

FINANCIAL DISCLOSURE AFFIDAVIT

OF

, 2015

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

,

Plaintiff,

vs.

,

Defendant.

**FINANCIAL DISCLOSURE
AFFIDAVIT
(DRL Section 236)**

Index No: SF

, the Plaintiff/Defendant herein, being duly sworn, advised the Court that the following is an accurate statement as of , 2015. (BEST ESTIMATES AND APPROXIMATIONS)

I. GENERAL INFORMATION - HUSBAND:

Name	
Date of Birth	
Place of Birth	
Social Security Number	
Address	
Health	
Educational Background	
Occupation	
Employer	

GENERAL INFORMATION - WIFE:

Name	
Maiden Name	
Date of Birth	
Place of Birth	
Social Security Number	
Address	
Health	
Educational Background	
Occupation	
Employer	

GENERAL INFORMATION - MARRIAGE:

Date of Marriage	
City/County/State of Marriage	
Date of Commencement	
Prior Marriages	Husband Wife
Minor Children or Prior Marriage	

Maintenance/Child Support from Prior Marriage	Paid	Received
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CHILDREN OF THIS MARRIAGE:

a.) Name:
Date of Birth:
Social Security Number:

b.) Name:
Date of Birth:
Social Security Number:

Children now reside with:
Physical and mental health of children:

MARITAL HOME:

Address:

Marital Home occupied by:

II. Expenses: (You may elect to list all expenses on a weekly basis or all expenses on a monthly basis, however, you must be consistent. If any items are paid on a monthly basis, divide by 4.3 to obtain weekly payments; if any items are paid on a weekly basis, multiply by 4.3 to obtain monthly payment.

Expense listed weekly monthly

(a) Housing	
1. Rent charges	\$
2. Mortgage (amortization)	\$
3. Home equity line	\$
4. Cooperative apartment maintenance	\$
5. Real estate taxes	\$
TOTAL HOUSING:	\$

(b) Utilities	
1. Cell phone	\$
2. Telephone	\$
3. Gas	\$
4. Water	\$
5. Electricity	\$
6. Cable/satellite TV	\$
7. Other: Internet	\$
TOTAL UTILITIES:	\$

(c) Food	
1. Groceries	\$
2. Liquor/Alcohol	\$
3. School lunches	\$
4. Home entertainment	\$
5. Lunches at work	\$
6. Dining out	\$
TOTAL FOOD:	\$

(d) Clothing	
1. Husband	\$
2. Children	\$
3. Wife	\$
4. Other	\$
TOTAL CLOTHING:	\$

(e) Laundry	
1. Laundry at home	\$
2. Dry cleaning	\$
3. Laundry mat	\$
TOTAL LAUNDRY:	\$

(f) Insurance	
1. Life	\$
2. Homeowner's/tenant's	\$
3. Medical Plan	\$
4. Dental Plan	\$
5. Optical Plan	\$
6. Fire, theft and liability	\$
7. Automotive	\$
8. Disability	\$
9. Workers Compensation	\$
10. Umbrella Policies	\$
11. Other	\$
TOTAL INSURANCE:	\$

(g) Un-reimbursed Medical	
1. Medical	\$
2. Dental	\$
3. Optical	\$
4. Surgical, nursing, hospital	\$
5. Pharmaceutical	\$
6. Other	\$
TOTAL UN-REIMBURSED MEDICAL	\$

(h) Household Maintenance	
1. Repairs	\$
2. Painting	\$
3. Furniture, furnishing, housewares	\$
4. Gardening/landscaping	\$
5. Cleaning supplies	\$
6. Sanitation/carting	\$
7. Snow removal	\$
8. Extermination	\$
9. Appliances, including maintenance	\$
10. Other	\$
TOTAL HOUSEHOLD MAINTENANCE	\$

(i) Household Help	
1. Babysitter	\$
2. Domestic (housekeeper, maid, etc.)	\$
3. Other	\$
TOTAL HOUSEHOLD HELP	\$

