



SWORN FINANCIAL
STATEMENT &
SUPPORTING SCHEDULES
FOR ASSETS IN SECTION F,
G H, & I (JDF 1111 SS)

Step 1:

CAPTION:

- Check the district court box
- Write Larimer (for County)
- Check appropriate box:
 - The marriage of:
 - The Civil Union of: or
 - Parental responsibilities concerning:
- Write down Petitioners name
- Write down Co-Petitioner/Respondents name
- Write down your case number
- Write down your information (party without attorney)



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: <hr/>	
In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: <hr/>	
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	

INFORMATION

-Write in your name

-Check appropriate box

Am currently employed Am not currently employed

-I am employed ____ hours per week

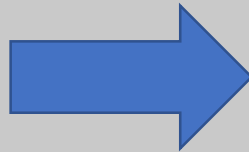
-I am paid Weekly Bi-weekly Twice a month Monthly

-My pay is based on

A monthly salary of \$ ____

An hourly rate of \$ ____

Other (be specific)



-Date employment began _____

-My occupation is _____ Name of employer _____

-Address of employer _____

-If unemployed, what did you last work? _____

-I am unemployed due to

Disability

Involuntary layoff at work

Other (be specific)

-This household consists of ____ adults and ____ minor child(ren)

-I believe the monthly gross income of the other party is: \$ ____

-Annual gross income (last tax year)

▪ Petitioner \$ ____

▪ Co-Petitioner/Respondent \$ ____

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 \$ _____

***IF YOU DO NOT KNOW THE FINANCIAL INFORMATION OF THE OTHER PARTY, PLEASE WRITE UNKNOWN**

INCOME: 1

***IF YOU DO NOT HAVE INCOME IN A SPECIFIC SECTION, PLEASE WRITE "0"**

1. Monthly Income (convert annual, bi-monthly and weekly amounts to **MONTHLY** amounts)

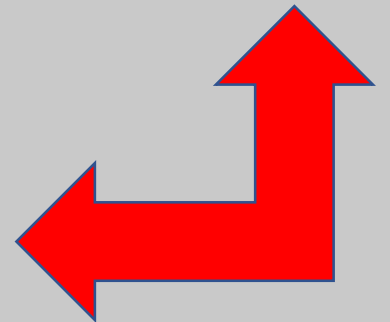


- Gross monthly income (before taxes and deductions) from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.
- Unemployment & Veteran's Benefits
- Pension & Retirement Benefits
- Public Assistance (TANF)
- Social Security Benefits (SSA)
 - SSDI (Disability Insurance)
 - SSI (Supplemental Income-Need based)
- Disability, Workers' Compensation
- Interest & Dividends
- Other (BE SPECIFIC)

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) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based)	\$
Unemployment & Veterans' Benefits		Disability, Workers' Compensation	
Pension & Retirement Benefits		Interest & Dividends	
Public Assistance (TANF)		Other - _____	
Total Monthly Income			\$

TOTAL THIS SECTION AND WRITE IN THE AMOUNT NEXT TO "TOTAL MONTHLY INCOME"

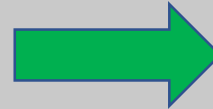


INCOME: 1-MISCELLANEOUS INCOME

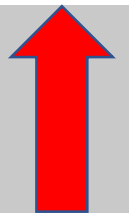
***IF YOU DO NOT HAVE INCOME IN A SPECIFIC SECTION, PLEASE WRITE "0"**

Miscellaneous Income (convert annual, bi-monthly and weekly amounts to **MONTHLY** amounts)

- Royalties, Trusts and Other Investments
- Dependent Children’s Monthly Gross Income. Source of Income: _____
- Rental Net Income
- Child Support from Others
- Spousal/Partner Support from Others
- Contributions from Others
- All Other Sources (personal injury, settlement, non-reported income, etc.)
- Expense Accounts
- Other (BE SPECIFIC)



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			\$
Total Income			\$



TOTAL THIS SECTION AND WRITE IN THE AMOUNT NEXT TO "TOTAL MONTHLY MISCELLANEOUS INCOME"

