

District Court Denver Juvenile Court
Eagle, Summit, Clear Creek or Lake County, Colorado
 Court Address: **Put the mailing address of your Court here**

In re:
 The Marriage of:
 The Civil Union of:
 Parental Responsibilities concerning:

Petitioner: John Smith
 and
 Co-Petitioner/Respondent: Kelly Smith

USE ONLY ▲

Attorney or Party Without Attorney (Name and Address): _____ Case Number: **2022DR123**
 Phone Number: _____ E-mail: _____ Division **3** Courtroom _____
 FAX Number: _____ Atty. Reg. #: _____

SWORN FINANCIAL STATEMENT

The caption will remain the same in all paperwork. If you originally started the case, you are the Petitioner. If you responded to the case, you are the Co-Petitioner/Respondent.

I, John Smith (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 \$ 18 Other: _____
 Date employment began 4/25/2000.
 My occupation is: Construction Name of employer: Bob's Construction Company
 Address of employer: 123 Bob Blvd, Bobsville, CO 12345

(Complete this section if you are unemployed.)

If unemployed, what date did you last work? _____
 I am unemployed due to disability involuntary layoff at work other: _____
 This household consists of 1 adult(s), and 1 minor child(ren).
 I believe the monthly gross income of the other party is \$ 2500.

Current living situation. (Financial Household)

Annual gross income (last tax year 2021) for Petitioner \$ 55,500.00, 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.	\$3,120	Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based)	\$
Unemployment & Veterans' Benefits		Workers' Compensation	
Pension & Retirement Benefits		Grants	
Public Assistance (TANF)			
		Total Monthly Income	\$3,120
Miscellaneous Income			
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	500.00	Other - _____	
Spousal/Partner Support from Others		Other - _____	
		Total Monthly Miscellaneous Income	\$500.00
		Total Income	\$3,620

Must calculate the monthly amount from your paystub.

Calculate the monthly amount from your paystub.

2. Monthly Deductions (Mandatory and Voluntary)

Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax	\$85	State/Local Income Tax	\$25
PERA/Civil Service		Social Security Tax	\$8.50
Medicare Tax	\$4.50	Other - _____	
Total Mandatory			\$123.00
Deductions			
Voluntary Deductions	Cost Per Month		Cost Per Month
Life and Disability Insurance	\$5	Stocks/Bonds	\$
Health, Dental, Vision Insurance Premium	\$80	Retirement & Deferred Compensation	\$50
Total number of people covered on Plan →	2		
Child Care (deducted from salary)		Other - <u>Union Dues</u>	\$100
Flex Benefit Cafeteria Plan		Other - _____	
Total Voluntary			\$235
Deductions			
Total Monthly Deductions			\$358

3. Monthly Expenses

Note: List regular monthly expenses in the deductions above.

Current living expenses/bills that you pay

an on-going basis and that are not identified

A. Housing

	Cost Per Month		Cost Per Month
1 st Mortgage	\$800	2 nd Mortgage	\$
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)		Condo/Homeowner's/Maintenance Fees	
Rent	\$	Other - _____	
Total			\$800
Housing			

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	\$180	Water, Sewer, Trash Removal	\$100
Telephone (local, long distance, cellular & pager)	\$80	Property Care (Lawn, snow removal, cleaning, security system, etc.)	
Internet Provider, Cable & Satellite TV	\$120	Other - _____	
Total Utilities and Miscellaneous Housing			\$480
Services			

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	\$300	Dining Out	\$150
Total Food &			\$450
Supplies			

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

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$	Dentist and Orthodontist	\$
Medicine & RX Drugs	\$20	Therapist	
Premiums (if not paid by employer)		Other - _____	
Total Health Care			\$20

Monthly insurance cost + cost of license plates (divided by 12)

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

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$250	Other Vehicle Payments	
Fuel, Parking, and Maintenance	\$200	Insurance & Registration/Tax (yearly amount(s) ÷ 12)	\$73.66
Bus & Commuter Fees		Other - _____	
Total Transportation			\$523.66