(j) Automotive			
Year:	Make:	Personal	Business
Year:	Make:	Personal	Business

1. Payments	
1 st Vehicle	\$
2 nd Vehicle	\$
2. Gas and oil	\$
3. Car Washes	\$
4. Registration and license	\$
5. Repairs	\$
6. Parking and tolls	\$
7. Other	\$
TOTAL AUTOMOTIVE:	\$

(k) Educational	
1. Nursery and pre-school	\$
2. School transportation	\$
3. Primary and secondary	\$
4. School supplies/books	\$
5. College	\$
6. Tutoring	\$
7. Post-graduate	\$
8. School events	\$
9. Religious instruction	\$

10. Other	\$
TOTAL EDUCATIONAL:	\$

(l) Recreational	
1. Summer camp	\$
2. Country club/pool club	\$
3. Vacations	\$
4. Health clubs	\$
5. Movies	\$
6. Sporting goods	\$
7. Theater, ballet, etc.	\$
8. Hobbies	\$
9. Video rentals	\$
10. Music/dance lessons	\$
11. Tapes, CD's, etc.	\$
12. Sports lessons	\$
13. Birthday parties, holiday gifts	\$
14. Team sports	\$
15. Concerts	\$
TOTAL RECREATIONAL	\$

(m) Income Taxes	
1. Federal	\$ See attached tax returns
2. City	\$
3. State	\$
4. Social Security and Medicare	\$
TOTAL INCOME TAXES	\$

(n) Miscellaneous	
1. Beauty parlor/Barber	\$
2. Beauty aids/cosmetics, over counter drug items	\$
3. Cigarettes/tobacco	\$
4. Books, magazines, newspapers	\$
5. Charitable contributions	\$
6. Religious organization dues	\$
7. Children's allowances	\$
8. Union and organization dues	\$
9. Transportation	\$
10. Veterinarian/pet expenses	\$
11. Child support payments	\$
12. Alimony and maintenance (prior marriage)	\$
13. Loan payments	\$

14. Un-reimbursed business expenses	\$
TOTAL MISCELLANEOUS	\$

(o) Other - monthly charge card expenses, etc.	
	\$
	\$
	\$
	\$
TOTAL OTHER	\$

TOTAL MONTHLY EXPENSES: \$ _____

III. GROSS INCOME: (State source of income and annual amount. Attach additional sheet, if needed). (a) Salary or wages: (State whether income has changed during the year preceding date of this affidavit. If so, set forth name and address of all employers during preceding year and average weekly wage paid by each. Indicate overtime earnings separately. Attach previous year's W-2 or income tax return.)

EMPLOYER: _____ GROSS INCOME: _____

(b) Weekly deductions	
1. Federal tax	\$
2. New York State tax	\$
3. Local tax	\$
4. Social Security	\$
5. Medicare	\$
6. Other payroll deductions (specify)	\$
Life Insurance	\$
	\$
TOTAL	\$
(c) Social Security number	
(d) Number and names of dependents claimed	
(e) Bonus, commissions, fringe benefits (use of auto, memberships, etc.)	\$
(f) Partnership, royalties, sale of assets (Income and installment payments)	\$
(g) Dividends and interest (state whether taxable)	\$
(h) Real estate (income only)	\$
(I) Trust, profit sharing and annuities (principal distribution and income)	\$
(j) Pension (income only)	\$
(k) Awards, prizes, grants (state whether taxable)	\$
(l) Bequests, legacies and gifts	\$
(m) Income from all other sources (including alimony, maintenance or child support from prior marriage)	\$
(n) Tax preference items:	
1. Long term capital gain deductions	\$
2. Depreciation, amortization or depletion	\$
3. Stock options - excess of fair market value over amount paid	\$
(o) If any child or other member of your household is employed, set forth name and that person's annual income	\$
(p) Social Security	\$
(q) Disability benefits	\$
(r) Public assistance	\$
(s) Other	\$
TOTAL INCOME	\$

IV. ASSETS: (If any asset is held jointly with spouse or another, so state, and set forth your respective shares. Attach additional sheets, if needed.)