TOTAL BOTH, TOTAL MONTHLY INCOME AND TOTAL MONTHLY MISCELLANEOUS INCOME TOGETHER AND WRITE IN THE AMOUNT NEXT TO "TOTAL INCOME"

2. MONTHLY DEDUCTIONS (MANDATORY AND VOLUNTARY)

***IF YOU DO NOT HAVE DEDUCTIONS IN A SPECIFIC SECTION, PLEASE WRITE "0"**

Mandatory Deductions (WRITE IN THE COST PER MONTH)

- Federal Income Tax
- PERA/Civil Service
- Medicare Tax
- State/Local Income Tax
- Social Security Tax
- Other (BE SPECIFIC)

TOTAL THIS SECTION AND WRITE IN THE AMOUNT NEXT TO "TOTAL MANDATORY DEDUCTIONS"

Voluntary Deductions (WRITE IN THE COST PER MONTH)

- Life and Disability Insurance
- Health, Dental, Vision Insurance Premium and the total number people covered on plan
- Child Care (deducted from salary)
- Flex Benefit Cafeteria Plan
- Stocks/Bonds
- Retirement & Deferred Compensation
- Other (BE SPECIFIC)

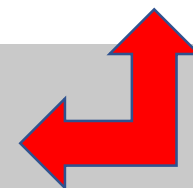
TOTAL THIS SECTION AND WRITE IN THE AMOUNT NEXT TO "TOTAL VOLUNTARY DEDUCTIONS"



2. Monthly Deductions (Mandatory and Voluntary)

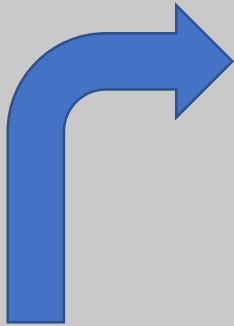
Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax	\$	State/Local Income Tax	\$
PERA/Civil Service		Social Security Tax	
Medicare Tax		Other - _____	
Total Mandatory Deductions			\$
Voluntary Deductions	Cost Per Month		Cost Per Month
Life and Disability Insurance	\$	Stocks/Bonds	\$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

TOTAL BOTH MANDATORY AND VOLUNTARY DEDUCTIONS TOGETHER AND WRITE IN THE AMOUNT NEXT TO "TOTAL MONTHLY DEDUCTIONS"



3. MONTHLY EXPENSES (A)

*LIST REGULAR MONTHLY EXPENSES THAT YOU PAY ON AN ON-GOING BASIS AND THAT ARE NOT IDENTIFIED IN THE DEDUCTIONS SECTION



A. Housing			
	Cost Per Month		Cost Per Month
1 st Mortgage	\$	2 nd Mortgage	\$
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)		Condo/Homeowner's/Maintenance Fees	
Rent		Other - _____	
Total Housing			\$

A. HOUSING (WRITE DOWN THE COST PER MONTH)

- 1st Mortgage
- Insurance (Home Rental) & Property Taxes (not included in mortgage payment)
- Rent
- 2nd Mortgage
- Condo/Homeowner's Maintenance Fees
- Other (BE SPECIFIC)



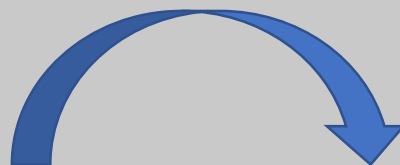
ADD UP THE AMOUNTS AND WRITE IN THE TOTAL AMOUNT NEXT TO "TOTAL HOUSING"

○ **MONTHLY EXPENSES (B)**

B. UTILITIES AND MISCELLANEOUS HOUSING SERVICES

(WRITE DOWN THE COST PER MONTH)

- Gas & Electricity
- Telephone (local, long distance, cellular & pager)
- Internet Provider, Cable & Satellite TV
- Water, Sewer, Trash Removal
- Property Care (lawn, snow removal, cleaning, security system, etc.)
- Other (BE SPECIFIC)



