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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

\_\_\_\_\_,  
(Your name)  
Plaintiff

vs

**COMPLAINT FOR SEPARATE  
MAINTENANCE**

\_\_\_\_\_,  
(Spouse's name)  
Defendant

\_\_\_\_\_/

Plaintiff, \_\_\_\_\_, in proper person, and for a cause of  
(Your name)

Action against the Defendant complains and alleges as follows:

**I.**

The Plaintiff is a resident of the State of Nevada, County of \_\_\_\_\_, and for a period of more than six weeks immediately preceding the commencement of this action, has resided in, been physically present in, and is a bona fide resident and domiciliary of, the State of Nevada, and intends to continue to make the State of Nevada their home for an indefinite period of time.

The Defendant is a resident of the State of \_\_\_\_\_, County of \_\_\_\_\_.

**II.**

The parties were married on \_\_\_\_\_, in the County  
(Date of Marriage, including month, day and year)  
of \_\_\_\_\_, State of \_\_\_\_\_, and ever  
(County of which you were married) (State in which you were married)  
since have been, and still are, Husband and Wife.

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**III.**

Wife \_\_\_\_\_ pregnant at this time:  
(is or is not)

*If wife is pregnant at this time, answer the following questions.  
If wife is not pregant, print "not applicable" or "N/A" in the spaces.*

Husband \_\_\_\_\_ the father of the unborn child. The unborn child is due to be born on  
(is or is not)

\_\_\_\_\_  
(date of expected birth)

**IV.**

There are no minor children born to, or adopted through, this union.

**V.**

**Division of Assets**  
***Initial ONLY ONE of the statements below. Print "not applicable or N/A" in the spaces you do not use. Be sure to address all retirement accounts, bank accounts and vehicles. Include VINs when listing vehicles.***

- 1. \_\_\_\_\_ All of the community assets and property have been previously divided and each is to keep the property he/she has in his/her possession at this time.
- 2. \_\_\_\_\_ There is no community property to be divided.
- 3. \_\_\_\_\_ The community property should be divided as follows: (Include retirement accounts, bank accounts and vehicles with VINs)

**WIFE SHALL RECEIVE THE FOLLOWING:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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1. \_\_\_\_\_ All of the community debts have been previously divided and each is to keep those debts assigned to him/her and hold the other party harmless from those debts.

2. \_\_\_\_\_ There is no community debts to be divided.

3. \_\_\_\_\_ The community debts should be divided as follows: (Be sure to list specific debts with the last four numbers of the account, if available.)

**WIFE SHALL RECEIVE THE FOLLOWING DEBTS  
AS HER SOLE AND SEPARATE DEBT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HUSBAND SHALL RECEIVE THE FOLLOWING DEBTS  
AS HIS SOLE AND SEPARATE DEBT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more room is needed, attach additional sheets. Make sure the sheets are clearly identified as a continuation of the division of debts. Write only on one side of the page of additional sheets. Each additional sheet must be initialed by both parties.)

There may be additional community debts of the parties, the exact amounts and descriptions of which are unknown to Plaintiff at this time. Plaintiff asks permission of this Court to amend this Complaint to insert this information when it becomes known to Plaintiff, or at the time of trial.

VII.

**Spousal Support (Alimony)**  
*Initial only ONE of the statements below. If you initial one of the statements which makes a provision for spousal support, be sure to fill in all spaces in the statement. Do not leave any spaces blank in this section. Print "not applicable" or "N/A" in the spaces you do not use.*

\_\_\_\_\_ Alimony is not appropriate in this case.

**OR**

\_\_\_\_\_ Wife shall receive spousal support in the amount of

\$\_\_\_\_\_ per \_\_\_\_\_, due and payable on the \_\_\_\_\_  
(amount wife to receive) (week or month) (date amount due)

of each \_\_\_\_\_ for a period of period of \_\_\_\_\_. The spousal  
(week or month) (number of weeks/months/years)

support shall begin on \_\_\_\_\_ and end on \_\_\_\_\_.  
(number of weeks/months/years) (Date last spousal support payment to be made)

**OR**

\_\_\_\_\_ Husband shall receive spousal support in the amount of

\$\_\_\_\_\_ per \_\_\_\_\_, due and payable on the \_\_\_\_\_  
(amount husband to receive) (week or month) (date amount due)

of each \_\_\_\_\_ for a period of period of \_\_\_\_\_. The spousal  
(week or month) (number of weeks/months/years)

support shall begin on \_\_\_\_\_ and end on \_\_\_\_\_.  
(number of weeks/months/years) (Date last spousal support payment to be made)

VIII.