Cash Accounts

Cash	
1.1 (a) Location	On person
(b) Source of funds	
(c) Amount	\$
TOTAL CASH	\$

Checking Accounts	
2.1 (a) Financial institution	
(b) Account number	
(c) Title holder	
(d) Date opened	
(e) Source of funds	
(f) Balance	\$
2.2 (a) Financial institution	
(b) Account number	
(c) Title holder	
(d) Date opened	
(e) Source of funds	
(f) Balance	\$
2.3 (a) Financial institution	
(b) Account number	
(c) Title holder	
(d) Date opened	
(e) Source of funds	
(f) Balance	\$
TOTAL CHECKING	\$

Savings Accounts (include individual, joint, totten trust, certificates of deposit, treasury notes, etc.)	
3.1 (a) Financial institution	
(b) Account number	
(c) Title holder	
(d) Date opened	
(e) Source of funds	
(f) Balance	\$
3.2 (a) Financial institution	
(b) Account number	
(c) Title holder	

(d) Date opened	
(e) Source of funds	
(f) Balance	\$
3.3 (a) Financial institution	
(b) Account number	
(c) Title holder	
(d) Date opened	
(e) Source of funds	
(f) Balance	\$
TOTAL SAVINGS	\$

Security deposits, earnest money, etc.	
4.1 (a) Location	
(b) Title owner	
(c) Type of deposit	
(d) Source of funds	
(e) Date of deposit	
(f) Amount	\$
TOTAL SECURITY:	\$

Other	
5.1 (a) Location	
(b) Title owner	
(c) Type of deposit	
(d) Source of funds	
(e) Date of deposit	
(f) Amount	\$
TOTAL OTHER	\$

TOTAL: CASH ACCOUNTS \$

Securities, bonds, notes and mortgages	
1.1 (a) Description of security	
(b) Title holder	
(c) Location	
(d) Date of acquisition	
(e) Original price or value	
(f) Source of funds to acquire	
(g) Current value	\$
TOTAL BONDS, NOTES, ETC.	\$

Stocks, options and commodity contracts	
2.1 (a) Description of security	
(b) Title holder	

(c) Location	
(d) Date of acquisition	
(e) Original price of value	\$
(f) Source of funds to acquire	
(g) Current value	\$
TOTAL STOCKS, OPTIONS, ETC.	\$

Broker margin accounts	
3.1 (a) Name and address of broker	
(b) Title holder	
(c) Date account opened	
(d) Original value of account	\$
(e) Source of funds	
(f) Current value	\$
TOTAL MARGIN ACCOUNTS	\$

TOTAL VALUE OF SECURITIES \$ _____

Loans to others and accounts receivable	
1.1 (a) Debtor's name and address	
(b) Original amount of loan or debt	\$
(c) Source of funds from which loan made or origin of debt	
(d) Date payment(s) due	
(e) Current amount due	\$
TOTAL LOANS & ACCOUNTS RECEIVABLE	\$

Value of interest in any business	
1.1 (a) Name and address of business	
(b) Type of business (corp., partnership, sole proprietorship or other)	
(c) Your capital contribution	\$
(d) Your percentage interest	%
(e) Date of acquisition	
(f) Original price of value	\$
(g) Source of funds to acquire	
(h) Current net worth of business	\$
TOTAL VALUE OF BUSINESS INTEREST	\$

Cash surrender value of life insurance	
1.1 (a) Insurer's name and address	
(b) Name of insured	

(c) Policy number	
(d) Face amount of policy	\$
(e) Policy owner	
(f) Date of acquisition	
(g) Source of funding to acquire	
(h) Current cash surrender value	\$
TOTAL VALUE OF LIFE INSURANCE	\$

