

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

_____, PLAINTIFF

VS. CAUSE NO. _____

_____, DEFENDANT

FINANCIAL DECLARATION OF _____

I. GENERAL INFORMATION:

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

ADDRESS: _____

MINOR CHILDREN OF PARTIES:

Name

Date of Birth

* Note: This declaration must be filed with the Chancellor before or at the time of the hearing. Failure by either party to complete, present, and file this form as required will authorize the Court to accept the statement of the other party as the basis for its decision. Fill out for self and other party also, insofar as possible. Any false statement made hereon may be considered a fraud upon the Court.

II. STATEMENT OF INCOME, EXPENSES, ASSETS AND LIABILITIES

*Attach copies of State and Federal Income Tax Returns for last two taxable years and wage statements from your employer for last eight (8) weeks.

<u>Gross Monthly Income</u>	<u>Amount</u>
1. Salary and wages, including commissions, bonuses, allowance, and overtime Note: To arrive at monthly income figure if paid weekly, multiply by 4.3; if paid bi-weekly, multiply by 2.15	_____
2. Pensions and retirement	_____
3. Social Security	_____
4. Disability and unemployment payments	_____
5. Public Assistance (welfare, AFDC payments, etc.)	_____
6. Child support from any prior order	_____
7. Dividends and interest	_____
8. Rental Income	_____
9. All other Sources (specify below)	_____
10. TOTAL MONTHLY INCOME	\$ _____

<u>Monthly Deductions from Gross Income</u>	<u>Amount</u>
1. State Income Taxes	_____
2. Federal Income Taxes	_____
3. Social Security	_____
4. Mandatory Medical Insurance	_____
5. Mandatory Retirement	_____
6. Union or other dues	_____
7. Medicare	_____
8. Other	_____
9. TOTAL MONTHLY DEDUCTIONS	_____
10. ADJUSTED GROSS INCOME	\$ _____

Other Payroll Deductions:

11. Medical or other Insurance which is voluntary	_____
12. Union or other Dues	_____
13. Retirement or pension which is mandatory Beneficiary: _____	_____
14. Retirement or pension which is voluntary Beneficiary: _____	_____
15. Credit Union	_____
16. Other: _____	_____
Total Deductions Monthly	\$ _____
NET MONTHLY INCOME - TAKE HOME PAY	\$ _____

III. EXPENSE STATEMENT

A. Living Expenses as of: _____

<u>Expense</u>	<u>Self</u>	<u>Children</u>
1. Rent/Mortgage	_____	_____
2. Real Property Taxes	_____	_____
3. Real Property Insurance	_____	_____
4. Maintenance (Residence)	_____	_____
5. Food/Household Supplies	_____	_____
6. Water, Sewer, Etc.	_____	_____
7. Electricity	_____	_____
8. Gas (Residence)	_____	_____
9. Telephone	_____	_____
10. Laundry & Cleaning	_____	_____
11. Clothing	_____	_____
12. Insurance (Not payroll deducted)	_____	_____
13. Medical Expenses/Pharmaceutical	_____	_____
14. Dental Expenses	_____	_____
15. Child Care	_____	_____
16. Children's Allowances	_____	_____
17. Payment of Alimony/Child Support	_____	_____
Payments made to former spouse per decree		
18. School Expenses	_____	_____
19. Entertainment	_____	_____
20. Incidentals & Miscellaneous	_____	_____
21. Transportation (other than vehicle)	_____	_____
22. Gasoline & oil (automobile)	_____	_____
23. Car repairs and Maintenance	_____	_____
24. Insurance (automobile)	_____	_____
25. Automobile payments	_____	_____
26. Church Donations	_____	_____
27. Charitable Donations	_____	_____
28. Newspaper/Magazines	_____	_____
29. Cable TV	_____	_____
30. Pet Expenses	_____	_____
31. Yard Expenses	_____	_____
32. Maid	_____	_____

- 33. Retirement _____
- 34. Pest Control _____
- 35. Dining Out _____

TOTAL LIVING EXPENSES: \$ _____

36. Installment Payments (Notes, loans, charge accounts, credit cards, promissory notes not previously listed)

<u>Creditor</u>	<u>Monthly Payment</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

37. Other Expenses

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

TOTAL INSTALLMENT PAYMENTS: _____

COMBINED TOTAL EXPENSES: \$ _____

EXHIBIT B

IV. STATEMENT OF ASSETS

*All property of the parties known to me owned individually or jointly indicating who holds or how title held: (H) Husband; (W) Wife; (J) Joint

(A) REAL ESTATE

List mortgage balance also under liabilities on the next page. List the amount of your monthly payment only under **LIABILITIES.

1. Address: _____

Names on Title: _____
Original Cost: _____
Mortgage Balance: _____
Present Value: _____
Equity: _____
Other Liens: _____
Basis of Valuation: _____
Monthly Payments: _____
To whom: _____
Individual Contributions: _____

2. Address: _____

Names on Title: _____
Original Cost: _____
Mortgage Balance: _____
Present Value: _____
Equity: _____
Other Liens: _____
Basis of Valuation: _____
Monthly Payments: _____
To whom: _____
Individual Contributions: _____

(B) MOTOR VEHICLES

Vehicle #1: _____
Registered in Name of: _____
Mileage: _____
Value: _____
Loan Balance: _____
Equity: _____
How Costs Paid: _____

Vehicle #2: _____
Registered in Name of: _____
Mileage: _____
Value: _____
Loan Balance: _____
Equity: _____
How Costs Paid: _____

Vehicle #3: _____
Registered in Name of: _____
Mileage: _____
Value: _____
Loan Balance: _____
Equity: _____
How Costs Paid: _____

Vehicle #4: _____
Registered in Name of: _____
Mileage: _____
Value: _____
Loan Balance: _____
Equity: _____
How Costs Paid: _____

(C) OTHER PERSONAL PROPERTY(Home Computers, guns, lawn mowers, Tv's, jewelry, household furnishings, etc.)

<u>Items</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL VALUE:\$ _____

(D) CHECKING/SAVINGS ACCOUNT

<u>Name on Account</u>	<u>Type of Account</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL VALUE:\$ _____

(E) OTHER INVESTMENTS (IRA'S Stocks, mutual funds, pension plans, retirement, 401k, etc.)

<u>Name(s) on Account</u>	<u>Type of Investment</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL VALUE:\$ _____

(F) LIFE INSURANCE (Exclude Children)

<u>Insured</u>	<u>Company</u>	<u>Face Amount</u>	<u>Loans</u>	<u>Cash Value</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(G) ALL OTHER ASSETS:

<u>Description</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL VALUE OF ALL ASSETS \$ _____

V. STATEMENT OF LIABILITIES

** Include Mortgage, car loan, credit cards, personal loans. (Also include these on #36).

<u>Creditor</u>	<u>Names on Account</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Who Pays</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL LIABILITIES: \$ _____

ACKNOWLEDGMENT OF TRUTHFULNESS

I, _____, declare to the Court that the foregoing statements, exhibits, and attachments, are true and correct and that this declaration was executed on the ____ day of _____, _____.

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

_____, **PLAINTIFF**

VS. **CAUSE NO.** _____

_____, **DEFENDANT**

CERTIFICATE OF COMPLIANCE

I, A. E. (Rusty) Harlow, do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED on this the ____ day of _____, 2009.

HARLOW LAW FIRM, P.A.
1360 Sunset Drive Suite 3
Grenada, MS 38901
662-226-7215
662-226-2932 (fax)

BY: _____
A. E. (Rusty) Harlow, MSB # 3089