


Complete all highlighted areas of this form. If something does not apply, use N/A.

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court Pueblo County, Colorado Court Address: 501 N. Elizabeth, Room 116 Pueblo, CO 81003	<p style="text-align: center;">▲ COURT USE ONLY ▲</p> 
In re: <input checked="" type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: Willy John Wonka – Party who filed case. and Co-Petitioner/Respondent: Mary Jane Wonka – Other Party.	
Attorney or Party Without Attorney (Name and Address): Willy John Wonka 123 Alphabet Street Pueblo, CO 12345 Phone Number: 719-696-1224 E-mail: MJW@superstar.net	Case Number: 18DR555 Division 402 Courtroom 402
SWORN FINANCIAL STATEMENT	

EXAMPLE ONLY– COMPLETE FORM AS IT APPLIES TO YOUR SITUATION

I, **Willy John Wonka** (full name) am am not currently employed.

(COMPLETE THIS SECTION IF YOU ARE EMPLOYED.)

I am employed **40** hours per week. I am paid weekly bi-weekly twice a month monthly.

My pay is based on a Monthly Salary Hourly rate of \$ **4500.00** Other: _____

Date employment began **10/15/2003**

My occupation is: **Carpenter** Name of employer: **Elmo's Building Blocks**

Address of employer: **123 Sesame Street**

If unemployed, what date did you last work? **March 15, 2017**

I am unemployed due to disability involuntary layoff at work other: _____

This household consists of **1** adult(s), and **2** minor child(ren).

I believe the monthly gross income of the other party is \$ **2400.00**

Annual gross income (last tax year 20__) for Petitioner \$ **54,000.00**, Co-Petitioner/Respondent \$ **28,800.00**



1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)

Gross Monthly Income (before taxes and deductions) from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	\$ 4500.00	Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input checked="" type="checkbox"/> SSI (supplemental income – need based)	\$ 0
Unemployment & Veterans' Benefits	0.00	Disability, Workers' Compensation	0.00
Pension & Retirement Benefits	20.00	Interest & Dividends	0.00
Public Assistance (TANF)	0.00	Other - _____	_____
Total Monthly Income			\$4520.00
Miscellaneous Income			
Royalties, Trusts, and Other Investments	\$0.00	Contributions from Others	\$0.00
Dependent Children's monthly gross		All other sources, i.e. personal injury	

income. Source of Income:	0.00	settlement, non-reported income, etc.	0.00
Rental Net Income	0.00	Expense Accounts	0.00
Child Support from Others	0.00	Other -	0.00
Spousal/Partner Support (Maintenance) from Others	0.00	Other -	
Total Monthly Miscellaneous Income			\$0.00
Total Income			\$4520.00

2. Monthly Deductions (Mandatory and Voluntary)

Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax	\$ 10.00	State/Local Income Tax	\$5.00
PERA/Civil Service		Social Security Tax	10.00
Medicare Tax	5.00	Other -	
Total Mandatory Deductions			\$30.00
Voluntary Deductions	Cost Per Month		Cost Per Month
Life and Disability Insurance	\$5.00	Stocks/Bonds	\$0.00
Health, Dental, Vision Insurance Premium	100.00	Retirement & Deferred Compensation (401K, IRA)	50.00
Total number of people covered on Plan →	3		
Child Care (deducted from salary)	50.00	Other -	0.00
Flex Benefit Cafeteria Plan	20.00	Other -	0
Total Voluntary Deductions			\$225.00
Total Monthly Deductions			\$255.00

3. Monthly Expenses

Note: List regular monthly expenses below that you pay on an on-going basis and that are not identified in the deductions above.