Vehicles (automobile, boat, plane, truck, campers, etc.)	
1.1 (a) Description	
(b) Title/ owner	
(c) Date of acquisition	
(d) Original price	\$
(e) Source of funds to acquire	
(f) Amount of current lien unpaid	\$
(g) Current fair market value	\$
TOTAL VALUE OF VEHICLES	\$

Real estate	
(including real property, leaseholds, life estates, etc. at market value - do not deduct any Mortgage)	
1.1 (a) Description	
(b) Title/owner	
(c) Date of acquisition	
(d) Original price	\$
(e) Source of funds to acquire	
(f) Amount of mortgage or lien unpaid	\$
(g) Estimated current market value	\$
1.2 (a) Description	
(b) Title/owner	
(c) Date of acquisition	
(d) Original price	\$
(e) Source of funds to acquire	
(f) Amount of mortgage or lien unpaid	\$
(g) Estimated current market value	\$
1.3(a) Description	
(b) Title/owner	
(c) Date of acquisition	
(d) Original price	\$
(e) Source of funds to acquire	
(f) Amount of mortgage or lien unpaid	\$
(g) Estimated current market value	\$
TOTAL VALUE OF REAL ESTATE	\$

Vested interest in trust (pension, profit sharing, legacies, deferred compensation and others)	
1.1 (a) Description of trust	
(b) Location of assets	
(c) Title/owner	
(d) Date of acquisition	
(e) Original investment	\$
(f) Source of funds to acquire	
(g) Amount of unpaid liens	\$
(h) Current value	\$
1.2 (a) Description of trust	
(b) Location of assets	
(c) Title/owner	
(d) Date of acquisition	
(e) Original investment	\$
(f) Source of funds to acquire	
(g) Amount of unpaid liens	\$
(h) Current value	\$
TOTAL: CURRENT VESTED INTEREST IN TRUST	\$

Contingent interests (stock options, interest subject to life estates, prospective inheritance, etc.)	
1.1 (a) Description of trust	
(b) Location of assets	
(c) Date of acquisition	
(d) Title/owner	
(e) Original investment	\$
(f) Source of funds	
(g) Amount of unpaid liens	\$
(h) Current value	\$
TOTAL CONTINGENT INTERESTS	\$

Household furnishings	
1.1 (a) Description	Compliments of marital home
(b) Location	
(c) Title/owner	
(d) Original price	
(e) Source of funds to acquire	
(f) Amount of unpaid liens	\$
(g) Current value	\$
TOTAL HOUSEHOLD FURNISHINGS	\$

Jewelry, art, antiques, precious objects, gold and precious metals (only if valued at more than \$500)	
1.1 (a) Description	
(b) Location	
(c) Title/owner	

(d) Original price or value	\$
(e) Source of funds to acquire	
(f) Amount of lien unpaid	
(g) Current value	\$
TOTAL VALUE JEWELRY, ART, ETC.	\$

Other (e.g. tax shelter investments, collections, judgments, cause of action patents, trademarks, copyrights, and any other asset not hereinabove mentioned)	
1.1 (a) Description	
(b) Location	
(c) Title/owner	
(d) Original price of value	\$
(e) Source of funds to acquire	
(f) Amount of lien unpaid	\$
(g) Current value	\$
TOTAL VALUE OTHER	\$

TOTAL ASSETS \$

V. LIABILITIES

A. Accounts payable	
1.1 (a) Name and address of creditor	
(b) Debtor	
(c) Amount of original debt	
(d) Date of incurring debt	
(e) Purpose	
(f) Monthly or other periodic payment	
(g) Amount of current debt	
TOTAL: ACCOUNTS PAYABLE	\$

Notes payable	
1.1 (a) Name and address of note holder	
(b) Debtor	
(c) Amount of original debt	\$
(d) Date of incurring debt	
(e) Purpose	
(f) Monthly or other periodic payment	\$
(g) Amount of current debt	\$
TOTAL NOTES PAYABLE	\$

Installment accounts payable (security agreements, chattel mortgages)	
1.1 (a) Name and address of creditor	
(b) Debtor	
(c) Amount of original debt	\$
(d) Date of incurring debt	
(e) Purpose	
(f) Monthly or other periodic payment	\$
(g) Amount of current debt	\$
TOTAL INSTALLMENT ACCOUNTS	\$

