Superior Court of Washington County of

In re:		No.	
and	Petitioner,	Financial Declaration [] Petitioner [] Respondent	
	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

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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) (3)	What were your gross monthly earnings? 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

3.2

3.3

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.

		Name	Name
a.	- Wages and Salaries	\$	\$
b.	Interest and Dividend Income	\$	\$
c.	Business Income	\$	\$
d.	Spousal Maintenance Received		
	From	\$	\$
e.	Other Income	\$	\$
f.	Total Gross Monthly Income (add lines 3.1a through 3.1e)	\$	\$
g.	Actual Gross Income (Year-to-date)	\$	\$
Mont	hly 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)	\$	\$
	hly Net Income (Line 3.1f minus line 3.2h <u>or</u> from the Child Support Worksheet(s).)	\$	\$

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3.4 Miscellaneous Income

3.5

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)	\$ \$
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

5.2

Rent, 1st mortgage or contract payments	\$
Installment payments for other mortgages or encumbrances	\$
Taxes & insurance (if not in monthly payment)	\$
Total Housing	\$
Utilities	
Utilities Heat (gas & oil)	\$

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	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 payments or leases Vehicle insurance & license	\$\$
		· · ·
	Vehicle insurance & license	\$
	Vehicle insurance & license Vehicle gas, oil, ordinary maintenance	\$\$
	Vehicle insurance & license Vehicle gas, oil, ordinary maintenance Parking	\$ \$ \$
5.6	Vehicle insurance & license Vehicle gas, oil, ordinary maintenance Parking Other transportation expenses	\$ \$ \$
	Vehicle insurance & license Vehicle gas, oil, ordinary maintenance Parking Other transportation expenses Total Transportation	\$ \$ \$ \$
	Vehicle insurance & license Vehicle gas, oil, ordinary maintenance Parking Other transportation expenses Total Transportation Health Care (Omit if fully covered)	\$ \$ \$ \$ \$
	Vehicle insurance & license Vehicle gas, oil, ordinary maintenance Parking Other transportation expenses Total Transportation Health Care (Omit if fully covered) Insurance	\$\$ \$ \$ \$ \$ \$ \$
	Vehicle insurance & license Vehicle gas, oil, ordinary maintenance Parking Other transportation expenses Total Transportation Health Care (Omit if fully covered) Insurance Uninsured dental, orthodontic, medical, eye care expenses	\$ \$ \$ \$ \$ \$ \$ \$
	 Vehicle insurance & license Vehicle gas, oil, ordinary maintenance Parking Other transportation expenses Total Transportation Health Care (Omit if fully covered) Insurance Uninsured dental, orthodontic, medical, eye care expenses Other uninsured health expenses 	\$ \$ \$ \$ \$ \$ \$ \$
5.6	 Vehicle insurance & license Vehicle gas, oil, ordinary maintenance Parking Other transportation expenses Total Transportation Health Care (Omit if fully covered) Insurance Uninsured dental, orthodontic, medical, eye care expenses Other uninsured health expenses Total Health Care 	\$ \$ \$ \$ \$ \$ \$ \$ \$
5.6	 Vehicle insurance & license Vehicle gas, oil, ordinary maintenance Parking Other transportation expenses Total Transportation Health Care (Omit if fully covered) Insurance Uninsured dental, orthodontic, medical, eye care expenses Other uninsured health expenses Total Health Care Personal Expenses (Not including children) 	\$ \$ \$

	Clubs and recreation	\$
	Education	\$
	Books, newspapers, magazines, photos	\$
	Gifts	\$
	Other	\$
	Total Personal Expenses	\$
5.8	Miscellaneous Expenses	
	Life insurance (if <u>not</u> deducted from income)	\$
	Other	\$
	Other	\$
	Total Miscellaneous Expenses	\$
5.9	Total Household Expenses (The total of Paragraphs 5.1 through 5.8)	\$

5.10 Installment Debts Included in Paragraphs 5.1 Through 5.8

Creditor	Description of Debt	Balance	Month of Last Payment

5.11 Other Debts and Monthly Expenses not Included in Paragraphs 5.1 Through 5.8

Creditor	Description of Debt	Balance	Month of <u>Last Payment</u>	Amount of Monthly <u>Payment</u>
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total Monthly Paymen	ts for Other Debts and Monthly Ex	xpenses		\$

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5.12	Total Expenses (Add Paragi	2.9 raphs	and 5.11)	\$
	VI	. Attorne	ey Fees	
6.1	Amount paid for attorney fees and costs	to date:		\$
6.2	The source of this money was:			
6.3	Fees and costs incurred to date:			\$
6.4	Arrangements for attorney fees and cost	ts are:		
6.5	Other:			
I decla	re under penalty of perjury under the laws	of the state of	of Washington that the	foregoing is true and correct.
Signed	l at, [C	ity]	[State] on	[Date].
Signatu	re of Declarant		Print or Type Name	
	llowing financial records are being pritial records pertaining to myself:	covided to th	ne other party and fi	led separately with the court.
	[] Individual [] Partnership or Co	-		the years ing all W-2s and schedules;
	[] Pay stubs for the dates of			
	[] Other:			

Do not attach these financial records to the financial declaration. These financial records should be served on the other party and filed with the court separately using the sealed financial source documents cover sheet (WPF DRPSCU 09.0220). If filed separately using the cover sheet, the records will be sealed to protect your privacy (although they will be available to all parties in the case, their attorneys, court personnel and certain state agencies and boards.) See GR 22 (C)(2).

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