

STATE OF INDIANA)
) SS:
COUNTY OF DEKALB)

IN THE DEKALB CIRCUIT/SUPERIOR COURT II
CAUSE NO:

IN RE: THE MARRIAGE OF)
)
 Petitioner,)
and)
)
 Respondent.)

PROVISIONAL HEARING DISCLOSURE

HUSBAND:

Name:	
Address:	
Soc. Sec. No.:	
Date of Birth:	
Employer:	
Attorney:	
Address:	
Telephone No.:	

WIFE:

Name:	
Address:	
Soc. Sec. No.:	
Date of Birth:	
Employer:	
Attorney:	
Address:	
Telephone No.:	

		AMOUNT
GROSS WEEKLY INCOME:		Income
1	Salary and Wages (Attach last 3 pay stubs)	
2	Soc. Security/Disability/Unempl/Workers Comp/Pension/Retirement	
3	Dividends and Interest	
4	Rents/Royalties/Less Ordinary/Necessary Expenses	
5	Business/Self-Employment Income-Less Ordinary Business Expenses	
6	Commissions/Bonuses/Tips	
7	All Other Sources	
8	TOTAL GROSS WEEKLY INCOME (Total of Lines 1-7)	

WEEKLY DEDUCTIONS		Deductions
9	Weekly Court Ordered Child Support for Prior Children	
10	Weekly Legal Duty Child Support for Prior Children-attach CSOW	
11	Weekly Health Insurance Premiums (Children of Marriage Only)	
12	Weekly Alimony/Support Maintenance-Amount Actually Paid to Prior Spouses-Attach Copv of Order	
13	Self-Employment Tax (1/2 of Weekly Self-Employment Taxes)	
14	Work-Related Child Care Costs (Annual Amount Divided by 52)	
15	Union Dues (Required for Employment)	

The parties have the following marital debts/obligations:

Debt/Obligation	Name of Creditor	Month/week or other amount
1. 1st Mortgage		
2. 2nd Mortgage		
3. Land Contract		
4. Rent		
5. Vehicle Payments: a) Make and Year: b) Make and Year: c) Make and Year: d) Make and Year:		
6. Vehicle Insurance - List for Each Vehicle:		
7. Credit Cards: a) b) c) d) e) f)		
8. Other Loan Payments: a) b) c)		
9. Other Marital Debts:		

10 Utilities at Marital Residence	
(a) Electricity	
(b) Gas	
(c) Fuel Oil	
(d) Water	
(e) Sewer	
(f) Water Softener	
(g) Local Telephone	
(h) Cellular Telephone	
(i) Cable Television/Internet	
(j) Garbage and Trash	

I affirm, under penalties of perjury, that the foregoing representations are a true and accurate to the best of my knowledge and belief.

Petitioner/Respondent

Wife wants the following assets temporarily set aside to her:

Husband wants the following assets temporarily set aside to him:

CUSTODY & PARENTING TIME PROPOSAL

Custody proposal by Wife:

Custody proposal by Husband:

Parenting time proposal by Wife:

Parenting time proposal by Husband:

Worksheet – Child Support Obligation

Each party shall complete that portion of the worksheet that applies to him or her, sign the form and file it with the court. This worksheet is required in all proceedings establishing or modifying child support.

IN RE: _____ **CASE NO:** _____
FATHER: _____
MOTHER: _____

CHILD SUPPORT OBLIGATION WORKSHEET (CSOW)

Children	DOB	Children	DOB

1. WEEKLY GROSS INCOME	FATHER	MOTHER	
A. Subsequent Children Multiplier Credit (.065 .097 .122 .137 .146 .155 .164 .173)			
B. Child Support (Court Order for Prior Born)			
C. Child Support (Legal Duty for Prior Born)			
D. Maintenance Paid			
E. WEEKLY ADJUSTED INCOME (WAI) Line 1 minus 1A, 1B, 1C and 1D			
2. PERCENTAGE SHARE OF TOTAL WAI	%	%	
3. COMBINED WEEKLY ADJUSTED INCOME (Line 1E)			
4. BASIC CHILD SUPPORT OBLIGATION Apply CWAI to Guideline Schedules			
A. Weekly Work-Related Child Care Expense of each parent			
B. Weekly Health Insurance Premium – (Children's portion)			
5. TOTAL CHILD SUPPORT OBLIGATION (Line 4 plus 4A and 4B)			
6. PARENT'S CHILD SUPPORT OBLIGATION (Line 2 times Line 5)			
7. ADJUSTMENTS			
() Obligation from Post-Secondary Education Worksheet Line J.	+ _____	+ _____	
() Payment of work-related child care by each parent. (Same amount as Line 4A)	- _____	- _____	
() Weekly Health Insurance Premium (Children's portion)	- _____	- _____	
() Parenting Time Credit	- _____	- _____	
8. RECOMMENDED CHILD SUPPORT OBLIGATION			

I affirm under penalties for perjury that the foregoing representations are true.