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			\$



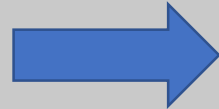
ADD UP THE AMOUNTS AND WRITE IN THE TOTAL NEXT TO "TOTAL HOUSING"

MONTHLY EXPENSES: C & D

C. FOOD & SUPPLIES

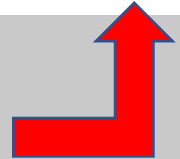
(WRITE DOWN THE COST PER MONTH)

- Groceries & Supplies
- Dining Out



C. Food & Supplies			
	Cost Per Month		Cost Per Month
Groceries & Supplies	\$	Dining Out	\$
Total Food & Supplies			\$

TOTAL THIS SECTION AND WRITE IN THE AMOUNT NEXT TO "TOTAL FOOD AND SUPPLIES"



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			\$

TOTAL THIS SECTION AND WRITE IN THE AMOUNT NEXT TO "TOTAL HEALTH CARE"



D. HEALTH CARE COSTS (Co-pays, Premiums, etc.)

(WRITE DOWN THE COST PER MONTH)

- Doctor & Vision Care
- Medicine & RX Drugs
- Premiums (if not paid by employer)
- Dentist & Orthodontist
- Therapist
- Other (BE SPECIFIC)

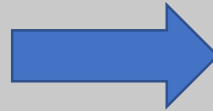


MONTHLY EXPENSES: E & F

E. TRANSPORTATION & RECREATIONAL VEHICLES (MOTORCYCLES, MOTOR HOMES, BOATS, ATV, SNOWMOBILES, ETC.)

(WRITE DOWN THE COST PER MONTH)

- Primary Vehicle Payment
- Fuel, Parking and Maintenance
- Bus & Commuter Fees
- Other Vehicle Payments
- Insurance & Registration/Tax Payments (yearly amount(s) divided by 12)
- Other (BE SPECIFIC)



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			\$

TOTAL THIS SECTION AND WRITE IN THE AMOUNT NEXT TO "TOTAL TRANSPORTATION"



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			\$

TOTAL THIS SECTION AND WRITE IN THE AMOUNT NEXT TO "TOTAL CHILDREN'S EXPENSES"



F. CHILDREN'S EXPENSES AND ACTIVITIES

(WRITE DOWN THE COST PER MONTH)

- Clothing & Shoes
- Extraordinary Expenses i.e., Special Needs, etc.
- Tuition
- Child Care
- Miscellaneous Expenses i.e., Tutor, Books, Activities, Fees, Lunch, etc.
- Other (BE SPECIFIC)



MONTHLY EXPENSES: G & H

G. EDUCATION FOR YOU

(WRITE DOWN THE COST PER MONTH)

PLEASE IDENTIFY STATUS:

FULL TIME PART TIME

- Tuition, Books, Supplies, Fees, etc.
- Other (BE SPECIFIC)



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			\$

TOTAL THIS SECTION AND WRITE IN THE AMOUNT NEXT TO "TOTAL EDUCATION"



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



H. MAINTENANCE (SPOUSAL/PARTNER SUPPORT) & CHILD SUPPORT (THAT YOU PAY)

(WRITE DOWN THE COST PER MONTH)

- Maintenance
 - This Family
 - Other Family
- Child Support
 - This Family
 - Other Family

	Cost Per Month		Cost Per Month
Maintenance		Child Support	
<input type="checkbox"/> This family	\$	<input type="checkbox"/> This family	\$
<input type="checkbox"/> Other family		<input type="checkbox"/> Other family	
Total Maintenance and Child Support			\$

TOTAL THIS SECTION AND WRITE IN THE AMOUNT NEXT TO "TOTAL MAINTENANCE & CHILD SUPPORT"

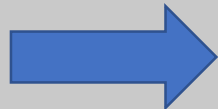


MONTHLY EXPENSES: I.

