|  |  |
| --- | --- |
| District Court Denver Juvenile Court  County, Colorado  Court Address:      In re:  The Marriage of:  The Civil Union of:  Parental Responsibilities concerning:    Petitioner:  and  Co-Petitioner/Respondent: | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address):      Phone Number:       E-mail:  FAX Number:      Atty. Reg. #: | Case Number:    Division       Courtroom |
| SWORN Financial STATEMENT | |

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)  SSDI (Disability insurance – entitlement program)  SSI (supplemental income – need based) | $ |
| Unemployment & Veterans’ Benefits |  | Disability, Workers’ Compensation |  |
| Pension & Retirement Benefits |  | Interest & Dividends |  |
| Public Assistance (TANF) |  | Other - |  |
| **Total Monthly Income** | | | **$****0.00** |
| **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 |  | Other - |  |
| Spousal/Partner Support from Others |  | Other - |  |
| **Total Monthly Miscellaneous Income** | | | **$****0.00** |
| **Total Income** | | | **$****0.00** |

1. **Monthly Deductions (Mandatory and Voluntary)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mandatory Deductions** | **Cost Per Month** |  | **Cost Per Month** |
| Federal Income Tax | $ | State/Local Income Tax | $ |
| PERA/Civil Service |  | Social Security Tax |  |
| Medicare Tax |  | Other - |  |
| **Total Mandatory Deductions** | | | $**0.00** |
| **Voluntary Deductions** | **Cost Per Month** |  | **Cost Per Month** |
| Life and Disability Insurance | $ | Stocks/Bonds | $ |
| Health, Dental, Vision Insurance Premium    Total number of people covered on Plan 🡺 |  | Retirement & Deferred Compensation |  |
|  |  |  |  |
| Child Care (deducted from salary) |  | Other - |  |
| Flex Benefit Cafeteria Plan |  | Other - |  |
| **Total Voluntary Deductions** | | | **$****0.00** |
| **Total Monthly Deductions** | | | **$****0.00** |

**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** |
| 1st Mortgage | $ | 2nd Mortgage | $ |
| Insurance (Home/Rental) & Property Taxes (not included in mortgage payment) |  | Condo/Homeowner’s/Maintenance Fees |  |
| Rent |  | Other - |  |
| **Total Housing** | | | **$****0.00** |

**B. Utilities and Miscellaneous Housing Services**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cost Per Month** |  | **Cost Per Month** |
| 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 - |  |
| **Total Utilities and Miscellaneous Housing Services** | | | **$****0.00** |

**C. Food & Supplies**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cost Per Month** |  | **Cost Per Month** |
| Groceries & Supplies | $ | Dining Out | $ |
| **Total Food & Supplies** | | | **$****0.00** |

**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 - |  |
| **Total Health Care** | | | **$****0.00** |

**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 - |  |
| **Total Transportation** | | | **$****0.00** |

**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 - |  |
| **Total Children’s Expenses and Activities** | | | **$****0.00** |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cost Per Month** |  | **Cost Per Month** |
| Maintenance |  | Child Support |  |
| This family | $ | This family | $ |
| Other family |  | Other family |  |
| **Total Maintenance and Child Support** | | | **$****0.00** |

**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 - |  |
| **Total Miscellaneous** | | | **$****0.00** |

|  |  |
| --- | --- |
| **Total Monthly Expenses (Totals from A – I)** | **$****0.00** |

**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.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  | $ | $ |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| **Unsecured Debt Balance** | | | | | | **$****0.00** | **$****0.00** | **→Total Minimum Monthly Payment** |

**SWORN FINANCIAL STATEMENT SUMMARY**

**(Income/Expenses)**

**Total Income** (from Page 1) $ 0.00 **A**

**Total Monthly Deductions** (from Page 2) $ 0.00 **B**

**Total Monthly Net Income (A minus B) $** **0.00**

**Total Monthly Expenses** (from Page 3) $ 0.00 **C**

**Total Minimum Monthly Payment Required - Debts Unsecured** (from Page 4) $ 0.00 **D**

**Total Monthly Expenses and Payments (C plus D) $** **0.00**

**Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments) (+/-) $** **0.00**

1. **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****,* check under the heading Joint (J) all assets acquired during the marriage but not by gift or inheritance.  Under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage 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)**  **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)** |
|  |  |  |  | $ | $ | $0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
| **Total** | | | | **$****0.00** | **$****0.00** | **$****0.00** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV’s, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender)**  **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)** |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
| **Total** | | | | **$****0.00** | **$****0.00** | **$****0.00** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution)**  **None** | **P** | **C/R** | **J** | **Type of Account** | **Account #**  **(last 4-digits only)** | **Balance as of Today** |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total** | | | | | | **$****0.00** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **D. Life Insurance**  **(Name of Company/Beneficiary)**  **None** | **P** | **C/R** | **J** | **Type of Policy** | **Face Amount of Policy** | **Cash Value today** |
|  |  |  |  |  | $ | $ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total** | | | | | **$****0.00** | **$****0.00** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total.**  **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** |  |
|  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total** | | | | | | | **$****0.00** |

|  |  |  |
| --- | --- | --- |
| **F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts**  **None If owned please attach JDF 1111-SS.** | **Total** | $ |
| **G. Pension, Profit Sharing, or Retirement Funds**  **None  If owned please attach JDF 1111-SS.** | **Total** | $ |

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

|  |  |  |
| --- | --- | --- |
| 1. **Separate Property**   **None 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)** | **$****0.00** |

**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

#### CERTIFICATE OF SERVICE

**To be completed if the Sworn Financial Statement is not being filed with**

**JDF 1104 - Certificate of Compliance with Mandatory Financial Disclosures**

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