

Financial Disclosure

State of Vermont Vermont Superior Court	Division	Unit	Type of Case	Case Number
---	----------	------	--------------	-------------

Name:		Others Living with You (include adults and children)	
Address:	Street:		
	City, State, Zip:		
Home/Cell Phone	()		
Work Phone			
Date of Birth	Mo Day Year / /	Total Number in Household (including yourself)	

EMPLOYMENT

Are you employed? **Y** **N** Employer(s) Name(s) and Address(es) :

Circle Y for yes or N for no

If yes, fill in Name and Address of each employer

INCOME	EXPENSES																																																																		
<div style="display: flex; justify-content: space-between;"> <div> <p>Do you receive Public Assistance? (including TANF/Reach UP; SSI, General Assistance)</p> <p>Do any family members living with you receive public assistance</p> </div> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </table> </div> <div style="text-align: center; margin-top: 10px;"> <p>Monthly Income during the previous year</p> <table style="margin: auto;"> <tr> <th style="text-align: center;">You</th> <th style="text-align: center;">Other Household Members Living With You</th> </tr> </table> </div> <table style="width: 100%;"> <tr> <td>Gross Income from Wages</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Self Employment/Business Income (other than wages)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Investment or Income from assets not included above</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Unemployment Compensation</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Child Support</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Public Assistance</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other Income (Including Disability Insurance and Social Security)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Income</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Monthly Income (Your income plus Household Members)</td> <td colspan="2" style="text-align: center; border: 1px solid black;">\$ _____</td> </tr> <tr> <td>Is your income in the last 30 days significantly different from the previous year</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </table> <p>If YES, please explain the circumstances on page 2.</p>	Yes	No	Y	N	Y	N	You	Other Household Members Living With You	Gross Income from Wages	\$ _____	\$ _____	Self Employment/Business Income (other than wages)	\$ _____	\$ _____	Investment or Income from assets not included above	\$ _____	\$ _____	Unemployment Compensation	\$ _____	\$ _____	Child Support	\$ _____	\$ _____	Public Assistance	\$ _____	\$ _____	Other Income (Including Disability Insurance and Social Security)	\$ _____	\$ _____	Total Income	\$ _____	\$ _____	Total Monthly Income (Your income plus Household Members)	\$ _____		Is your income in the last 30 days significantly different from the previous year	Y	N	<p>Enter your household's monthly expenses</p> <table style="width: 100%;"> <tr> <td>Rent or Mortgage Pmt.</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Electric Service</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Food</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Fuel (heat and/or gas)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Phone</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Clothing</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Medical</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Child Support</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Auto Loan Payments</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Property Taxes</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Insurance (Incl. Health, Auto, etc)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other Expenses: please specify</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">\$ _____</td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Total Expenses</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">\$ _____</div> </div>	Rent or Mortgage Pmt.	\$ _____	Electric Service	\$ _____	Food	\$ _____	Fuel (heat and/or gas)	\$ _____	Phone	\$ _____	Clothing	\$ _____	Medical	\$ _____	Child Support	\$ _____	Auto Loan Payments	\$ _____	Property Taxes	\$ _____	Insurance (Incl. Health, Auto, etc)	\$ _____	Other Expenses: please specify	\$ _____		\$ _____		\$ _____
Yes	No																																																																		
Y	N																																																																		
Y	N																																																																		
You	Other Household Members Living With You																																																																		
Gross Income from Wages	\$ _____	\$ _____																																																																	
Self Employment/Business Income (other than wages)	\$ _____	\$ _____																																																																	
Investment or Income from assets not included above	\$ _____	\$ _____																																																																	
Unemployment Compensation	\$ _____	\$ _____																																																																	
Child Support	\$ _____	\$ _____																																																																	
Public Assistance	\$ _____	\$ _____																																																																	
Other Income (Including Disability Insurance and Social Security)	\$ _____	\$ _____																																																																	
Total Income	\$ _____	\$ _____																																																																	
Total Monthly Income (Your income plus Household Members)	\$ _____																																																																		
Is your income in the last 30 days significantly different from the previous year	Y	N																																																																	
Rent or Mortgage Pmt.	\$ _____																																																																		
Electric Service	\$ _____																																																																		
Food	\$ _____																																																																		
Fuel (heat and/or gas)	\$ _____																																																																		
Phone	\$ _____																																																																		
Clothing	\$ _____																																																																		
Medical	\$ _____																																																																		
Child Support	\$ _____																																																																		
Auto Loan Payments	\$ _____																																																																		
Property Taxes	\$ _____																																																																		
Insurance (Incl. Health, Auto, etc)	\$ _____																																																																		
Other Expenses: please specify	\$ _____																																																																		
	\$ _____																																																																		
	\$ _____																																																																		

Cash Assets	Other Assets																
<table style="width: 100%;"> <tr> <td>Cash On Hand</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Checking Account</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Savings Account</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Cash Assets</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Cash On Hand	\$ _____	Checking Account	\$ _____	Savings Account	\$ _____	Total Cash Assets	\$ _____	<table style="width: 100%;"> <tr> <th style="text-align: left;">Real Estate (Location)</th> <th style="text-align: left;">Auto (Make, Model, Yr)</th> </tr> <tr> <td>Fair Market Value</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Outstanding Mortgage</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Net Value</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Real Estate (Location)	Auto (Make, Model, Yr)	Fair Market Value	\$ _____	Outstanding Mortgage	\$ _____	Net Value	\$ _____
Cash On Hand	\$ _____																
Checking Account	\$ _____																
Savings Account	\$ _____																
Total Cash Assets	\$ _____																
Real Estate (Location)	Auto (Make, Model, Yr)																
Fair Market Value	\$ _____																
Outstanding Mortgage	\$ _____																
Net Value	\$ _____																

I have additional assets **Y** **N**

If YES, please describe below

Financial Disclosure

--	--

Additional Assets:

Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net value
Real Property	Description	FMV	Mortgage	Net Value
Other Assets e.g. tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.	Description	FMV		

Other Employed Household Members

Name of Household Member	Name of Employer	Employer's Address

Change in Monthly Income: If your current monthly income is significantly different from last year's income, please describe your current monthly income and the reasons why it changed.

My current monthly income is:	\$	
My current household income is:	\$	

The reason for the change is: (This section must be filled out if you have a change in income.)

I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.

Date: _____ Signature _____

Printed Name _____

Mailing Address

Home/Cell Phone _____

Work Phone _____

Email Address _____