Broker's margin accounts	
1.1 (a) Name and address of broker	
(b) Amount of original debt	\$
(c) Date of incurring debt	
(d) Purpose	
(e) Monthly or other periodic payment	\$
(f) Amount of current debt	\$
TOTAL BROKER'S MARGIN ACCOUNTS	\$

Mortgages payable on real estate	
1.1 (a) Name and address of mortgage	
(b) Address of property mortgaged	
(c) Mortgagor(s)	
(d) Original debt	\$
(e) Date of incurring debt	

(f) Monthly or other periodic payment	\$
(g) Maturity date	
(h) Amount of current debt	\$
TOTAL: MORTGAGES PAYABLE	\$

Taxes payable	
1.1 (a) Description of tax	
(b) Amount of tax	\$
(c) Date due	
TOTAL TAXES PAYABLE	\$

Loans on life insurance policies	
1.1 (a) Name and address of insurer	
(b) Amount of loan	\$
(c) Date incurred	
(d) Purpose	
(e) Name of borrower	
(f) Monthly or other periodic payment	\$
(g) Amount of current debt	
TOTAL LIFE INSURANCE LOANS	\$

Other liabilities	
1.1(a) Description	
(b) Name and address of creditor	
(c) Debtor	
(d) Original amount of debt	\$
(e) Date incurred	
(f) Purpose	
(g) Monthly or other periodic payment	\$
(h) Amount of current debt	\$
TOTAL: OTHER LIABILITIES	\$

TOTAL LIABILITIES \$ _____

NET WORTH

TOTAL ASSETS: \$ _____

TOTAL LIABILITIES: (minus) \$ _____

NET WORTH: \$ _____

VI. ASSETS TRANSFERRED: (List all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter [transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth]).

Description of Property	
To whom transferred and relationship to Transferee	
Date of transfer	
Value	\$

VII. SUPPORT REQUIREMENTS:

- (a) Deponent is at present paying \$_____per (week)(month), and prior to separation (paid)(received) \$_____per (week)(month) to cover expenses for
 These payments are being made (voluntarily)(pursuant to Court order or judgment)(pursuant to separation agreement), and there are (no) arrears outstanding (in the sum of \$_____ to date).
- (b) Deponent requests for support of each child \$_____ per (week)(month). Total for children \$_____.
- (c) Deponent requests for support of self \$_____ per (week)(month).
- (d) The day of the (week)(month) on which payment should be made is _____.

VIII. COUNSEL FEES:

- (a) Deponent requests for counsel fees and disbursements the sum of \$_____.
- (b) Deponent has paid counsel the sum of \$_____ and has agreed with counsel concerning fees as follows:
- (c) There is a retainer agreement or written agreement relating to payment of legal fees. (A copy of any such agreement must be attached.)

IX. ACCOUNTANT AND APPRAISAL FEES REQUIREMENTS:

- (a) Deponents request for accountants' fees and disbursements the sum of \$_____.(Include basis for fee, e.g., hourly rate, flat rate)
- (b) Deponents request for appraisal fees and disbursements the sum of \$_____.(Include basis for fee, e.g., hourly rate, flat rate)
- (c) Deponent requires the services of an accountant for the following reasons:
- (d) Deponent requires the services of an appraiser for the following reasons:

X. Other data concerning the financial circumstances of the Parties that should be brought to the attention of the Court are:

The foregoing statements and a rider consisting of ___ page(s) annexed hereto and made part hereof, have been carefully read by the undersigned who states that they are true and correct.

Sworn to before me this _____
_____ day of _____, 2015.

Notary Public

CERTIFICATION OF ATTORNEY

I hereby certify under penalty of perjury and as an officer of the Court that I have no knowledge that the substance of any of the factual submissions contained in this document is false.

Dated: _____, 2015.

, Esq.