F. Children's Expenses and Activities

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$300	Child Care	\$
Extraordinary Expenses i.e. Special Needs, etc.		Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	
Tuition		Other - _____	
Total Children's Expenses and Activities			\$300

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 - _____	
Total Education			\$0

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	
Total Maintenance and Child Support			\$0

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

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$40	Personal Care (Hair, Nail, Clothing, etc.)	\$20
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 - Netflix Subscription	\$12.99	Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	

Other - _____	Other - _____	Total Miscellaneous	\$72.99
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I)	Total Monthly Expenses (Totals from A –	\$2,646.65
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Add all monthly expenses, totals from A to I (page 2 & 3) and put the total amount here.

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
Kohls	1234	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9/20/18	\$1,250	\$20	Clothing
Capital One	5678	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9/20/18	\$5,000	\$50	Car Repair
		<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"/>				
Unsecured Debt Balance						\$6,250	\$70	→ Total Minimum Monthly Payment

P if debt is only in Petitioner's name
C/R if debt is only in Co-Petition/ Respondent's name
J if debt is in both names

SWORN FINANCIAL STATEMENT SUMMARY (INCOME/EXPENSES)

Total Income (from Page 1)	\$ 3,620
Total Monthly Deductions (from Page 2)	\$ 358

Total Monthly Net Income

=
\$ 3,262

Total Monthly Expenses (from Page 3)

Take home pay
\$ 2,646.65

Total Minimum Monthly Payment Required - Debts Unsecured (from Page 4)

+
\$ 70

Total Monthly Expenses and Payments

=
\$ 2,716.65 Monthly bills

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments) (+/-) \$ +545.35

Take home pay minus monthly bills. May be a negative number.

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 all assets acquired during the marriage/civil union but not by gift or inheritance. If Petitioner/Respondent (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage/civil union but not by gift or inheritance.

→ If the parties were NEVER married to each other or are not partners in a civil union, list all of each party's assets under the headings of Petitioner (P) or Co-Petitioner (C/R). If child support, then the asset will be J (Joint).

In Divorce Cases: if the asset was acquired DURING the MARRIAGE, then the asset will be J (Joint).

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

If you don't own the item, mark the box None.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender)	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"/> None						
123 1 st St, Greeley, CO 80631	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$350,000	\$150,000	\$200,000
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total				\$350,000	\$150,000	\$200,000

B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender)	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"/> None						
2001 Honda Civic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$4,000	\$0	\$4,000
2010 Ford F150	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$35,000	\$37,000	\$ -2,000
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total				\$39,000	\$37,000	\$2,000

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
Wells Fargo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checking	1234	\$1,500
Wells Fargo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Savings	4567	\$2,000
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$3,500

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
Liberty Life Insurance/John Smith	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole Life	\$500,000	\$0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$500,000
Total						\$0

E. Furniture, Household Goods, Other Personal Property, Antiques, Collectibles, Art, Tools, etc. Identify Item 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	
Riding Lawn Mower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$2,000
Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$2,000
Living and Dining Room Set	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1,000
2 TVs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$5,000
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total							\$10,000

In Divorce Cases: list items that you would like to include later in your agreements.

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input checked="" type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$0
G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input checked="" type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$150,000

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			\$0

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	\$0
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Total Value/Balance of All Assets (A – I)	\$365,500
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By checking this box, I am acknowledging I am filling in the blanks and not changing any information on the form.

By checking this box, I am acknowledging that I have made a change to the information on the form.

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

Add all asset totals from A to I (page 5 - 6) and put the total amount here.

I understand that if I have omitted or misstated any material information, intentionally or otherwise, 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.

VERIFICATION

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

Executed on the 10 day of October, 2022, at Avon, CO
 (date) (month) (year) (city or other location, and state OR country)

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

John Smith
 Signature of Petitioner or Co-Petitioner/Respondent

CERTIFICATE OF SERVICE

I certify that on 10/10/22 (date) a true and accurate **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 address:

You must give a copy to the other party, or their attorney. Keep a copy for yourself. This section must be filled out!

To: Kelly Smith

John Smith 10/10/22
 Your signature Date