

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

FINANCIAL DECLARATION

I. **GENERAL INFORMATION:**

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO. _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

NAME

DATE OF BIRTH

MINOR CHILDREN: _____

II. INCOME STATEMENT

GROSS MONTHLY INCOME

AMOUNT

1.	Salary and Wages, including commissions, bonuses, allowances, and overtime. NOTE: To arrive at a monthly income figure if paid weekly, multiply weekly income by 4.3; if paid bi-weekly, multiply income by 2.16.	1.	_____
2.	Pensions and retirement	2.	_____
3.	Social Security	3.	_____
4.	Disability & unemployment insurance	4.	_____
5.	Public Assistance (welfare, AFDC payments, etc.)	5.	_____
6.	Dividends & Interest	6.	_____
7.	Rental Income	7.	_____
8.	Other Income _____	8.	_____
9.	Other Income _____	9.	_____
10.	TOTAL MONTHLY INCOME	10.	_____

ITEMIZED MONTHLY DEDUCTIONS:

1.	State Income Taxes	1.	_____
2.	Federal Income Taxes	2.	_____
3.	Social Security	3.	_____
4.	Mandatory Insurance	4.	_____
5.	Mandatory Retirement	5.	_____
6.	Union or other dues	6.	_____
7.	Other (Specify) _____	7.	_____
8.	Other _____	8.	_____
9.	TOTAL MONTHLY DEDUCTIONS	9.	_____
10.	NUMBER OF EXEMPTIONS:	10.	_____
11.	NET MONTHLY PAY	11.	_____

III. EXPENSE STATEMENT

A. LIVING EXPENSES

AS OF _____

AS OF _____

	Living Expenses	Self	Children	Self	Children
1	Rent/Mortgage (Residence)				
2	Real Property Taxes				
3	Real Property Insurance				
4	Maintenance (Residence)				
5	Food/Household Supplies				
6	Water, Sewer, etc.				
7	Electricity				
8	Gas (Residence)				
9	Telephone				
10	Laundry & Cleaning				
11	Clothing				
12	Insurance (Not payroll deducted)				
13	Medical				
14	Dental				
15	Child Care				
16	Children's allowance				
17	Payment of child support/ alimony (prior marriage)				
18	School Expenses				
19	Entertainment				
20	Incidentals & Miscellaneous				
21	Transportation other than vehicle				
22	Gasoline & Oil (auto)				
23	Repair (auto)				
24	Insurance (auto)				

	Living Expenses	Self	Children	Self	Children
25	Auto Payments				
26	Church donations				
27	Charitable donations				
28	Newspaper/Magazines				
29	Cable TV				
30	Pet Expenses				
31	Yard Expenses				
32	Maid				
33	Retirement (IRA, etc.)				
34	Pest Control				
	TOTAL LIVING EXPENSES:				
35	Installment Payments (Notes, Loans, Charge Accts., etc.)				
36	_____				
37	_____				
38	_____				
39	OTHER EXPENSES _____				
40	_____				
41	_____				
	TOTAL INSTALLMENT PAYMENTS				
	COMBINED TOTAL EXPENSES				

IV. STATEMENT OF ASSETS

A. Real Estate:

1. Title in the name of: _____
Address: _____

Who paid cost: _____
How cost paid: _____
Value (estimate) _____
Mortgage Balance _____
Equity _____

2. Title in the name of: _____
Address: _____

Who paid cost: _____
How cost paid: _____
Value (estimate) _____
Mortgage Balance _____
Equity _____

*List mortgage balance also under liabilities on the next page. List the amount of your monthly payment only under LIABILITIES.

B. Motor Vehicles

1. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
Who paid cost: _____ How cost paid: _____
VALUE \$ _____
- Loan Balance \$ _____
= Equity \$ _____

2. Registered in the name of: _____
 Year: _____ Model: _____ Mileage: _____
 Who paid cost: _____ How cost paid: _____
 VALUE \$ _____
 - Loan Balance \$ _____
 = Equity \$ _____
3. Registered in the name of: _____
 Year: _____ Model: _____ Mileage: _____
 Who paid cost: _____ How cost paid: _____
 VALUE \$ _____
 - Loan Balance \$ _____
 = Equity \$ _____

C. Other Personal Property: (such as home computers, guns, lawnmowers, TV's, jewelry, household furnishings, etc.)

Description:	Value:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL:	_____

D. Checking/Savings (name of Bank, Account Number & amount in account, including CD's, money markets, passbook accounts, etc.)

Name(s) on Account	Bank/Account Number	Type of Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Other Investments (IRA's, stocks, mutual funds, pension plans, etc.)

Bank/Account Number	Type of Investment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Life Insurance (exclude children)

Insured Company	Face Amount less any loans	Cash	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL CASH VALUE (less loans)			_____

G. All Other Assets:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Value	_____
TOTAL OF ALL ASSETS	\$ _____

V. STATEMENT OF LIABILITIES

II. LIABILITIES (Include mortgage, car loan, credit cards, personal loans)
(Include also under 35-44 on Expense Statement)

	Creditor	Whose Name(s)	Current Balance	Monthly Payment	Who Pays
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
			TOTAL LIABILITIES		_____

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing financial statements, including attachments, are true and correct and that this declaration was executed on the _____ day of _____, 2009.

PARTY'S SIGNATURE

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

CERTIFICATE OF COMPLIANCE

I, _____, do hereby certify that I have this date complied with Rule
(Name of party or attorney)
8.05 of the Uniform Chancery Court Rules and that I have mailed and/or delivered a copy of a detailed
written statement of actual income and expenses and assets and liabilities to the attorney for the opposing
party or the opposing party.

This the ____ day of _____, 2009.

ATTORNEY OR OPPOSING PARTY