**Former Name**  
*If Wife is filing, wife should Initial ONLY ONE of the following statements and print "not applicable" or "N/A" in the spaces you do not use. If Husband is filing, husband should print "not applicable or N/A" in ALL spaces.*

\_\_\_\_\_ Wife does not wish to return to her former name.

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\_\_\_\_\_ Wife wishes to return to her former name of \_\_\_\_\_.

\_\_\_\_\_ Wife never changed her name and therefore does not request restoration of her former name.

**IX.**

The parties are incompatible in marriage.

**X.**

The Plaintiff cannot afford to retain counsel to protect \_\_\_\_\_ rights and the rights of the children and should be awarded attorney’s fees and costs. (his or her)

WHEREFORE, Plaintiff prays for judgment against Defendant as follows:

1. That the court enter a Decree of Legal Separation thereby judicially bringing to a conclusion the community aspects of the marriage and the legal responsibilities of one party to and for the other for all purposes heretofore and now existing between the Plaintiff and Defendant, except as set forth in this Complaint.
2. That the assets and debts be divided as set forth in this Complaint.
3. That spousal support be addressed as state above.
4. That Wife’s former name be addressed and ordered as stated above.
5. That Plaintiff be granted reasonable attorney’s fees and costs if Defendant objects to this Complaint for Separate Maintenance in any manner.
6. For other and further relief as the Court may deem just and proper in this action.

I declare, under penalty of perjury under the Law of the State of Nevada, that the foregoing is true and correct.

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DATE: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

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\_\_\_\_\_  
(Telephone number)

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VERIFICATION AND ACKNOWLEDGEMENT

STATE OF NEVADA )  
 ) ss:  
COUNTY OF \_\_\_\_\_)

\_\_\_\_\_, being first duly sworn, under penalties of perjury, deposes  
(Your name)  
and says:

I am the Plaintiff/Petitioner in the above-entitled action; that I have read the foregoing document and am competent to testify of its contents of my own knowledge and the contents are true of my own knowledge except for those matters stated therein on information and belief, and, as to those matters, I believe them to be true.

\_\_\_\_\_  
(Signature)

SUBSCRIBED and SWORN to before me

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

STATE OF NEVADA )  
 ) ss:  
COUNTY OF \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me, the undersigned, a Notary Public in and for the County of \_\_\_\_\_, State of Nevada, \_\_\_\_\_, personally known to me or proved to me, to be the person whose name is subscribed to the attached instrument who acknowledged to me that he/she did so freely and voluntarily and for the uses and purposes herein stated.

\_\_\_\_\_  
NOTARY PUBLIC



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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

\_\_\_\_\_

(Your name)  
Plaintiff

vs

**AFFIDAVIT OF RESIDENT  
WITNESS**

\_\_\_\_\_

(Spouse's name)  
Defendant

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEVADA )  
 ) ss:  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, do hereby swear under penalty of perjury that  
(Resident witness's name)  
the assertions of this affidavit are true.

1. I am over the age of eighteen and competent to testify of my own knowledge to the  
following.

2. I have lived in the State of Nevada for \_\_\_\_\_ years and presently live at  
\_\_\_\_\_, City of \_\_\_\_\_, State of Nevada.  
(Street address of person making the affidavit)

I intend to live in the State of Nevada for the foreseeable future.

3. To my personal knowledge, \_\_\_\_\_, lives at  
(Name of person whose residency is being established)  
\_\_\_\_\_, State of Nevada and has been  
(Street address of the person whose residency is being established)

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physically living within the State of Nevada on a daily basis for at least six (6) weeks prior to the filing of this Joint Petition on \_\_\_\_\_.  
(Date Joint Petition was filed)

4. To my personal knowledge, \_\_\_\_\_ has physically lived in the State of Nevada since \_\_\_\_\_.  
(State date you know the person has lived in Nevada)

5. I see the Petitioner on the average of \_\_\_\_\_ time(s) a week. The Petitioner is \_\_\_\_\_.  
(Fill in how you know the person, such as a friend, relative, co-worker, etc.)

6. I know of my own personal knowledge that \_\_\_\_\_  
(Name of resident Petitioner)  
is a bona fide resident of the State of Nevada.

DATED \_\_\_\_\_.

\_\_\_\_\_  
(Signature of person making this Affidavit)

SUBSCRIBED and SWORN to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Case No.

Dept. No.

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR THE COUNTY OF CHURCHILL

\_\_\_\_\_

Plaintiff,

v.

**SUMMONS**

\_\_\_\_\_

Defendant.

\_\_\_\_\_ /

TO THE DEFENDANT: YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST YOU WITHOUT YOUR BEING HEARD UNLESS YOU RESPOND WITHIN 20 DAYS. READ THE INFORMATION BELOW VERY CAREFULLY. *(The state of Nevada, its political subdivisions, agencies, officers, employees, board members, commission members, and legislators, each has 45 days after service of this summons within which to file an answer to the complaint.)*

A civil complaint has been filed by the plaintiff against you for the relief as set forth in that document (see complaint). When service is by publication, add a brief statement of the object of the action. See Rules of Civil Procedure, Rule 4 (b).

