

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

IN RE THE MARRIAGE / CHILDREN OF:

CIVIL ACTION NO. _____
CIRCUIT JUDGE _____

_____,
Petitioner

and

_____,
Respondent

FINANCIAL STATEMENT

PETITIONER RESPONDENT

BY LAW, IN CASES OF DIVORCE, ALIMONY AND THE CUSTODY AND SUPPORT OF DEPENDENT CHILDREN, ALL PARTIES MUST INFORM THE COURT ABOUT THEIR PROPERTY, DEBTS AND/OR INCOME.

YOU MUST FILL OUT THIS FORM AND FILE IT WITH THE CIRCUIT CLERK AT LEAST FIVE (5) DAYS BEFORE YOUR HEARING.

READ EACH QUESTION CAREFULLY AND FILL IN ALL INFORMATION THAT IS REQUESTED. AFTER YOU HAVE COMPLETED THE FORM, YOU MUST SIGN THE VERIFICATION FORM (LAST PAGE) IN FRONT OF A NOTARY PUBLIC.

YOU MUST ATTACH THE FOLLOWING DOCUMENTS WHEN YOU FILE THIS FORM:

- 1) Your two (2) most recent federal tax returns.
- 2) Forms 1099 and W-2 for the two (2) most recent tax years.
- 3) Your three (3) most recent pay stubs showing total pay and net pay for a normal pay period and year-to-date.
- 4) If you are self-employed, copies of any financial statement.
- 5) Copy of all receipts for extraordinary medical expenses, child care and other special needs of the child.

IF THE INFORMATION YOU LISTED IN THIS STATEMENT SHOULD CHANGE, YOU MUST UPDATE THIS FORM BEFORE THE HEARING.

Form 7

Full Name _____

Address _____

Social Security No: _____

Physical/mental disability, impairment or handicap _____

Age _____ Education _____

Telephone number (home) _____

Employer _____ Type of work _____

Address _____

Telephone number of employer _____ Date Employed _____

Hourly Rate of Salary _____ Gross Salary _____

Paid: Weekly _____ Every two weeks _____ Twice a Month _____ Monthly _____

Do you receive TANF (formerly known as AFDC) benefits? _____

If you do, list the monthly amount _____.

INCOME: (Attach written proof for each source of income)

INCOME	MONTHLY
1. Salary	
2. Wages	
3. Commissions	
4. Fees	
5. Bonuses	
6. Profit-Sharing	
7. Tips and other income	
8. Payments from a pension plan	
9. Payments under an insurance contract	
10. Annuity Payments	

INCOME	MONTHLY
11. Social Security paid directly to parent	
12. Social Security paid directly to children	
13. Unemployment benefits	
14. Supplemental employment benefits	
15. Workers compensation benefits	
16. State lottery winnings	
17. Interest, dividend or royalties	
18. Expense reimbursements	
19. In-kind payments	
20. Overtime pay	
21. Self-employment income	
22. Seasonal income	
23. Alimony and separate maintenance	
24. Severance pay	
25. Capitol gains	
26. Gambling proceeds	
27. Gifts or prizes	
TOTAL	

For wage earning employees who work fluctuating hours and/or overtime, gross pay and involuntary deductions should be based upon a wage history of at least six months, or the length of the most recent employment, whichever is less. INCOME HISTORY MUST BE DOCUMENTED BY W-2 FORMS, and/or YEAR-TO-DATE FIGURES ON THE MOST RECENT PAY STUBS.

UNEMPLOYMENT

If you are not currently employed, please provide the following information:

- A. Name of last employer _____
- B. Address of last employer _____

- C. Total monthly income from last job \$ _____
- D. Type of work _____
- E. Reason for leaving _____
- F. Last day worked _____
- G. Have you applied for unemployment benefits? _____
- H. Amount of unemployment check \$ _____
- I. Efforts to find new job _____

Other party's Social Security No. _____ Other party's total monthly income \$ _____

This is based on :

- Amount of income at time of separation;
- Information provided by the other party;
- Information provided by another person;
- Other (*list*) _____

ALL WAGE EARNING EMPLOYEES MUST ATTACH DOCUMENTATION OF INCOME, SUCH AS W-2 FORMS, MOST RECENT PAY STUB WITH YEAR-TO-DATE FIGURES, AND/OR LETTER FROM EMPLOYER.

