Financial Disclosure

State of Vermont Vermont Superior Court	Division Unit			Type of Case	Case Number						
	· ·		·		·						
Name:		Others Living with You (include adults and children)									
Street:											
Address: City, State, Zip:											
- 7, , ,											
Home/Cell Phone	()										
Work Phone											
	Mo Day Yea	<u> </u>									
Date of Birth	1 1			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									
		Yes	No	Enter your household's mon	thly expenses						
Do you receive Public		Y	N	Rent or Mortgage Pmt.	\$						
(including TANF/Reach UP; SS	·				· 						
Do any family members I public assistance	iving with you receive	Y	N	Electric Service	\$						
'	Monthly In	come		Food	¢						
	during the pre	vious ye Other Hous		1 000	Ψ						
	You M	Fuel (heat and/or gas)	\$								
Gross Income from Wages	\$\$_			Phone	\$						
Self Employment/Business Income (other than wages)	\$\$\$			Clothing	\$						
Investment or Income from	\$ \$			Medical	\$						
assets not included above Unemployment	\$ \$			Child Support	\$						
Compensation	\$ \$										
Child Support	T			Auto Loan Payments	\$						
Public Assistance Other Income (Including Disability	\$ \$ __			Property Taxes	\$						
Insurance and Social Security)	\$\$\$			Insurance (Incl. Health, Auto, etc)	\$						
Total Income	\$ \$			Other Expenses: please specify	\$						
Total Monthly Income (Your income plus Household N	Members)				\$						
Is your income in the last significantly different from		Y	N		\$						
If YES, please explain the c	ircumstances on page 2	Total Expenses	\$								
Cash As	ssets	Other Ass									
Cash On Hand	\$			Real Estate (Location)	Auto (Make, Model, Yr)						
Checking Account	\$		Fair Mark	et \$	\$						
	¢		Value Outstandi	ing c	•						
Savings Account Total Cash Assets	\$ \$		Mortgage	_	\$						
Total Cash Assets \$ Net Value \$ \$ I have additional assets Y N If YES, please describe below											

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Additional Asse	ets:								
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 Name of Household Me			mbers of Employe	er l		Employer's Addres	S		
Name of Household Member Hame of En			от Етіріоўс) i		Employer 3 Address	<u> </u>		
Change in Mont income, please describe	hly I	ncome: If y	our current	monthly in	come is signific	antly different from l	ast year's		
My current monthly	incon	ne is:	\$	14 115		904.			
My current househo			\$	د ا- داره ما د	6 if were boyed a	- In the second (
The reason for the	Chan	ige is: (This s	section musi	t be filled c	ut ir you nave a	change in income.)			
I declare that the abounderstand that if the in the discretion of the	e abov	e statement i			•	_			
Date:				Signature					
				Printed Name					
Mailing Address				Home/Cell Phone					
			Email Address						