

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent:	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>SWORN FINANCIAL STATEMENT</b>	

I, \_\_\_\_\_ (full name)  am  am not currently employed.

I am employed \_\_\_\_\_ hours per week. I am paid  weekly  bi-weekly  twice a month  monthly.

My pay is based on a  Monthly Salary  Hourly rate of \$ \_\_\_\_\_  Other: \_\_\_\_\_

Date employment began \_\_\_\_\_.

My occupation is: \_\_\_\_\_ Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

If unemployed, what date did you last work? \_\_\_\_\_

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

This household consists of \_\_\_\_\_ adult(s), and \_\_\_\_\_ minor child(ren).

I believe the monthly gross income of the other party is \$ \_\_\_\_\_.

Annual gross income (last tax year 20\_\_) for Petitioner \$ \_\_\_\_\_,  Co-Petitioner/Respondent \$ \_\_\_\_\_

**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.	\$	Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based)	\$
Unemployment & Veterans' Benefits		Disability, Workers' Compensation	
Pension & Retirement Benefits		Interest & Dividends	
Public Assistance (TANF)		Other - _____	
<b>Total Monthly Income</b>			<b>\$</b>
<b>Miscellaneous Income</b>			
Royalties, Trusts, and Other Investments	\$	Contributions from Others	\$
Dependent Children's monthly gross income. Source of Income: _____		All other sources, i.e. personal injury settlement, non-reported income, etc.	
Rental Net Income		Expense Accounts	
Child Support from Others		Other - _____	
Spousal/Partner Support from Others		Other - _____	
<b>Total Monthly Miscellaneous Income</b>			<b>\$</b>
<b>Total Income</b>			<b>\$</b>

## 2. Monthly Deductions (Mandatory and Voluntary)

<b>Mandatory Deductions</b>	<b>Cost Per Month</b>		<b>Cost Per Month</b>
Federal Income Tax	\$	State/Local Income Tax	\$
PERA/Civil Service		Social Security Tax	
Medicare Tax		Other - _____	
		<b>Total Mandatory</b>	\$
<b>Deductions</b>			
<b>Voluntary Deductions</b>	<b>Cost Per Month</b>		<b>Cost Per Month</b>
Life and Disability Insurance	\$	Stocks/Bonds	\$
Health, Dental, Vision Insurance Premium		Retirement & Deferred Compensation	
Total number of people covered on Plan →			
Child Care (deducted from salary)		Other - _____	
Flex Benefit Cafeteria Plan		Other - _____	
		<b>Total Voluntary</b>	\$
<b>Deductions</b>			
<b>Total Monthly Deductions</b>			\$

## 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

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

### B. Utilities and Miscellaneous Housing Services

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

### C. Food & Supplies

	<b>Cost Per Month</b>		<b>Cost Per Month</b>
Groceries & Supplies	\$	Dining Out	\$
		<b>Total Food &amp;</b>	\$
<b>Supplies</b>			

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

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$	Dentist and Orthodontist	\$
Medicine & RX Drugs		Therapist	
Premiums (if not paid by employer)		Other - _____	
<b>Total Health Care</b>			<b>\$</b>

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

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$	Other Vehicle Payments	\$
Fuel, Parking, and Maintenance		Insurance & Registration/Tax Payments (yearly amount(s) ÷ 12)	
Bus & Commuter Fees		Other - _____	
<b>Total</b>			<b>\$</b>
<b>Transportation</b>			

**F. Children's Expenses and Activities**

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$	Child Care	\$
Extraordinary Expenses i.e. Special Needs, etc.		Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	
Tuition		Other - _____	
<b>Total Children's Expenses and Activities</b>			<b>\$</b>

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

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.		Other - _____	
<b>Total</b>			<b>\$</b>
<b>Education</b>			

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

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

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

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$	Personal Care (Hair, Nail, Clothing, etc.)	\$
Legal/Accounting Fees		Subscriptions (Newspapers, Magazines, etc.)	
Charity/Worship		Movie & Video Rentals	
Vacation/Travel/Hobbies		Investments (Not part of payroll deductions)	
Membership/Clubs		Home Furnishings	
Pets/Pet Care		Sports Events/Participation	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	

<b>Total Miscellaneous</b>	<b>\$</b>
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<b>Total Monthly Expenses (Totals from A – I)</b>	<b>\$</b>
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**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.**

Name of Creditor	Account Number (last 4-digits only)	P	C/R	J	Date of Balance	Balance	Minimum Monthly Payment Required	Reason for Which Debt was Incurred
		<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"/>				
		<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"/>				
		<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"/>				
		<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"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Unsecured Debt Balance</b>						\$	\$	→Total Minimum Monthly Payment

**SWORN FINANCIAL STATEMENT SUMMARY  
(INCOME/EXPENSES)**

**Total Income** (from Page 1) \$ \_\_\_\_\_ **A**

**Total Monthly Deductions** (from Page 2) \$ \_\_\_\_\_ **B**

**Total Monthly Net Income (A minus B)** \$ \_\_\_\_\_

**Total Monthly Expenses** (from Page 3) \$ \_\_\_\_\_ **C**

**Total Minimum Monthly Payment Required - Debts Unsecured** (from Page 4) \$ \_\_\_\_\_ **D**

**Total Monthly Expenses and Payments (C plus D)** \$ \_\_\_\_\_

<b>Net Excess or Shortfall</b> (Monthly Net Income less Monthly Expenses and Payments)	<b>(+/-)</b>	\$ _____
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**5. 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)
	<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"/>			
<b>Total</b>				\$	\$	\$

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)
	<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"/>			
<b>Total</b>				\$	\$	\$

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
	<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"/>			
<b>Total</b>						\$

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
	<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"/>			
<b>Total</b>				\$	\$

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	
	<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"/>	
	<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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total</b>							\$

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

H. Miscellaneous Assets <input 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 - _____
<b>Total</b>			\$

<b>I. Separate Property</b> <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS to identify the property and to report the value.	<b>Total</b>	\$
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<b>Total Value/Balance of All Assets (A – I)</b>	\$
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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. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

I swear or affirm under oath that this Sworn Financial Statement, attached schedules, and mandatory disclosures contain a complete disclosure of my income, expenses, assets, and debt as of the date of my signature.

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 this oath is made under penalty of perjury. 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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of  Petitioner or  Co-Petitioner/Respondent

Subscribed and affirmed, or sworn to before me in the  
County of \_\_\_\_\_, State of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Deputy Clerk

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### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your signature