1. If you intend to defend this lawsuit, you must do the following within 20 days after service of, this summons, exclusive of the day of service:
  - a. File with the Clerk of this Court, whose address is shown below, a formal written answer to the complaint, along with the appropriate filing fees, in accordance with the rules of the Court.
  - b. Serve a copy of your answer upon the attorney or plaintiff whose name and address is shown below.
2. Unless you respond, a default will be entered upon application of the plaintiff and this Court may enter a judgment against you for the relief demanded in the complaint.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Issued on behalf of plaintiff or plaintiff's attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_

SUE SEVON  
CLERK OF THE COURT

By: \_\_\_\_\_

Deputy Clerk  
Tenth Judicial District Court  
73 N. Maine Street, Ste B  
Fallon, NV 89460  
(775) 423-6088

1 Case No.:

2 Department No.:

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6 **IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA,**  
7 **IN AND FOR THE COUNTY OF CHURCHILL**

8  
9 \_\_\_\_\_,

10 Plaintiff,

11 vs.

12 \_\_\_\_\_,

13 Defendant.

**GENERAL FINANCIAL DISCLOSURE**  
**FORM**

14 The judge uses this form to understand the financial position of the Plaintiff and the  
15 Defendant. You must fill this form out completely and truthfully.

16 **A. Personal Information:**

- 17 1. What is your full name? (first, middle, last) \_\_\_\_\_  
18 2. How old are you? \_\_\_\_\_  
19 3. What is your date of birth? \_\_\_\_\_  
20 4. What is your occupation? \_\_\_\_\_  
21 5. What is your highest level of education? \_\_\_\_\_

22 **B. Employment Information:** ( check one)

- 23 1. Are you currently employed?  
24  No  
25  Yes If yes, what is the name of your employer? \_\_\_\_\_  
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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? \_\_\_\_\_

3. 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: \_\_\_\_\_

**C. Attorney Information:** Complete the following sentences:

1. An Attorney (*has/has not*) \_\_\_\_\_ been retained on my behalf for this case.
2. As 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 at total of \$ \_\_\_\_\_

**Section 1: Personal Income**

Before you can complete the next section you need to figure out your frequency. Your pay frequency is determined by the number of times you are paid each month.

Pay Frequency Table

1.00 = Paid one time per month

2.00 = Paid two times per month

2.17 = Paid every two weeks

4.00 = Paid every week

**A. Year-to-Date Income.**

As of the pay period ending \_\_\_\_\_

My Gross year to date pay is \_\_\_\_\_

**B. Fill in the line that applies to you. Only complete line 1 OR line 2.**

Line #	Income Question	Amount Earned		Number of Hours Worked Per Week		Pay Frequency (1.00, 2.00, 2.17, or 4.00)		Monthly Income
1	I am paid a hourly wage in the amount of	\$	X		X		=	
2	I am paid a base salary in the amount of	\$		N/A				

**C. File in the amount of money you receive each month for the following types of income:**

Line #	Income Question	Amount Received Monthly
3	Annuity or Trust Income	\$
4	I regularly work overtime and each month earn an average of	\$
5	I receive bonuses, commissions, or tips in the amount of	\$
6	I receive a car, gas, housing, or other allowance in the amount of	\$
7	I receive spousal support in the amount of	\$
8	I receive social security in the amount of	\$
9	I receive social security disability in the amount of	\$
10	I receive workman's compensation benefits in the amount of	\$
11	I receive unemployment benefits in the amount of	\$
12	I receive pension or retirement income in the amount of	\$
13	I receive net rental income in the amount of	\$
14	I receive income from other sources in the amount of	\$
15	Total Income Received (add lines 3-14)	\$

**D. Total monthly income from all sources:**

16	Total From Line 1 OR 2	\$
17	Total From Line 15	\$
18	Total Gross Monthly Income (add lines 16-17)	\$

**Section 2: Personal Deductions**

**A. Fill in the amount of money that is take out of every paycheck for each of the following deductions:**

Line #	Name of Deduction	Amount Deducted Monthly
19	Court Ordered Child Support is deducted from every paycheck in the amount of	\$
20	Federal Income Tax is deducted from every paycheck in the amount of	\$
21	Social Security Tax is deducted from every paycheck in the amount of	\$
22	Medicare is deducted from every paycheck in the amount of	\$
23	Union Dues are deducted from every paycheck in the amount of	\$
24	Health Insurance Cost is deducted from every paycheck in the amount of	\$
25	Life, Disability, or Other Insurance Premiums are deducted from every paycheck in the amount of	\$
26	Federal health Savings Plan contribution is deducted from every paycheck in the amount of	\$
27	Retirement, pension, IRA or 401(k) contributions are deducted from every paycheck in the amount of	\$
28	Savings are deducted from every paycheck in the amount of	\$
29	Other:	\$
30	Other:	\$
31	<b>Total Monthly Deductions (add lines 19-30)</b>	\$