A. Housing

	Cost Per Month		Cost Per Month
1 st Mortgage	\$850.00	2 nd Mortgage	\$0.00
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)	0.00	Condo/Homeowner's/Maintenance Fees	0.00
Rent	0.00	Other -	0.00
Total Housing			\$850.00

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	\$250.00	Water, Sewer, Trash Removal	\$100.00
Telephone (local, long distance, cellular & pager)	100.00	Property Care (Lawn, snow removal, cleaning, security system, etc.)	0.00
Internet Provider, Cable & Satellite TV	150.00	Other -	0.00
Total Utilities and Miscellaneous Housing Services			\$600.00

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	\$500.00	Dining Out	\$100
Total Food & Supplies			\$600.00

D. Health Care Costs (Co-pays, Premiums, etc.)

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$30.00	Dentist and Orthodontist	\$0.00
Medicine & RX Drugs	75.00	Therapist	0.00
Premiums (if not paid by employer)		Other -	0
Total Health Care			\$105.00

E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$ 250.00	Other Vehicle Payments	\$0.00
Fuel, Parking, and Maintenance	350.00	Insurance & Registration/Tax Payments (yearly amount(s) ÷12)	50.00
Bus & Commuter Fees	0.00	Other -	0.00
Total Transportation			\$650.00

F. Children's Expenses and Activities

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$20.00	Child Care	\$100.00
Extraordinary Expenses i.e. Special Needs, etc.	0.00	Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	100.00
Tuition	0.00	Other -	0.00
Total Children's Expenses and Activities			\$220.00

G. Education for you - Please identify status: Full-time student Part-time student

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.	0.00	Other -	0
Total Education			\$0.00

H. Maintenance (Spousal/Partner Support) & Child Support (that you pay)

	Cost Per Month		Cost Per Month
Maintenance		Child Support	
<input type="checkbox"/> This family	\$0.00	<input checked="" type="checkbox"/> This family	\$600.00
<input type="checkbox"/> Other family	0.00	<input type="checkbox"/> Other family	0.00
Total Maintenance and Child Support			\$600.00

I. Miscellaneous (Please list on-going expenses not covered in the sections above)

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$20.00	Personal Care (Hair, Nail, Clothing, etc.)	\$20.00
Legal/Accounting Fees	0.00	Subscriptions (Newspapers, Magazines, etc.)	10.00
Charity/Worship	50.00	Movie & Video Rentals	10.00

Vacation/Travel/Hobbies	20.00	Investments (Not part of payroll deductions)	
Membership/Clubs	30.00	Home Furnishings	
Pets/Pet Care	20.00	Sports Events/Participation	
Other -		Other -	
Other -		Other -	
Total Miscellaneous			\$139.00

Total Monthly Expenses (Totals from A – I)	\$3764.00
---	------------------

4. Debts (unsecured)

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., etc. **Do not** list debts that are liens against your property, such as mortgages and car loans, because that payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles.

For name on account, "P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

Jo Johnson Hardware	5555	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/01/13	\$2000.00	\$20.00	Work Tools
Kohl's	1111	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/01/13	1500.00	15.00	Christmas
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Total unsecured Debt balance and minimum monthly payment.						\$3500.00	\$35.00	→Total Minimum Monthly Payment

You must calculate this page by selecting data from pages 1 through 4 and placing in the appropriate location above.

SWORN FINANCIAL STATEMENT SUMMARY (INCOME/EXPENSES)

Total Income (from Page 1)	\$ 4520.00	A
Total Monthly Deductions (from Page 2)	\$ 255.00	B
Total Monthly Net Income (A minus B)	\$ 4265.00	
Total Monthly Expenses (from Page 3)	\$ 3764.00	C
Total Minimum Monthly Payment Required - Debts Unsecured (from Page 4)	\$ 35.00	D
Total Monthly Expenses and Payments (C plus D)	\$ 3799.00	

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments)	(+/-) \$ 466.00
--	------------------------

Assets

You **MUST** disclose all assets correctly. By indicating "None", you are stating affirmatively that you or the other party, do not have assets in that category. Please attach additional copies of pages 5 & 6 to identify your assets, if necessary.

→ **If the parties are married or partners in a civil union**, check under the heading Joint (J) all assets acquired during the marriage/civil union but not by gift or inheritance. Under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage/civil union and assets acquired by gift or inheritance.

→ **If the parties were NEVER married to each other or are using this form to modify child support**, list all of each party's assets under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R).