I. MISCELLANEOUS (PLEASE LIST ON-GOING EXPENSES NOT COVERED IN THE PREVIOUS SECTION)

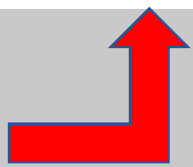
(WRITE DOWN THE COST PER MONTH)

- Recreation/Entertainment
- Legal/Accounting Fees
- Charity/Worship
- Vacation/Travel/Hobbies
- Membership/Clubs
- Pets/Pet Care
- Personal Care (hair, nail, clothing, etc.)
- Subscriptions (newspapers, magazines, etc.)
- Movie & Video Rentals
- Investments (not part of payroll deductions)
- Home Furnishings
- Sports Events/Participation
- Other (BE SPECIFIC)



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			\$

TOTAL THIS SECTION AND WRITE IN THE AMOUNT NEXT TO "TOTAL MISCELLANEOUS"



ADD YOUR MONTHLY EXPENSES IN EACH SECTION (A THROUGH I)

- A. TOTAL HOUSING \$_____
- B. TOTAL UTILITIES AND MISCELLANEOUS HOUSING SERVICES \$_____
- C. TOTAL FOOD AND SUPPLIES \$_____
- D. TOTAL HEALTH CARE \$_____
- E. TOTAL TRANSPORTATION \$_____
- F. TOTAL CHILDREN'S EXPENSES AND ACTIVITIES \$_____
- G. TOTAL EDUCATION \$_____
- H. TOTAL MAINTENANCE AND CHILD SUPPORT \$_____
- I. TOTAL MISCELLANEOUS \$_____

Total Monthly Expenses (Totals from A – I)	\$
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ADD THE AMOUNTS TOGETHER AND WRITE IN THE TOTAL NEXT TO "TOTAL MONTHLY EXPENSES"

4. DEBTS (unsecured)

****READ THIS FIRST**



For name on account, "P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

- List Name of Creditor(s)
- Write in the Last 4 Digits of Account Number
- Check appropriate box (whose name is the account in?)
 - Petitioner
 - Co-Petitioner/Respondent
 - Joint (In both names)
- Write in the Date of Balance
- Write in the Balance \$_____
- Write in the Minimum Monthly Payment Required
- Write in the Reason for Which Debt was Incurred

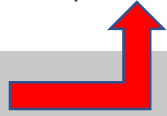
4. Debts (unsecured)

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
		<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"/>				
		<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"/>				
		<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"/>				
		<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"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Unsecured Debt Balance						\$	\$	→Total Minimum Monthly Payment

ADD UP THE TOTAL BALANCES SECTION AND WRITE THE TOTAL HERE:



ADD UP THE MINIMUM MONTHLY PAYMENT REQUIRED AND WRITE THE TOTAL HERE:

SWORN FINANCIAL STATEMENT SUMMARY (INCOME/EXPENSES)

SWORN FINANCIAL STATEMENT SUMMARY (INCOME/EXPENSES)

Total Income (from Page 1)

\$ _____ A



Write in the total of all income (from page 1)

Total Monthly Deductions (from Page 2)

\$ _____ B



Write in the total monthly deductions (from page 2)

Total Monthly Net Income (A minus B)

\$ _____



Subtract deductions (B) from income (A) and write the total

Total Monthly Expenses (from Page 3)

\$ _____ C



Write in the total monthly expenses (from page 3)

Total Minimum Monthly Payment Required - Debts Unsecured (from Page 4)

\$ _____ D



Write in the total minimum monthly payment required-Debts Unsecured (from page 4)

Total Monthly Expenses and Payments (C plus D)

\$ _____



Add monthly expenses (C) and payments (D) and write the total

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments)

(+/-) \$ _____



Subtract Total Monthly Expenses and Payments from Total Monthly Net Income and Write the Total

- If it's a positive number, write + \$ _____
- If it's a negative number, write - \$ _____

5. ASSETS

READ FIRST



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 or partners in a civil union, check under the heading Joint (J) all assets acquired during the marriage/civil union but not by gift or inheritance. Under the headings of Petitioner (P) or CoPetitioner/Respondent (C/R), check assets owned before this marriage/civil union 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).

