Case No.

Dept. No.

The undersigned hereby affirms that this document does not contain the social security number of any person.

_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

_____,

Plaintiff,

v.

FINANCIAL DECLARATION

_____,

Defendant.

_____/

Attached is the Financial Declaration of _____, the _____ in the above action. I swear under penalty of perjury, that
(Plaintiff or Defendant)
the content of the Financial Declaration is true to the best of my knowledge as of this date.

Date: _____

_____
(Print Name)

_____
(Signature)

_____
(Address)

_____

_____
(Telephone number)

SUBSCRIBED and SWORN to before me

This ____ day of _____, _____.

_____

NOTARY PUBLIC

Financial Statement Of

_____
(Your Name)

I. PERSONAL INFORMATION

WIFE	HUSBAND
_____	_____
Last Name First Initial	Last Name First Initial
Present home address	Present home address
_____	_____
_____	_____
_____	_____
Occupation_____	Occupation_____

Employed by	From	To	Employed by	From	To
_____	____	____	_____	____	____
_____	____	____	_____	____	____
_____	____	____	_____	____	____

How many adults (over 18) live with you? _____

How many of these help pay the household costs? _____

How much money do you receive from them each month? _____

If there are adults living with you who do not help financially, please explain:

_____

_____

How many children live with you? _____

How many of these are your own natural or adopted children? _____

What is your own average GROSS monthly income (before payroll deductions)? _____

How much is held out from your check each month (include all withholdings)? _____

How much is your average take home pay, each month? _____

II. INCOME AND EXPENSES

YOUR OWN INCOME

Average take home pay- wages and tips	$
Aid to Dependent	$
General Assistance	$
SSI	$
Social Security Retirement	$
Unemployment	$
Workers Compensation	$
Private pension	$
Rent, investment income	$
Child Support received	$
Other-describe each source	$
ATTACH COPY OF LAST PAY CHECK STUB TOTAL INCOME	$
EXPENSES-YOUR'S AND CHILDREN LIVING WITH YOU	$
Rent or mortgage	$
Health, doctors, medicine, etc.	$
Gas, power, water, garbage, telephone	$
Transportation, including car payments, gas insurance, repairs, bus	$
Clothing, cleaning, laundry, etc.	$
Child care, elder care	$
Child support paid out	$
Food	$
Recreation, education	$
Other	$
TOTAL EXPENSES	$
DIFFERNCE (INCOME-EXPENSES)	$

III. COMMUNITY ASSESTS AND LIABILITIES

WHAT YOU OWN (DESCRIBE)	WHAT IT'S WORTH	WHAT YOU OWE	DIFFERENCE OR NET
Home	$	$	$
Car/truck	$	$	$
Car/truck	$	$	$
Boats, RV, etc	$	$	$
Furniture, furnishings	$	$	$
Clothes, jewelry, personal items	$	$	$
Cash	$	$	$
Bank accounts, CD's Stocks	$	$	$
Tools, inventory	$	$	$
Pension or retirement fund	$	$	$
Credit Cards, charge accounts	$	$	$
Other	$	$	$
TOTAL VALUE	$	$	$

IV. MONTHLY PAYMENTS YOU MUST MAKE TO OTHERS

DESCRIBE EACH BILL	MINIMUM PAYMENT	DESCRIBE EACH BILL	MINIMUM PAYMENT
Housing	$	SUB-TOTAL FROM COLUMN 2	$
Auto/Truck	$	Other Bills	$
Auto/Truck	$		$
Boats, RV, etc.,	$		$
Furniture, furnishings	$		$
Credit Cards	$		$
Charge accounts	$		$
Medical Bills	$		$
SUB-TOTAL CARRY TO COL. 4.	$	TOTAL PAYMENTS	

CERTIFICATE OF SERVICE

The undersigned hereby certifies that they are 18 years of age or older, and on this date served a true and correct copy of the document/s entitled: _____

_____

(Clearly list all documents you served on the other party)

In the following way: ***(check the appropriate blank, and fill in the appropriate information)***

IF THE DOCUMENTS WERE SERVED BY MAIL:

_____ by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid

_____ by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested

The envelope was addressed to:

(Name) _____ at

(Address) _____

_____

And that there is regular communication by mail between the place of mailing and the place addressed.

IF THE DOCUMENTS WERE PERSONALLY SERVED:

_____ by personally serving:

(Name) _____ at

(Address) _____

_____

DATED: This ____ day of _____, _____.

_____

(Signature of person who performed service)