"P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) <input type="checkbox"/> None	P	C/R	J	Estimated Value as of Today. Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
123 Alphabet Street, Pueblo CO 12345	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$175000.00	\$125000.00	\$50000.00
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.00
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.00
Total				\$175000.00	\$125000.00	\$50000.00

B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> None	P	C/R	J	Estimated Value as of Today. Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
2011 Ford F-150 4x4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15000.00	10000.00	5000.00
2005 Toyota Camry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10000.00	0.00	10000.00
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.00
Total				\$25000.00	\$10000.00	\$15000.00

C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	P	C/R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
Best Bank of America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Savings	5555	4500.00
Best Bank of America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checking	5556	2200.00
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$6700.00

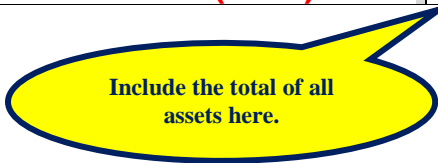
D. Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None	P	C/R	J	Type of Policy	Face Amount of Policy	Cash Value today
Super Life Insurance Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole Life	\$100000.00	\$100000.00
Elmo's Building Blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Whole Life	25000.00	25000.00
US Banking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Whole Life	25000.00	25000.00
Total					\$150000.00	\$150000.00

E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. <input type="checkbox"/> None	P	C/R	J	Current Possession Held by			Estimated Value as of Today. Value = what you could sell it for in its current condition.
				P	C/R	J	
All household furniture and appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$10000.00
Power tools, hand tools, shop equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10000.00
Lawn Mower, Lawn & Garden Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000.00
Riding Lawn Mower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2500.00
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total							\$23500.00

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input checked="" type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$
G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input checked="" type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$50000.00

H. Miscellaneous Assets			
<input checked="" type="checkbox"/> None If you own any of the assets identified below, please check the appropriate box and attach JDF 1111-SS to report the value.			
<input type="checkbox"/> Business Interests	<input type="checkbox"/> Stock Options	<input type="checkbox"/> Money/Loans owed to you	<input type="checkbox"/> IRS Refunds due to you
<input type="checkbox"/> Country Club & Other Memberships	<input type="checkbox"/> Livestock, Crops, Farm Equipment	<input type="checkbox"/> Pending lawsuit or claim by you	<input type="checkbox"/> Accrued Paid Leave (sick, vacation, personal)
<input type="checkbox"/> Oil and Gas Rights	<input type="checkbox"/> Vacation Club Points	<input type="checkbox"/> Safety Deposit Box/Vault	<input type="checkbox"/> Trust Beneficiary
<input type="checkbox"/> Frequent Flyer Miles	<input type="checkbox"/> Education Accounts	<input type="checkbox"/> Health Savings Accounts	<input type="checkbox"/> Mineral and Water Rights
<input type="checkbox"/> Other -	<input type="checkbox"/> Other -	<input type="checkbox"/> Other -	<input type="checkbox"/> Other -
Total			\$

I. Separate Property <input checked="" type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS to identify the property and to report the value.	Total	\$
Total Value/Balance of All Assets (A – I)		\$295200.00



By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

I understand that if the information I have provided changes or needs to be updated before a final decree or order is issued by the Court, that I have a duty to provide the correct or updated information.

I understand that if I have omitted or misstated any material information, intentionally or not, the Court will have the power to enter orders to address those matters, including the power to punish me for any statements made with the intent to defraud or mislead the Court or the other party.

Signature DOES NOT need to be witnessed or notarized. Include the day, month, year, city and state where you are signing, sign the document and complete your address and phone information.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the 28th day of February, at 2018, Pueblo, Colorado
(date) (month) (year) (city or other location, and state OR country)

Willy John Wonka

(printed name of Petitioner or Co-Petitioner/Respondent)

Willy John Wonka

Signature of Petitioner or Co-Petitioner/Respondent

CERTIFICATE OF SERVICE

I certify that on 2/28/18 (date) a true and accurate copy of the **SWORN FINANCIAL STATEMENT** was served on the other party by:

- Hand Delivery, E-filed, Faxed to this number: _____, or
- By placing it in the United States mail, postage pre-paid, and addressed to the following:

To: Mary Jane wonka
456 Right Street
Pueblo, CO 98765

Willy John Wonka

Your signature

Check the box that describes how and when you served a copy of this form on the other party