

**SUPERIOR COURT OF WASHINGTON
COUNTY OF**

In re Parentage:

and
and
and
Respondent.
Respondent.
Respondent.

NO.

FINANCIAL DECLARATION
 PETITIONER
 RESPONDENT
(FNDCLR)

Name: _____ Date of Birth: _____

I. SUMMARY OF BASIC INFORMATION

Declarant's Total Monthly Net Income (from § 3.3 below) \$ _____
Declarant's Total Monthly Household Expenses (from § 5.9 below) \$ _____
Declarant's Total Monthly Debt Expenses (from § 5.11 below) \$ _____
Declarant's Total Monthly Expenses (from § 5.12 below) \$ _____
Estimate of the other party's gross monthly income (from § 3.1f below) \$ _____
 unknown

II. PERSONAL INFORMATION

- 2.1 Occupation:
2.2 The highest year of education completed:
2.3 Are you presently employed? Yes No

- a. If yes: (1) Where do you work (Employer's name and address must be listed on the Confidential Information Form)? _____
- (2) When did you start work there (month/year)? _____
- b. If no: (1) When did you last work (month/year)? _____
- (2) What were your gross monthly earnings? \$ _____
- (3) Why are you presently unemployed? _____

III. INCOME INFORMATION

If child support is at issue, complete the Washington State Child Support Worksheet(s), skip Paragraphs 3.1 and 3.2. If maintenance, fees, costs or debts are at issue and child support is NOT an issue this entire section should be completed. (Estimate of other party's income information is optional.)

3.1 GROSS MONTHLY INCOME.

If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

	<u>Petitioner</u>	<u>Respondent</u>
a. Wages and Salaries	\$ _____	\$ _____
b. Interest and Dividend Income	\$ _____	\$ _____
c. Business Income	\$ _____	\$ _____
d. Spousal Maintenance From Other Relationships	\$ _____	\$ _____
e. Other Income	\$ _____	\$ _____
f. Total Gross Monthly Income (add lines 3.1a through 3.1e)	\$ _____	\$ _____
g. Actual Gross Income (Year to date)	\$ _____	\$ _____

3.2 MONTHLY DEDUCTIONS FROM GROSS INCOME.

a. Income Taxes	\$ _____	\$ _____
b. FICA/Self-employment Taxes	\$ _____	\$ _____
c. State Industrial Insurance Deductions	\$ _____	\$ _____
d. MANDATORY Union/Professional Dues	\$ _____	\$ _____
e. Pension Plan Payments	\$ _____	\$ _____
f. Spousal Maintenance Paid	\$ _____	\$ _____
g. Normal Business Expenses	\$ _____	\$ _____
h. Total Deductions from Gross Income (add lines 3.2a through 3.2g)	\$ _____	\$ _____

- 3.3 MONTHLY NET INCOME (Line 3.1f minus line 3.2h or line 3 from the Child Support Worksheet(s).) \$ _____ \$ _____
- 3.4 MISCELLANEOUS INCOME.
- a. Child support received from other relationships \$ _____ \$ _____
- b. Other miscellaneous income (list source and amounts) \$ _____ \$ _____
- _____ \$ _____ \$ _____
- _____ \$ _____ \$ _____
- _____ \$ _____ \$ _____
- c. Total Miscellaneous Income (add lines 3.4a through 3.4b) \$ _____ \$ _____
- 3.5 Income of Other Adults in Household \$ _____ \$ _____
- 3.6 If the income of either party is disputed, state monthly income you believe is correct and explain below:

IV. AVAILABLE ASSETS

- 4.1 Cash on hand \$ _____
- 4.2 On deposit in banks \$ _____
- 4.3 Stocks and bonds, cash value of life insurance \$ _____
- 4.4 Other liquid assets: \$ _____

V. MONTHLY EXPENSE INFORMATION

Monthly expenses for myself and _____ dependents are: (Expenses should be calculated for the future, after separation, based on the anticipated residential schedule for the children.)

- 5.1 HOUSING.
- Rent, 1st mortgage or contract payments \$ _____
- Installment payments for other mortgages or encumbrances \$ _____
- Taxes & insurance (if not in monthly payment) \$ _____

	Total Housing	\$ _____
5.2	UTILITIES.	
	Heat (gas & oil)	\$ _____
	Electricity	\$ _____
	Water, sewer, garbage	\$ _____
	Telephone	\$ _____
	Cable	\$ _____
	Other	\$ _____
	Total Utilities	\$ _____
5.3	FOOD AND SUPPLIES.	
	Food for _____ persons	\$ _____
	Supplies (paper, tobacco, pets)	\$ _____
	Meals eaten out	\$ _____
	Other	\$ _____
	Total Food Supplies	\$ _____
5.4	CHILDREN.	
	Day Care/Babysitting	\$ _____
	Clothing	\$ _____
	Tuition (if any)	\$ _____
	Other child related expenses	\$ _____
	Total Expenses Children	\$ _____
5.5	TRANSPORTATION.	
	Vehicle payments or leases	\$ _____
	Vehicle insurance & license	\$ _____
	Vehicle gas, oil, ordinary maintenance	\$ _____
	Parking	\$ _____
	Other transportation expenses	\$ _____
	Total Transportation	\$ _____
5.6	HEALTH CARE. (Omit if fully covered)	
	Insurance	\$ _____
	Uninsured dental, orthodontic, medical, eye care expenses	\$ _____
	Other uninsured health expenses	\$ _____
	Total Health Care	\$ _____

(ALTHOUGH THEY WILL BE AVAILABLE TO THE OTHER PARTIES IN THE CASE, THEIR ATTORNEYS, AND CERTAIN OTHER INTERESTED PERSONS. SEE GR 22(C)(2)).