Name: _____
Address: _____
_____
Phone: _____
Email: _____

In The First Judicial District Court of the State of Nevada

In and for Carson City

_____ **Plaintiff,** **vs.** _____ **Defendant.**	**Case No._____** **Dept. _____**

General Financial Disclosure Form

The judge uses this form to understand the financial position of the Plaintiff and the Defendant. You must fill this form out completely and truthfully.

A. Personal Information:
   1. What is your full name? *(first, middle, last)* _____
   2. How old are you? _____
   3. What is your date of birth? _____
   4. What is your occupation? _____
   5. What is your highest level of education? _____

B. Employment Information: *(☑ check one)*
   1. Are you currently employed?
      ☐ No
      ☐ Yes If yes, what is the name of your employer? _____
      What date were you hired on? *(mm/dd/yy)* _____
   2. Are you disabled? *(☑ check one)*
      ☐ No
      ☐ Yes If yes, what is your level of disability? _____
      What agency certified you disabled? _____
      What is the nature of your disability? _____

C. Attorney Information: *Complete the following sentences:*
   1. An Attorney *(has/has not)* _____ been retained on my behalf for this case.
   2. As of today, the attorney has been paid a total of $_____ on my behalf.
   3. I have a credit with my attorney in the amount of $_____
   4. I currently owe my attorney a total of $_____
   5. I owe my prior attorney a total of $ _____

Section 1: Personal Income

Before you can complete the next section you need to figure out your pay frequency. Your pay frequency is determined by the number of times you are paid each month.

Pay Frequency Table

1.00 = Paid one time per month
2.00 = Paid two times per month
2.17 = Paid every two weeks
4.00 = Paid every week

A. Fill in the line that applies to you. Only complete line 1 OR line 2.

Line #	Income Question	Amount Earned		Number of Hours Worked Per Week		Pay Frequency (1.00,2.00,2.17, or 4.00)		Monthly Income
1	I am paid a hourly wage in the amount of	$	X		X		=	$
2	I am paid a base salary in the amount of	$		N/A				$

B. Fill in the amount of money you receive each month for the following types of income:

Line #	Income Question	Amount Received Monthly
3	I regularly work overtime and each month earn an average of	$
4	I receive bonuses, commissions, or tips in the amount of	$
5	I receive a car, gas, housing, or other allowance in the amount of	$
6	I receive spousal support in the amount of	$
7	I receive social security in the amount of	$
8	I receive social security disability in the amount of	$
9	I receive workman's compensation benefits in the amount of	$
10	I receive unemployment benefits in the amount of	$
11	I receive pension or retirement income in the amount of	$
12	I receive net rental income in the amount of	$
13	I receive income from other sources in the amount of	$
14	Total Income Received (add lines 3-13)	$

C. Total monthly income from all sources:

Line #		
15	Total From Line 1 OR 2	$
16	Total From Line 14	$
17	Total Gross Monthly Income (add lines 15-16)	$

Section 2: Personal Deductions

A. Fill in the amount of money that is taken out of every paycheck for each of the following deductions:

Line #	Name of Deduction	Amount Deducted Monthly
18	Court Ordered Child Support is deducted from every paycheck in the amount of	$
19	Federal Income Tax is deducted from every paycheck in the amount of	$
20	Social Security Tax is deducted from every paycheck in the amount of	$
21	Medicare is deducted from every paycheck in the amount of	$
22	Union Dues are deducted from every paycheck in the amount of	$
23	Health Insurance Cost is deducted from every paycheck in the amount of	$
24	Life, Disability, or Other Insurance Premiums are deducted from every paycheck in the amount of	$
25	Federal Health Savings Plan contribution is deducted from every paycheck in the amount of	$
26	Retirement, Pension, IRA, or 401(k) contributions are deducted from every paycheck in the amount of	$
27	Savings are deducted from every paycheck in the amount of	$
28	Other:	$
29	Other:	$
30	**Total Monthly Deductions (add lines 18-29)**	$

Section 3: Income Summary

Line #		
31	Total from Line 17	$
32	Total from Line 30	$
	Net Monthly Income (**subtract** line 32 from line 31)	$

Section 4: Child Information

A. Fill in the table below with the name and date of birth of each of your children, parent the child is living with, and whether the child is from this marriage or relationship?

