

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT _____

CASE NO. _____

FINANCIAL DECLARATION

HUSBAND'S WIFE'S

Date of Marriage: _____

Date of Separation: _____
(Divorce/dissolution cases only)

Husband: _____

Wife: _____

Date of Birth: _____ Age: _____

Date of Birth: _____ Age: _____

Occupation: _____

Occupation: _____

Present Employer and Employer's Address:

Present Employer and Employer's Address:

How long at this job? _____

How long at this job? _____

If you are employed, but expecting soon to become unemployed or change jobs, describe the change you expect, why and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed and the pay you expect to receive.

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PART A. INCOME AND EXPENSE STATEMENT

Husband

Wife

1. Gross monthly income from:

Salary and wages (incl. commissions, bonuses and overtime) payable _____ weekly/monthly/etc.	\$ _____	\$ _____
Pensions and retirement	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Disability and unemployment insurance	\$ _____	\$ _____
Welfare/Alaska Temp. Assistance payments	\$ _____	\$ _____
Child/spousal support from prior marriage.. ..	\$ _____	\$ _____
Dividends and interest (including Native Corporation dividends and Alaska Permanent Fund dividends)	\$ _____	\$ _____
Rents	\$ _____	\$ _____
All other sources: (Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total monthly income	\$ _____	\$ _____

2. Itemize monthly deductions from gross income:

Income taxes	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Medicare Tax	\$ _____	\$ _____
Unemployment insurance	\$ _____	\$ _____
Medical or other insurance	\$ _____	\$ _____
Union or other dues	\$ _____	\$ _____
Retirement or pension fund	\$ _____	\$ _____
Savings plan	\$ _____	\$ _____
Other: (Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total deductions	\$ _____	\$ _____

3. Net monthly income

	\$ _____	\$ _____
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4. Total monthly expenses: (specify which party is presently the custodial parent of any children of this marriage and list name and relationship of all members of the household whose expenses are included)

PROOF OF EXPENSES IN THE FORM OF CANCELED CHECKS, RECEIPTS OR OTHER DOCUMENTS MAY BE REQUIRED BY THE COURT.

	Husband	Wife
Rent or mortgage payments (residence)	\$ _____	\$ _____
Real Property taxes (residence)	\$ _____	\$ _____
Maintenance (residence)	\$ _____	\$ _____
Food and household supplies	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Laundry and cleaning	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Dental	\$ _____	\$ _____
Insurance (life, health, accident, etc.)	\$ _____	\$ _____
Child care	\$ _____	\$ _____
Child/spousal support payments from prior marriage	\$ _____	\$ _____
School	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Incidentals	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Gas, oil, repair (auto)	\$ _____	\$ _____
Auto payments	\$ _____	\$ _____
Installment payment(s) (Insert total and itemize below)	\$ _____	\$ _____

H W	Creditor's Name	For	Monthly Payment	Balance Due
<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"/>	_____		\$ _____	\$ _____

Other Monthly Expenses: (Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total expenses	\$ _____	\$ _____

5. Other debts and obligations:

Creditor's Name	For	Date Payable	Balance Due	
			Husband	Wife
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____

