): | | | |
| Social Security Disability (SSD): | | | |
| Spousal Support | | | |
| Child Support | | | |
| Workman's Compensation | | | |
| Other: _____ | | | |
| Total Average Other Income Received | | | |

| | |
|---|--|
| Total Average Gross Monthly Income (add totals from B and C above) | |
|---|--|

D. Monthly Deductions

| | Type of Deduction | Amount |
|--|--|---------------|
| 1. | Court Ordered Child Support (automatically deducted from paycheck) | |
| 2. | Federal Health Savings Plan | |
| 3. | Federal Income Tax | |
| 4. | Health Insurance Amount for you: _____ For Opposing Party: _____ For your Child(ren): _____ | |
| 5. | Life, Disability, or Other Insurance Premiums | |
| 6. | Medicare | |
| 7. | Retirement, Pension, IRA, or 401(k) | |
| 8. | Savings | |
| 9. | Social Security | |
| 10. | Union Dues | |
| 11. | Other: (Type of Deduction) _____ | |
| Total Monthly Deductions (Lines 1-11) | | |

Business/Self-Employment Income & Expense Schedule

A. Business Income:




What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses?
\$ _____

B. Business Expenses: Attach an additional page if needed.

| Type of Business Expense | Frequency | Amount | 12 Month Average |
|---|------------------|---------------|-------------------------|
| Advertising | | | |
| Car and truck used for business | | | |
| Commissions, wages or fees | | | |
| Business Entertainment/Travel | | | |
| Insurance | | | |
| Legal and professional | | | |
| Mortgage or Rent | | | |
| Pension and profit-sharing plans | | | |
| Repairs and maintenance | | | |
| Supplies | | | |
| Taxes and licenses (include est. tax payments) | | | |
| Utilities | | | |
| Other: _____ | | | |
| Total Average Business Expenses | | | |

Personal Expense Schedule (Monthly)

A. Fill in the table with the amount of money **you** spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

| Expense | Monthly Amount I Pay | For Me  | Other Party  | For Both  |
|--|----------------------|---|--|---|
| Alimony/Spousal Support | | | | |
| Auto Insurance | | | | |
| Car Loan/Lease Payment | | | | |
| Cell Phone | | | | |
| Child Support (not deducted from pay) | | | | |
| Clothing, Shoes, Etc... | | | | |
| Credit Card Payments (minimum due) | | | | |
| Dry Cleaning | | | | |
| Electric | | | | |
| Food (groceries & restaurants) | | | | |
| Fuel | | | | |
| Gas (for home) | | | | |
| Health Insurance (not deducted from pay) | | | | |
| HOA | | | | |
| Home Insurance (if not included in mortgage) | | | | |
| Home Phone | | | | |
| Internet/Cable | | | | |
| Lawn Care | | | | |
| Membership Fees | | | | |
| Mortgage/Rent/Lease | | | | |
| Pest Control | | | | |
| Pets | | | | |
| Pool Service | | | | |
| Property Taxes (if not included in mortgage) | | | | |
| Security | | | | |
| Sewer | | | | |
| Student Loans | | | | |
| Unreimbursed Medical Expense | | | | |
| Water | | | | |
| Other: _____ | | | | |
| Total Monthly Expenses | | | | |

Household Information

- A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

| | Child's Name | Child's DOB | Whom is this child living with? | Is this child from this relationship? | Has this child been certified as special needs/disabled? |
|-----------------|--------------|-------------|---------------------------------|---------------------------------------|--|
| 1 st | | | | | |
| 2 nd | | | | | |
| 3 rd | | | | | |
| 4 th | | | | | |

- B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

| Type of Expense | 1 st Child | 2 nd Child | 3 rd Child | 4 th Child |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Cellular Phone | | | | |
| Child Care | | | | |
| Clothing | | | | |
| Education | | | | |
| Entertainment | | | | |
| Extracurricular & Sports | | | | |
| Health Insurance (if not deducted from pay) | | | | |
| Summer Camp/Programs | | | | |
| Transportation Costs for Visitation | | | | |
| Unreimbursed Medical Expenses | | | | |
| Vehicle | | | | |
| Other: _____ | | | | |
| Total Monthly Expenses | | | | |

- C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

| Name | Age | Person's Relationship to You (i.e. sister, friend, cousin, etc...) | Monthly Contribution |
|------|-----|--|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

| Line | Description of Asset and Debt Thereon | Gross Value | | Total Amount Owed | | Net Value | Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both |
|---|---------------------------------------|-------------|---|-------------------|---|-----------|--|
| 1. | | \$ | - | \$ | = | \$ | |
| 2. | | \$ | - | \$ | = | \$ | |
| 3. | | \$ | - | \$ | = | \$ | |
| 4. | | \$ | - | \$ | = | \$ | |
| 5. | | \$ | - | \$ | = | \$ | |
| 6. | | \$ | - | \$ | = | \$ | |
| 7. | | \$ | - | \$ | = | \$ | |
| 8. | | \$ | - | \$ | = | \$ | |
| 9. | | \$ | - | \$ | = | \$ | |
| 10. | | \$ | - | \$ | = | \$ | |
| 11. | | \$ | - | \$ | = | \$ | |
| 12. | | \$ | - | \$ | = | \$ | |
| 13. | | \$ | - | \$ | = | \$ | |
| 14. | | \$ | - | \$ | = | \$ | |
| 15. | | \$ | - | \$ | = | \$ | |
| Total Value of Assets (add lines 1-15) | | \$ | - | \$ | = | \$ | |

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

| Line # | Description of Credit Card or Other Unsecured Debt | Total Amount owed | Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both |
|---|--|-------------------|--|
| 1. | | \$ | |
| 2. | | \$ | |
| 3. | | \$ | |
| 4. | | \$ | |
| 5. | | \$ | |
| 6. | | \$ | |
| Total Unsecured Debt (add lines 1-6) | | \$ | |

CERTIFICATION

Attorney Information: Complete the following sentences:

1. I (have/have not) _____ retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of \$_____ on my behalf.
3. I have a credit with my attorney in the amount of \$_____.
4. I currently owe my attorney a total of \$_____.
5. I owe my prior attorney a total of \$_____.

IMPORTANT: Read the following paragraphs carefully and initial each one.

_____ I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

_____ **I have attached a copy of my 3 most recent pay stubs to this form.**

_____ **I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed.**

_____ **I have not attached a copy of my pay stubs to this form because I am currently unemployed.**

Signature

Date

CERTIFICATE OF SERVICE

I hereby declare under the penalty of perjury of the State of Nevada that the following is true and correct:

That on *(date)* _____, service of the General Financial Disclosure Form was made to the following interested parties in the following manner:

Via 1st Class U.S. Mail, postage fully prepaid addressed as follows:

Via Electronic Service, in accordance with the Master Service List, pursuant to NEFCR 9, to:

Via Facsimile and/or Email Pursuant to the Consent of Service by Electronic Means on file

herein to: _____

Executed on the _____ day of _____, 20____.

Signature