5. ASSETS: A

IF YOU DO NOT HAVE AN ASSET IN THIS CATEGORY, CHECK THE "NONE" BOX

A. REAL ESTATE

- Write in the Address or Property Description and Name of Creditor/Lender
- Whose asset is it? Check the Appropriate

Box:

- Petitioner or
- Co-Petitioner/Respondent or
- Joint
- Write Down the Estimated Value as of Today (what you could sell it for in its current condition)
- Write Down the Amount You Owe
- Write Down the Net Value/Equity (value minus amount owed)

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) <input type="checkbox"/> 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)
	<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"/>			
Total				\$	\$	\$



ADD UP THE AMOUNTS AND WRITE IN THE TOTAL OF EACH SECTION

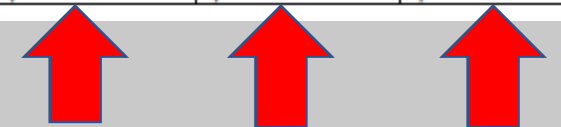
5. ASSETS: B

B. MOTOR VEHICLES & RECREATION VEHICLES INCLUDING MOTORCYCLES, ATV'S, BOATS, ETC.

- Write in the year, make and model of the vehicle and the name of Creditor/Lender
- Whose asset is it?
 - Petitioner
 - Co-Petitioner/Respondent
 - Joint
- Estimated Value as of today (what you could sell it for in its current condition)
- Amount Owed
- Net Value/Equity (value minus amount owed)

IF YOU DO NOT HAVE AN ASSET IN THIS CATEGORY, CHECK THE "NONE" BOX

B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> 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)
	<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"/>			
				Total	\$	\$



ADD UP THE AMOUNTS AND WRITE IN THE TOTAL OF EACH SECTION

5. ASSETS: C

C. CASH ON HAND, BANK, CHECKING, SAVINGS, OR HEALTH ACCOUNTS

- Write down the name of the bank or financial institution
- Whose asset is it?
 - Petitioner
 - Co-Petitioner/Respondent
 - Joint
- What is the type of account?
 - Checking
 - Savings
 - Health account
 - Other (Be Specific)
- Write down the last 4 digits of the account number
- Write down the balance as of today

IF YOU DO NOT HAVE AN ASSET IN THIS CATEGORY, CHECK THE “NONE” BOX

C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	P	C/R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
	<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"/>			
Total						\$



ADD UP THE AMOUNTS OF THE BALANCE AS OF TODAY AND WRITE IN THE TOTAL

5. ASSETS: D

D. LIFE INSURANCE

- List the name of the company/beneficiary
- Whose asset is it?
 - Petitioner
 - Co-Petitioner/Respondent
 - Joint
- Write down the type of policy
- Write down the face amount of the policy
- Write down the cash value as of today

IF YOU DO NOT HAVE AN ASSET IN THIS CATEGORY, CHECK THE "NONE" BOX

D. Life Insurance (Name of Company/Beneficiary)	P	C/R	J	Type of Policy	Face Amount of Policy	Cash Value today
<input type="checkbox"/> None						
	<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"/>			
Total					\$	\$



ADD UP THE FACE AMOUNT OF POLICY AND ALSO THE CASH VALUE TODAY AND WRITE IN THE TOTALS

5. ASSETS: E

E. FURNITURE, HOUSEHOLD GOODS AND OTHER PERSONAL PROPERTY

(i.e., jewelry, antiques, collectibles, artwork, power tools, etc.)-

IDENTIFY ITEMS AND REPORT IN TOTAL

IF YOU DO NOT HAVE AN ASSET IN THIS CATEGORY, CHECK THE "☐NONE" BOX

- Whose asset is it?
 - Petitioner
 - Co-Petitioner/Respondent
 - Joint
- Who currently has possession of the item?
 - Petitioner
 - Co-Petitioner/Respondent
 - Joint
- What is the Estimated Value as of Today? (What could you sell it for in its current condition?)