Father: _____

Dated: _____

Mother: _____

UNINSURED HEALTH CARE EXPENSE CALCULATION

A. Custodial Parent Annual Obligation: (CSOW Line 4 Total) \$ _____ + (PSEW § Two, Line I) \$ _____ = \$ _____ x 52 weeks x .06 = \$ _____.

B. Balance of Annual Expenses to be Paid: (Line 2) _____ % by Father; _____ % by Mother.

Worksheet – Child Support Obligation

IN RE:	CASE NO:		
	FATHER:		
	MOTHER:		
POST-SECONDARY EDUCATION WORKSHEET (PSEW)			
Child:	DOB		
SECTION ONE: DETERMINATION OF EDUCATION EXPENSE	FATHER	MOTHER	
A. Parents' Percentage Share of Total Weekly Adjusted Income From Line 2 of Child Support Worksheet	%	%	
B. Educational Costs:			
(1) Tuition			
(2) Room & Board			
(3) Books			
(4) Fees			
(5) Other			
TOTAL EDUCATIONAL COSTS (Part B – Lines 1-5)			
C. Child's Share of Costs			
(1) Scholarships			
(2) Grants in Aid			
(3) Student Loans			
(4) Child's Cash Share			
(5) Other			
TOTAL CREDITS (Part C – Line 1-5)			
D. Parents Total Obligations: Subtract Total Credits From Total Costs			
Parents' Share: Line A x Line D	\$	\$	
SECTION TWO: DETERMINATION OF SUPPORT WHILE STUDENT AT HOME			
E. Weeks Student Lives at Home _____ Divided by 52 =			%
F. Basic Child Support Obligation For All Children,, Including Student (Apply CWAI from Line 3 of Child Support Worksheet to Guideline Schedule)			
G. Basic Child Support Obligation for Children Living with Custodial Parent from Line 4 of Child Support Worksheet.; If student is only child, this amount is \$0			
H. Weekly Child Support Obligation Attributable to Student Living Away From Home (Subtract Line G From Line F)			
I. Calculation of Support Obligation For Student (Multiply Line H _____ x Line E _____)			
J. Parent's Weekly Child Support Obligation: (Line A x Line I)	\$	\$	

Line J of section Two will be reflected in Section 7 of the Child Support Worksheet resulting in the Recommended Support Obligation.

IN RE:

CASE NO:

FATHER:

MOTHER:

HEALTH INSURANCE PREMIUM WORKSHEET (HIPW)

SECTION ONE: CALCULATION OF REASONABLE COST THRESHOLD	FATHER	MOTHER
A. Parent's Weekly Gross Income (from Line 1 of Child Support Worksheet)	\$	\$
B. Weekly Reasonable Cost Threshold (Line A x .05)	\$	\$
SECTION TWO: DETERMINATION OF PRIVATE HEALTH INSURANCE AVAILABLE TO THE PARENTS		
C. Does the parent have private health insurance, for example, employer sponsored, available for the children? If the answer is No for a parent, STOP for that parent.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION THREE: DETERMINATION OF WHETHER PREMIUM IS REASONABLE IN COST		
D. What is the weekly premium for the children's portion only?	\$	\$
E. TEST ONE: Is Amount on Line D equal to or less than the Amount on Line B? If the answer is No for a parent, STOP for that parent. If the answer is Yes for at least one parent, proceed to Line F for that parent(s).	<input type="checkbox"/> YES [†] The premium may be reasonable in cost. <input type="checkbox"/> NO [†] The premium on Line D is not reasonable in cost.	<input type="checkbox"/> YES [†] The premium may be reasonable in cost. <input type="checkbox"/> NO [†] The premium on Line D is not reasonable in cost.
F. TEST TWO: Is the parent's child support obligation from Line 4 of the Basic CSOW plus the weekly premium from Line D of the HIPW equal to or less than 50% of the Parent's Weekly Gross Income on Line A of the HIPW? Formula: Father: Line 4, CSOW (\$ _____) + Line D, HIPW, (\$ _____) = \$ _____ is equal to or less than Line A, HIPW \$ _____ X .5 = \$ _____ Mother: Line 4, CSOW (\$ _____) + Line D, HIPW, (\$ _____) = \$ _____ is equal to or less than Line A, HIPW \$ _____ X .5 = \$ _____	<input type="checkbox"/> YES [†] The premium is reasonable in cost. Father may be ordered to provide health insurance. <input type="checkbox"/> NO [†] The premium on Line D is not reasonable in cost.	<input type="checkbox"/> YES [†] The premium is reasonable in cost. Mother may be ordered to provide health insurance. <input type="checkbox"/> NO [†] The premium on Line D is not reasonable in cost.
SECTION FOUR: ACCESSIBILITY OF THE INSURANCE		
G. Is the insurance coverage accessible to the children? (See Guideline 7 for definition of accessible)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION FIVE: PARENT(S) ORDERED TO PROVIDE HEALTH INSURANCE		
H. Parent(s) ordered to provide health insurance for children.	<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	
I. Parent(s) ordered to provide health insurance for children.	<input type="checkbox"/> FATHER	\$
	<input type="checkbox"/> MOTHER	\$
	TOTAL ORDERED	\$