ALL SELF-EMPLOYED INDIVIDUALS MUST PROVIDE DOCUMENTS SHOWING GROSS EARNINGS AND BUSINESS EXPENSES.

PROPERTY

(Describe and value the property as of the date of separation. If you use another date explain the reasons.)

MARITAL PROPERTY

<u>REAL ESTATE</u>	<u>Date of Purchase</u>	<u>Market Value</u>	<u>Amount Owed</u>	<u>Net Value</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER

PERSONAL PROPERTY

<u>REAL ESTATE</u>	<u>Date of Purchase</u>	<u>Market Value</u>	<u>Amount Owed</u>	<u>Net Value</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Motor Vehicles

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

Household Goods

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

Bank Deposits/Credit Unions

Employer Investment Plans, Stock Purchase Plans, Profit Sharing, etc.

Job Termination Benefits **Amount**

Pension or Retirement Plans **Value**

(The value of pension or retirement plans shall be based upon present value, if available.)

Business **How Held** **Market Value**

Insurance Policies **Type** **Cash Value**

Certificate of Deposit **Date Obtained** **Balance**

IRA/Annuities **Date Obtained** **Balance**

Other Property, e.g. Stocks, Bonds, etc. **Value**

TOTAL **\$**

DEBTS

SECURED CREDITORS:

(A lender, seller or other person in whose favor there is a security interest. W.Va. Code §46-9-105(1)(m); Collateral means the property subject to a security interest. W.Va. Code §46-9-105(1)(c); such as houses and automobiles.)

<u>Creditor</u>	<u>Collateral or Security</u>	<u>Amount Owed</u>	<u>Monthly Payments</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UNSECURED CREDITORS: (Such as credit card accounts, doctor bills, etc.)

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

TOTAL \$ _____ \$ _____

IF THE PARTIES ARE THE PARENTS OF MINOR CHILDREN - COMPLETE THE FOLLOWING:

Please list all of the child(ren) of the parties in this case:

CHILD'S NAME	AGE	BIRTH DATE	SOCIAL SECURITY NUMBER

A. Do your children receive social security benefits?

- Yes: Amount \$ _____ per month.
 No

B. Do your children receive any income or wages?

- Yes: Amount \$ _____ per month.
 No

C. Do your children have any special needs or other extraordinary expenses that should affect the amount of child support?

- Yes: (explain) _____

- No

D. Are child care expenses paid so that the custodial parent can work or seek work?

- Yes: Amount \$ _____ per month. **ATTACH RECEIPTS.**
 No

MINOR CHILDREN Cont.

E. How many minor children do you have? _____.

F. Do you have any disabled adult children for whom you provide support?_____.

If you do have disabled adult children, please explain and provide documentation.

MEDICAL INSURANCE:

Is medical and hospital insurance available to you through your employment?

- Yes Dental coverage Eye coverage
 No: You must provide written verification from your employer if medical insurance is not available through your job.

Please complete the following:

A. Name of insurance company	
B. Address, City, State and Zip Code (where to send claims)	
C. Policy number	
D. Group number	
E. Other numbers (if any)	
F. Persons covered	
G. Restriction on use (if any)	
H. Amount of children's portion of premium	
I. Deductibles	

Do you have recurring medical expenses for yourself or your children which are not covered completely by your medical insurance? _____. If you do, please submit documents that show the cost of the medical expense, how often it is needed, the amount covered by your insurance and the amount you must pay.

OTHER CHILD SUPPORT PAYMENTS:

Do you pay child support for children other than the children in this case?

