

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: flex-end; margin-bottom: 10px;"> <div style="margin-right: 20px;">Yes</div> <div>No</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <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> <div style="width: 10%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; 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> <div style="text-align: center; margin-top: 10px;"> <p>Monthly Income during the previous year</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">You</th> <th style="width: 50%; text-align: center;">Other Household Members Living With You</th> </tr> </table> </div> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Gross Income from Wages</td><td style="width: 20%;">\$ _____</td><td style="width: 20%;">\$ _____</td></tr> <tr><td>Self Employment/Business Income (other than wages)</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Investment or Income from assets not included above</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Unemployment Compensation</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Child Support</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Public Assistance</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Other Income (Including Disability Insurance and Social Security)</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Total Income</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>Total Monthly Income (Your income plus Household Members)</td><td>\$ _____</td><td></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> | 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%; border-collapse: collapse;"> <tr><td>Rent or Mortgage Pmt.</td><td style="width: 20%;">\$ _____</td></tr> <tr><td>Electric Service</td><td>\$ _____</td></tr> <tr><td>Food</td><td>\$ _____</td></tr> <tr><td>Fuel (heat and/or gas)</td><td>\$ _____</td></tr> <tr><td>Phone</td><td>\$ _____</td></tr> <tr><td>Clothing</td><td>\$ _____</td></tr> <tr><td>Medical</td><td>\$ _____</td></tr> <tr><td>Child Support</td><td>\$ _____</td></tr> <tr><td>Auto Loan Payments</td><td>\$ _____</td></tr> <tr><td>Property Taxes</td><td>\$ _____</td></tr> <tr><td>Insurance (Incl. Health, Auto, etc)</td><td>\$ _____</td></tr> <tr><td>Other Expenses: please specify</td><td>\$ _____</td></tr> <tr><td></td><td>\$ _____</td></tr> <tr><td></td><td>\$ _____</td></tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Total Expenses</div> <div>\$ _____</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 | \$ _____ | | \$ _____ | | \$ _____ |
| 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%; border-collapse: collapse;"> <tr><td>Cash On Hand</td><td style="width: 20%;">\$ _____</td></tr> <tr><td>Checking Account</td><td>\$ _____</td></tr> <tr><td>Savings Account</td><td>\$ _____</td></tr> <tr><td>Total Cash Assets</td><td>\$ _____</td></tr> </table> | Cash On Hand | \$ _____ | Checking Account | \$ _____ | Savings Account | \$ _____ | Total Cash Assets | \$ _____ | <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: left;">Real Estate (Location)</th> <th style="width: 50%; text-align: left;">Auto (Make, Model, Yr)</th> </tr> <tr> <td>Fair Market Value</td> <td>\$ _____</td> </tr> <tr> <td>Outstanding Mortgage</td> <td>\$ _____</td> </tr> <tr> <td>Net Value</td> <td>\$ _____</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

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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 _____