Child's Name:	Child's Date of Birth	Whom is child living with? (Mom, Dad, or Both)	Is this child from this marriage/relationship? (Yes or No)
1st			
2nd			
3rd			
4th			
5th			

B. Fill in the table below with the amount of money you spend each month on the following expenses for the children:

	Children's Expenses	1st Child	2nd Child	3rd Child	4th Child	5th Child
1	Clothes, Shoes and Accessories	$	$	$	$	$
2	Unreimbursed Medical Expenses	$	$	$	$	$
3	Telephone and Internet	$	$	$	$	$
4	Entertainment	$	$	$	$	$
5	Food	$	$	$	$	$
6	Insurance (other than health)	$	$	$	$	$
7	Education Related Expenses	$	$	$	$	$
8	Summer Camp/Programs	$	$	$	$	$
9	Vehicle	$	$	$	$	$
10	Transportation Cost for Visitation	$	$	$	$	$
11	Total Monthly Expenses for Children (add lines 1-10)	$	$	$	$	$

Section 5: Household Information

A. I live with *(number)* _____ other adults, including children over the age of eighteen, who contribute to or pay the household expenses in the amount of $ _____.

Section 6: Personal Expenses: Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount of Expense	For Me	For the Other Party	For Both
Home				
Mortgage/Rent/lease	$			
Property Taxes	$			
HOA	$			
Home Owner's Insurance	$			
Lawn Care	$			
Pest Control	$			
Pool Service	$			
Security	$			
Other	$			
Utilities				
Water	$			
Electric	$			
Gas	$			
Sewer	$			
Home Phone	$			
Internet/Cable	$			
Other	$			
Medical				
Health Insurance	$			
Unreimbursed Medical Expenses	$			
Other	$			
Transportation				
Car Loan/Lease Payment	$			
Fuel	$			
Auto Insurance	$			
Other	$			
Personal				
Food (groceries and resturaunts)	$			
Pets	$			
Cell phone	$			
Membership Fees	$			
Clothing, Shoes, Etc…	$			
Dry Cleaning	$			
Other	$			
Debts				
Credit Card Payments	$			
Child Support	$			
Alimony/Spousal Support	$			
Student Loans	$			
Other	$			
Total Monthly Expenses	$			

Section 7: Asset and Debt Chart

Complete the chart below by listing all assets and debts, the value of each, the amount owed on each, and whose name the asset or debt is under (You, the Other Party, or Both).

Line #	Description of Asset or Debt	Gross Value		Amount Owed		Net Value	Whose Name is on the Account? (Me, the Other Party or Both)
1		$	-	$	=	$	
2		$	-	$	=	$	
3		$	-	$	=	$	
4		$	-	$	=	$	
5		$	-	$	=	$	
6		$	-	$	=	$	
7		$	-	$	=	$	
8		$	-	$	=	$	
9		$	-	$	=	$	
10		$	-	$	=	$	
11		$	-	$	=	$	
12		$	-	$	=	$	
13		$	-	$	=	$	
14		$	-	$	=	$	
15		$	-	$	=	$	
16		$	-	$	=	$	
17		$	-	$	=	$	
18		$	-	$	=	$	
19		$	-	$	=	$	
20		$	-	$	=	$	
Total Value of Assets (add lines 1-20)		$	-	$	=	$	

IMPORTANT: Read the following paragraph carefully.

I am the *(☑ check one)* ☐ Plaintiff/ ☐ Defendant in the above action. I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

► _____ _____

Your Signature *Date*