STATE OF INDIANA)
COUNTY OF DEKALB) SS:

IN THE DEKALB CIRCUIT/SUPERIOR COURT II
CAUSE NO:

IN RE: THE MARRIAGE OF)
))
and Petitioner,)
))
))
Respondent.)

FINAL HEARING DISCLOSURE

HUSBAND:

WIFE:

Name:	
Address:	
Soc. Sec. No.:	
Date of Birth:	
Employer:	
Attorney:	
Address:	
Telephone No.:	

Name:	
Address:	
Soc. Sec. No.:	
Date of Birth:	
Employer:	
Attorney:	
Address:	
Telephone No.:	

AMOUNT

GROSS WEEKLY INCOME:	Income
1 Salary and Wages (Attach last 3 pay stubs)	
2 Soc. Security/Disability/Unempl./Workers Comp/Pension/Retirement	
3 Dividends and Interest	
4 Rents/Royalties/Less Ordinary/Necessary Expenses	
5 Business/Self-Employment Income-Less Ordinary Business Expenses	
6 Commissions/Bonuses/Tips	
7 TOTAL GROSS WEEKLY INCOME (Total of Lines 1-6)	

WEEKLY DEDUCTIONS	Deductions
8 Weekly Court Ordered Child Support for Prior Children	
9 Weekly Legal Duty Child Support for Prior Children-attach CSOW	
10 Weekly Health Insurance Premiums (Children of Marriage Only)	
(a) Medical	
(b) Dental	
(c) Optical	
11 Weekly Alimony/Support Maintenance-Amount Actually Paid to Prior Spouses-Attach Copy of Order	

12. Self-Employment Tax (1/2 of Weekly Self-Employment Taxes)	
13. Work-Related Child Care Costs (Annual Amount Divided by 52)	
14. Union Dues (Required for Employment)	

15. Name - If Wife wants Former Name Restored - State Full Name:

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CUSTODY & PARENTING TIME PROPOSAL

Custody proposal by Wife:

Custody proposal by Husband:

Parenting time proposal by Wife:

Parenting time proposal by Husband:

PROPERTY, INDEBTEDNESS, AND EARNINGS STATEMENT

COMES NOW Petitioner/Respondent and submits his/her Property, Indebtedness, and Earnings Statement with the Court.

The filing of this statement and service of it upon the opposing party constitutes a request for admissions to the opposing party that the information contained therein is true. In the event that the opposing party does not admit the truth of the allegations contained therein, the opposing party shall, within thirty (30) days from this date, complete such party's respective and corresponding portion of the statement heretofore filed. In the event that the opposing party does not complete his or her respective and corresponding portion of the statement within thirty (30) days, the information contained therein shall be deemed to be admitted as fact by the opposing party pursuant to Local Rule LR17-FL-003(B).

Custody of the children (will/will not) be an issue at trial of this cause.