No

Yes: Please complete the following:

CHILD'S NAME	BIRTH DATE	SOCIAL SECURITY NUMBER	MONTHLY PAYMENT

If you want the court to consider these payments, **ATTACH A COPY OF THE ORDER** requiring the payments and records showing your payment history.

IF ALIMONY IS REQUESTED COMPLETE THE FOLLOWING:

MONTHLY EXPENSES

Total monthly payments for Debts listed above	\$ _____
Rent or mortgage _____	\$ _____
Utilities: Electric	\$ _____
Gas	\$ _____
Water/Sewer	\$ _____
Trash	\$ _____
Telephone	\$ _____
Cable	\$ _____
Food	\$ _____
Clothing	\$ _____
Gas & Oil (auto)	\$ _____
Repair and Maintenance (auto)	\$ _____
Insurance (auto)	\$ _____
Insurance (medical)	\$ _____
Insurance (other)	\$ _____
Repair and maintenance (home)	\$ _____
Child care expense	\$ _____
Entertainment and recreation	\$ _____
Personal care	\$ _____
Medical expenses	\$ _____
Other (Specify) _____	\$ _____
_____	\$ _____
TOTAL	\$ _____

ALIMONY Cont.

Do you make alimony payments?

- Yes: Attach order requiring payments and records showing your payment history.
- No

IF EITHER YOU OR YOUR SPOUSE IS REQUESTING ALIMONY, COMPLETE THE FOLLOWING:

WIFE'S EDUCATION:

SCHOOL	DIPLOMA/DEGREE	YEAR

WIFE'S WORK HISTORY:

EMPLOYER	POSITION	STARTING	ENDING

HUSBAND'S EDUCATION:

SCHOOL	DIPLOMA/DEGREE	YEAR

ALIMONY Cont.

HUSBAND'S WORK HISTORY:

EMPLOYER	POSITION HELD	STARTING DATE	ENDING DATE

The wife is ____ years old. The husband is ____ years old.

The wife's physical, mental and emotional health is:

Excellent

Good

Poor - explain: _____

The husband's physical, mental and emotional health is:

Excellent

Good

Poor - explain: _____

ALIMONY Cont.

Explain how the division of the parties' marital property will affect the wife's ability to pay or need to receive alimony.

Explain how the division of the parties' marital property will affect the husband's ability to pay or need to receive alimony.

Explain whether additional education or training would help the party seeking alimony to increase his/her ability to earn income within a reasonable time.

The anticipated cost of the additional education and training is \$_____

This education and training can be completed by _____

The annual costs of educating the parties' children is \$_____

ALIMONY Cont.

The anticipated annual costs of providing health care for the following persons after the divorce:

(Please attach documents from the insurer showing these costs)

a. Wife \$ _____

b. Husband \$ _____

c. Child/ren of the parties \$ _____

If alimony is awarded, what are the likely tax consequences for each party:

am under a court order to support the following persons: (Attach copy of the order)

Explain any other reasons why alimony should be awarded or denied.

VERIFICATION

The information provided in this Financial Statement is true and accurate, to the best of my knowledge and belief.

**I UNDERSTAND THAT THE DELIBERATE FAILURE
TO PROVIDE COMPLETE DISCLOSURE OR KNOWINGLY PROVIDE
INCORRECT INFORMATION CONSTITUTES THE CRIME OF FALSE SWEARING.**

 Petitioner Respondent

STATE OF WEST VIRGINIA,

COUNTY OF _____, TO-WIT:

Taken, subscribed and sworn to before me on this date _____.

NOTARY PUBLIC

My Commission Expires: _____

THE INFORMATION DISCLOSED ON THIS FORM SHALL BE CONFIDENTIAL
AND MAY NOT BE MADE AVAILABLE TO ANY PERSON FOR ANY PURPOSE
OTHER THAN THE ADJUDICATION, APPEAL, MODIFICATION
OR ENFORCEMENT OF THIS CIVIL ACTION.