**Section 3: Income Summary**

Line #		
32	Total from Line 18	\$
33	Total from Line 31	\$
	Net Monthly Income ( <b>subtract</b> line 33 from line 32)	\$

**Section 4: Business/Self-Employment Income & Expense Schedule**

A. What is your average gross monthly income/revenue from self-employment of business?  
 \$\_\_\_\_\_.



**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 fess			
Business Entertainment/Travel			
Insurance			
Legal and Professional			
Mortgage or Rent			
Other: (type of expense)			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and Licenses			
Utilities			

**Section 5: Child Information**

**A. Fill in the table below with the name and date of birth of each of your children, parent the child is living with, and whether the child is from this marriage or relationship?**

Child's Name	Child's Date of Birth	Whom is child living with? (Mom, Dad, or Both)	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				

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

	Children's Expenses	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child	5 <sup>th</sup> Child
1	Child Care	\$	\$	\$	\$	\$
2	Clothes, Shoes and Accessories	\$	\$	\$	\$	\$
3	Unreimbursed Medical Expenses	\$	\$	\$	\$	\$
4	Telephone and Internet	\$	\$	\$	\$	\$
5	Entertainment	\$	\$	\$	\$	\$
6	Food	\$	\$	\$	\$	\$
7	Insurance (other than health)	\$	\$	\$	\$	\$
8	Education Related Expenses	\$	\$	\$	\$	\$
9	Summer Camp/Programs	\$	\$	\$	\$	\$
10	Vehicle	\$	\$	\$	\$	\$
11	Transportation Cost for Visitation	\$	\$	\$	\$	\$
12	Total Monthly Expenses for Children (add lines 1-10)	\$	\$	\$	\$	\$

**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

**Section 6: Personal Expenses:** 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 of Expense	For Me	For the Other Party	For Both
Home				
Mortgage/Rent/Lease	\$			
Property Taxes	\$			
HOA	\$			
Home Owner's Insurance	\$			
Lawn Care	\$			
Pest Control	\$			
Pool Service	\$			
Security	\$			
Other	\$			
Utilities				
Water	\$			
Electric	\$			
Gas	\$			
Sewer	\$			
Home Phone	\$			
Internet/Cable	\$			
Other	\$			
Medical				
Health Insurance	\$			
Unreimbursed Medical Expenses	\$			
Other	\$			
Transportation				

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Car Loan/Lease Payment	\$			
Fuel	\$			
Auto Insurance	\$			
Other	\$			
Personal				
Food (groceries and restaurants)	\$			
Pets	\$			
Cell Phone	\$			
Membership Fees	\$			
Clothing, Shoes, etc...	\$			
Dry Cleaning	\$			
Other	\$			
Debts				
Credit Card Payments	\$			
Child Support	\$			
Alimony/Spousal Support	\$			
Student Loans	\$			
Other	\$			
Total Monthly Expenses	\$			

**Section 7: Asset and Debt Chart**

A. Complete the chart below by listing all assets and debts, the value of each, the amount owed on each, and whose name the asset or debt is under (You, the Other Party, or Both)

Line#	Description of Asset or Debt	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? (Me, the Other Party or Both)
1		\$	-	\$	=	\$	
2		\$	-	\$	=	\$	
3		\$	-	\$	=	\$	
4		\$	-	\$	=	\$	
5		\$	-	\$	=	\$	
6		\$	-	\$	=	\$	
7		\$	-	\$	=	\$	
8		\$	-	\$	=	\$	
9		\$	-	\$	=	\$	
10		\$	-	\$	=	\$	
11		\$	-	\$	=	\$	
12		\$	-	\$	=	\$	
13		\$	-	\$	=	\$	
14		\$	-	\$	=	\$	
15		\$	-	\$	=	\$	
16		\$	-	\$	=	\$	
17		\$	-	\$	=	\$	
18		\$	-	\$	=	\$	
19		\$	-	\$	=	\$	
20		\$	-	\$	=	\$	
Total Value of Assets (add lines 1-20)		\$	-	\$	=	\$	

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		\$	
Total Unsecured Debt (add lines 1-5)		\$	

IMPORTANT: Read the following paragraph carefully.

I am the ( *check one*)  Plaintiff  Defendant in the above action. 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.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date