Attorney for Petitioner/Respondent
Or Petitioner / Respondent

RE: Marriage of: _____

Cause No. _____

ASSETS

Description	Date Acquired Value	Manner Acquired (Purchased, gift, inherited, etc)	Title H, W or J	Lien holder & unpaid amount	Husband's Opinion of Gross Value on date of filing	Husband's Proposed Distribution (H or W)
					Wife's Opinion of Gross Value on date of filing	Wife's Proposed Distribution (H or W)
Real Estate (Attach all legal descriptions)						
Motor Vehicles (Please state make, model and year for each motor vehicle)						

RE: Marriage of: _____

Cause No. _____

ASSETS

Description	Date Acquired Value	Manner Acquired (Purchased, gift, inherited, etc)	Title H, W or J	Lien holder & unpaid amount	Husband's Opinion of Gross Value on date of filing	Husband's Proposed Distribution (H or W)
					Wife's Opinion of Gross Value on date of filing	Wife's Proposed Distribution (H or W)
Cash, Bank Accounts, CDs (Please state locations and identifying numbers)						
Stocks and Bonds (Attach copies of certificates)						

RE: Marriage of: _____

Cause No. _____

ASSETS

Description	Date Acquired Value	Manner Acquired (Purchased, gift, inherited, etc)	Title H, W or J	Lien holder & unpaid amount	Husband's Opinion of Gross Value on date of filing	Husband's Proposed Distribution (H or W)
					Wife's Opinion of Gross Value on date of filing	Wife's Proposed Distribution (H or W)
Business Interests (Sole proprietorships, partnerships, corporations, limited liability companies, etc. Attach all professional appraisals).						
Other Assets (List value on date of marriage and date of filing)						

RE: Marriage of: _____

Cause No. _____

ASSETS

Description	Date Acquired Value	Manner Acquired (Purchased, gift, inherited, etc)	Title H, W or J	Lien holder & unpaid amount	Husband's Opinion of Gross Value on date of filing	Husband's Proposed Distribution (H or W)
					Wife's Opinion of Gross Value on date of filing	Wife's Proposed Distribution (H or W)
Retirement Accounts and IRAs (List value on date of marriage and date of filing)						
Life Insurance Policies (List all policies even those without cash surrender value)						

RE: Marriage of: _____

Cause No. _____

ASSETS

Description	Date Acquired Value	Manner Acquired (Purchased, gift, inherited, etc)	Title H, W or J	Lien holder & unpaid amount	Husband's Opinion of Gross Value on date of filing	Husband's Proposed Distribution (H or W)
					Wife's Opinion of Gross Value on date of filing	Wife's Proposed Distribution (H or W)
Household Furnishings						

RE: Marriage of: _____

Cause No. _____

ASSETS

Description	Date Acquired Value	Manner Acquired (Purchased, gift, inherited, etc)	Title H, W or J	Lien holder & unpaid amount	Husband's Opinion of Gross Value on date of filing	Husband's Proposed Distribution (H or W)
					Wife's Opinion of Gross Value on date of filing	Wife's Proposed Distribution (H or W)
Household Furnishings						

RE: Marriage of: _____

Cause No. _____

ASSETS

Description	Date Acquired Value	Manner Acquired (Purchased, gift, inherited, etc)	Title H, W or J	Lien holder & unpaid amount	Husband's Opinion of Gross Value on date of filing	Husband's Proposed Distribution (H or W)
					Wife's Opinion of Gross Value on date of filing	Wife's Proposed Distribution (H or W)
Household Furnishings						

RE: Marriage of: _____

Cause No. _____

DEBTS

Description of Indebtedness (Mortgage, etc.)	Debt in name of H, W or J	Creditor's Name	Current Unpaid Balance	Proposed Distribution H/W

RE: Marriage of: _____

Cause No. _____

INCOME

	Employer's Address	Job Classification	Length of Employment	Rate of Pay	Gross Earnings per Pay Period	Net Earnings per Pay Period
Husband						
Wife						

OTHER INCOME (SOURCE - AMOUNT)

Husband	
Wife	

I affirm under penalties for perjury that the foregoing representations, and all attachments hereto, are true and correct.

Dated: _____

Petitioner

Dated: _____

Respondent

You are under a continuing duty prior to trial to amend this statement if you learn the information contained herein is no longer accurate. Both parties should endeavor to stipulate as to the value of all assets, or be prepared to establish the values by appraisal.

CERTIFICATE OF SERVICE

I hereby certify that I did, on the ____ day of _____, 20____, mail or hand deliver to the other party or their Attorney, a completed copy of this disclosure.

Attorney for Petitioner/Respondent
Or Petitioner / Respondent