

6. The monthly gross income of the **OTHER PARTY** is approximately \$ _____ (*attach all available information*).

7. My **MONTHLY EXPENSES**:

Expense Category		Cost per month
Health insurance	Total premium	\$ _____
	# of people covered →	_____
Child support	This family	\$ _____
	Other family	\$ _____
Maintenance	This family	\$ _____
	Other family	\$ _____
Child care		\$ _____
Rent/Mortgage		\$ _____
Groceries		\$ _____
Utilities		\$ _____
Clothing		\$ _____
Miscellaneous <u>extraordinary</u> expenses (<i>explain</i>) _____		\$ _____
Total		\$ _____

8. **DEBTS**

Creditor	Item <i>(i.e. car loan, credit card balance, ect.)</i>	Unpaid balance	Monthly payment
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
	Total	\$ _____	\$ _____

9. **ASSETS** (If you are unable to provide the necessary information in the space provided please attach additional pages and label as Attachment A.)

If the parties are married, list all assets acquired during the marriage under the **Joint** heading. Under the **Petitioner** or **Respondent/Co-Petitioner** headings each party will list assets acquired prior to the marriage and assets acquired by gift or inheritance.

If the parties were never married, each party will list all of his/her assets under their respective heading.

<u>Assets</u>	<u>Petitioner</u>	<u>Co-Petitioner/ Respondent</u>	<u>Joint</u>
Real estate <i>(include location, market value, encumbrances and how titled)</i>	\$	\$	\$
Furniture and household goods <i>(estimate of total value)</i>	\$	\$	\$
Motor vehicles <i>(include make, year, value and encumbrance)</i>	\$	\$	\$
Cash	\$	\$	\$
Life insurance <i>(include company name, policy number, beneficiary and cash surrender value)</i>	\$	\$	\$
Stocks and bonds <i>(for all holdings include company name, number of shares, name in which held, market value and date of valuation)</i>	\$	\$	\$
Bank Accounts <i>(include name of bank and last four digits of account number)</i>	\$	\$	\$
Pensions, profit sharing and or retirement funds <i>(include name, source and location of funds)</i>	\$	\$	\$
Miscellaneous	\$	\$	\$
Total	\$	\$	\$

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 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.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

Printed Name (Petitioner Co-Pet/Respondent)

Signature (Petitioner Co-Pet/Respondent)

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the ***SIMPLIFIED 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)