E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. <input type="checkbox"/> 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	
	<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"/>	
	<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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total							\$

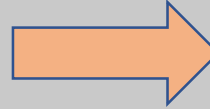


ADD UP THE ESTIMATED VALUE OF TODAY AND WRITE IN THE TOTAL

5. ASSETS: F & G

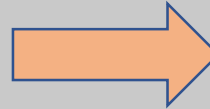
F. STOCKS, BONDS, MUTUAL FUNDS, SECURITIES & INVESTMENT ACCOUNTS

If owned, fill out and attach JDF 1111-SS



G. PENSION, PROFIT SHARING OR RETIREMENT FUNDS

If owned, fill out and attach JDF 1111-SS



IF YOU DO NOT HAVE AN ASSET IN THIS CATEGORY, CHECK THE "NONE" BOX

Case Name _____ and _____ Case Number: _____

Supporting Schedules for Assets in Section F, G, H, and I.

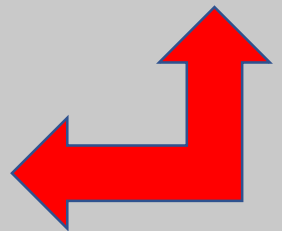
Attach this supporting schedule to JDF 1111 **ONLY** if you have assets in sections F & G, any additional assets to report in section H, and/or separate property to report in section I. In addition, report totals from this document to the appropriate sections on JDF 1111.

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts (Name of Item or Fund)	P	C/R	J	# of Shares	Account # (last 4-digits only)	Current Value as of Today
	<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"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$
G. Pension, Profit Sharing, or Retirement Funds (Defined Contribution and/or Defined Benefit Plans)	P	C/R	J	Type of Plan (401K, IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Current Value as of Today
	<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"/>			
Total						\$

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$
G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$



ADD UP THE AMOUNTS AND WRITE IN THE TOTALS



5. ASSETS: H & I

**IF YOU DO NOT HAVE AN ASSET IN THIS CATEGORY,
CHECK THE "NONE" BOX**

H. MISCELLANEOUS ASSETS

- Check the appropriate Box(es)
 - If you check "other," be specific about what the miscellaneous asset is



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



ADD UP THE AMOUNTS AND WRITE IN THE TOTALS

I. SEPARATE PROPERTY

- If owned, attach JDF 1111-SS to identify the property and to report the value



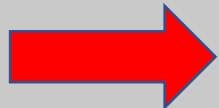
H. Miscellaneous Assets (Identify Type of Asset)	P	C/R	J		Estimated Value as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total					
I. Separate Property (Identify Type)	P	C/R	J		Estimated Value as of Today
	<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"/>		
Total					\$ _____



ADD UP THE TOTAL VALUE/BALANCE OF ALL ASSETS (A-I)

- A. Real Estate \$_____
- B. Motor Vehicle & Recreation Vehicles \$_____
- C. Cash on Hand, Bank, Checking, Savings or Health Accounts \$_____
- D. Life Insurance \$_____
- E. Furniture, Household Goods and Other Personal Property \$_____
- F. Stocks, Bonds, Mutual Funds, Securities \$ Investment Accounts
\$_____
- G. Pension Profit Sharing or Retirement Funds \$_____
- H. Miscellaneous Assets \$_____
- I. Separate Property \$_____

WRITE TOTAL HERE

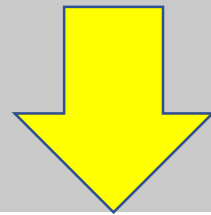


Total Value/Balance of All Assets (A - I)	\$
--	-----------

○ Check appropriate box

I am acknowledging I am filling in the blanks and not changing anything else on the form

I am acknowledging that I have made a change to the original content of this form (You would be changing the form if you changed any of the printed content on the court form)

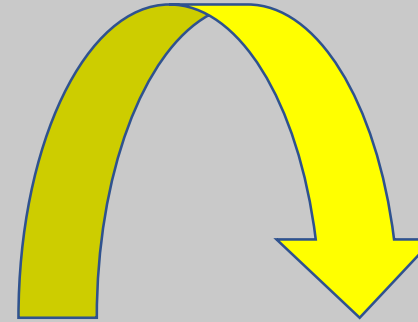


By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION/SIGNATURE PAGE:

- Petitioner or Co-Petitioner/Respondent
 - Write in the Date, Month, & Year
 - City or Other Location and State or Country
 - Print name
 - Sign name



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 of Petitioner or Co-Petitioner/Respondent)

Signature of Petitioner or Co-Petitioner/Respondent

CERTIFICATE OF SERVICE

- Write in the date you provided a copy to the other party(ies)
- Check the appropriate box as to how you have provided it to the other party

- Fax
- US mail
- Hand delivery
- E-filed
- Email



CERTIFICATE OF SERVICE

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

- In the To: section: List the name of the party if hand-delivered; list the name and address of the party if mailed; list the name and email address (or fax number) if emailed (or faxed)
- Sign the certificate of service

SUPPORTING SCHEDULES FOR ASSETS IN SECTION F & G (JDF 1111 SS)

*Attach this supporting schedule to JDF 1111 ONLY if you have assets in sections F & G, any additional assets to report in section H, and/or separate property to report in section I. In addition, list the totals from this document in the appropriate section(s) on JDF 1111

F. STOCKS, BONDS, MUTUAL FUNDS, SECURITIES & INVESTMENT ACCOUNTS

- List your assets
- Check the appropriate box to indicate ownership of the asset
 - Petitioner
 - Co-Petitioner/Respondent
 - Joint
- Write down the number of shares
- Write down that last 4 digits of the account number
- Write down the current value as of today

ADD THE CURRENT VALUES AND WRITE IN THE TOTAL

G. PENSION, PROFIT SHARING OR RETIREMENT FUNDS

- List your assets
- Check the appropriate box to indicate ownership of the asset
 - Petitioner
 - Co-Petitioner/Respondent
 - Joint
- Write down the type of plan
- Write down that last 4 digits of the account number (if applicable)
- Write down the current value as of today

ADD THE CURRENT VALUES AND WRITE

Case Name _____ and _____ Case Number: _____

Supporting Schedules for Assets in Section F, G, H, and I.

Attach this supporting schedule to JDF 1111 ONLY if you have assets in sections F & G, any additional assets to report in section H, and/or separate property to report in section I. In addition, report totals from this document to the appropriate sections on JDF 1111.

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts (Name of Item or Fund)	P	C/R	J	# of Shares	Account # (last 4-digits only)	Current Value as of Today
	<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"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$
G. Pension, Profit Sharing, or Retirement Funds (Defined Contribution and/or Defined Benefit Plans)	P	C/R	J	Type of Plan (401K, IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Current Value as of Today
	<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"/>			
Total						\$

SUPPORTING SCHEDULES FOR ASSETS IN SECTION H & I (JDF 1111 SS)

***Attach this supporting schedule to JDF 1111 ONLY if you have assets in sections F & G, any additional assets to report in section H, and/or separate property to report in section I. In addition, list the totals from this document in the appropriate section(s) on JDF 1111**

H. MISCELLANEOUS ASSETS

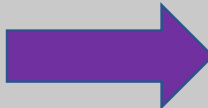
- List your assets
- Check appropriate box: whose asset is it?
 - Petitioner
 - Co-Petitioner/Respondent
 - Joint
- Write down the type of plan
- Write down that last 4 digits of the account number (if applicable)
- Write down the estimated value as of today



ADD THE ESTIMATED VALUES AND WRITE IN THE TOTAL

I. SEPARATE PROPERTY

- List your assets
- Check appropriate box: whose asset is it?
 - Petitioner
 - Co-Petitioner/Respondent
 - Joint
- Write down the type of plan
- Write down that last 4 digits of the account number (if applicable)
- Write down the estimated value as of today



H. Miscellaneous Assets (Identify Type of Asset)	P	C/R	J		Estimated Value as of Today
	<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"/>		
Total					
I. Separate Property (Identify Type)	P	C/R	J		Estimated Value as of Today
	<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"/>		
Total					\$

ADD THE ESTIMATED VALUES AND WRITE IN THE TOTAL