

105 COURT STREET, SUITE 402, BROOKLYN, NY 11201 - 41 MADISON AVENUE, 41ST FLOOR, NEW YORK, NY 10010

**STATEMENT OF NET WORTH
(Section 236 DRL)**

CLIENT WORK SHEET

_____ **Plaintiff,**

- against -

_____ **Defendant.**

(Complete all items, marking "NONE", "INAPPLICABLE" and "UNKNOWN," if appropriate)

(Name) _____, the (Plaintiff/Defendant) _____ herein, being duly sworn, deposes and says that the following is an accurate statement as of _____, of my net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), statement of income from all sources, and statement of assets transferred of whatsoever kind and nature and wherever situated:

I. FAMILY DATA

- (a) **Husband's Age:** _____
- (b) **Wife's Age:** _____
- (c) **Date Married:** _____
- (d) **Date of Separation/Divorce:** _____
- (e) **Number of dependent children under 21 Years:** _____
- (f) **Names, Ages and Dates of Birth of Children:**

| | | |
|--------|-----------|-----------|
| _____; | Age _____ | DOB _____ |
| _____; | Age _____ | DOB _____ |
| _____; | Age _____ | DOB _____ |
| _____; | Age _____ | DOB _____ |
| _____; | Age _____ | DOB _____ |

(g) **Custody of Children is with (H/W/J):** _____

(h) **Minor Children of Prior Marriage:** Husband: _____ Wife: _____

(i) **Support:**

Neither Spouse is Paying or Receiving Alimony (Maintenance) or Child Support in Connection with prior marriage.

The Husband/Wife _____ is (Paying/Receiving) _____ \$ _____ as Alimony (Maintenance) AND/OR \$ _____ Child Support (weekly/monthly) _____ in Connection With Prior Marriage.

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(j) Custody of Children of Prior Marriage:
(Name and Address of Custodial Parent)

(k) The marital residence is occupied by (H/W/Both): _____
Husband's Present Address:

Wife's Present Address:

(m) Occupation of Husband: _____

Occupation of Wife: _____

(n) Husband's Employer: _____

(o) Wife's Employer: _____

(p) Education, Training & Skills:
(Include dates of attainment of degrees)

Husband

Wife

(q) Husband's Health: _____

(r) Wife's Health: _____

(s) Children's Health: _____

II. EXPENSES- MONTHLY HOUSEHOLD BUDGET

(Indicate A-Annual, BW-Biweekly, W-Weekly, H-Hourly, T-Twice per month)

(a) Housing:

- 1. Rent _____
- 2. Mortgage and amortization _____
- 3. Real estate taxes _____

- 4. Condominium charges _____
- 5. Cooperative Apartment Maintenance _____

Total: Housing \$ _____

(b) Utilities:

- 1. Fuel oil _____
- 2. Gas _____
- 3. Electricity _____

- 4. Telephone _____
- 5. Water _____
- 6. Other _____

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Total: Utilities \$ _____

(c) Food:

- 1. Groceries _____
- 2. School Lunches _____
- 3. Lunches at work _____
- 4. Dining out _____

- 5. Liquor/alcohol _____
- 6. Home entertainment _____
- 7. Other _____

Total: Food \$ _____

(d) Clothing:

- 1. Husband _____
- 2. Wife _____

- 3. Children _____
- 4. Other _____

Total: Clothing \$ _____

(e) Laundry:

- 1. Laundry at home _____
- 2. Dry cleaning _____

- 3. Other _____

Total: Laundry \$ _____

(f) Insurance:

- 1. Life _____
- 2. Homeowner's/tenant's _____
- 3. Fire, theft, and liability _____
- 4. Automotive _____
- 5. Umbrella policy _____

- 6. Medical plan _____
- 7. Dental plan _____
- 8. Optical plan _____
- 9. Disability _____
- 10. Worker's Compensation _____
- 11. Other _____

Total: Insurance \$ _____

(g) Unreimbursed medical:

- 1. Medical _____
- 2. Dental: _____
- 3. Optical: _____
- 4. Pharmaceutical: _____

- 5. Surgical, nursing, hospital: _____
- 6. Other _____

Total: Unreimbursed medical \$ _____

(h) Household maintenance

- 1. Repairs _____
- 2. Furniture, furnishings, housewares _____
- 3. Cleaning Supplies _____
- 4. Appliances including _____

- 5. Painting _____
- 6. Sanitation/carting _____
- 7. Gardening/landscape _____
- 8. Snow removal _____
- 9. Extermination _____

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maintenance _____

10. Other _____
Total: Household Maintenance \$ _____

(i) Household help

- 1. Babysitter _____
- 2. Domestic (Maid, etc.) _____

3. Nurse _____
4. Other _____
Total: Household help \$ _____

(j) Automotive

- 1. Year: _____ Make: _____
Model: _____ Personal (Y/N): _____ Business (Y/N): _____
- 2. Year: _____ Make: _____
Model: _____ Personal (Y/N): _____ Business (Y/N): _____
- 3. Year: _____ Make: _____
Model: _____ Personal (Y/N): _____ Business (Y/N): _____
- 4. Year: _____ Make: _____
Model: _____ Personal (Y/N): _____ Business (Y/N): _____
- 5. Year: _____ Make: _____
Model: _____ Personal (Y/N): _____ Business (Y/N): _____

- 1. Payments _____
- 2. Gas and oil _____
- 3. Repairs _____
- 4. Car wash _____
- 5. Registration/license _____
- 6. Parking and Tolls _____
- 7. Other _____

Total: Automotive \$ _____

(k) Educational

- 1. Nursery and pre-school _____
- 2. Primary and secondary _____
- 3. College _____
- 4. Post-graduate _____
- 5. Religious Instruction _____
- 6. School trans. _____
- 7. School supp./books _____
- 8. Tutoring _____
- 9. School events _____
- 10. Other _____

Total: Educational \$ _____

(l) Recreational

- 1. Summer camp _____
- 2. Vacations _____
- 3. Movies _____
- 4. Theatre, ballet, etc. _____
- 5. Video rentals _____
- 6. Tapes, CD's, etc. _____
- 9. Country/pool club _____
- 10. Health club _____
- 11. Sporting goods _____
- 12. Hobbies _____
- 13. Music/dance lessons _____
- 14. Sports lessons _____

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- 7. Cable television _____
- 8. Team Sports _____

- 15. Birthday parties _____
- 16. Other _____

Total: Recreational \$ _____

(m) Income Taxes

- 1. Federal _____
- 2. State _____

- 3. City _____
- 4. Social Security and Medicare _____

Total: Taxes \$ _____

(n) Miscellaneous

- 1. Beauty Parlor/Barber _____
- 2. Beauty aids/cosmetics, drug items _____
- 3. Cigarettes/Tobacco _____
- 4. Books, magazines, newspapers _____
- 5. Children's allowances _____
- 6. Gifts _____
- 7. Charitable contribution _____
- 8. Religious organization dues _____

- 9. Union and organization dues _____
- 10. Commutation and transportation _____
- 11. Veterinarian/pet exp. _____
- 12. Child support payments (prior marriage) _____
- 13. Alimony & maintenance payments (prior marriage) _____
- 14. Loan Payments _____
- 15. Unreimbursed business expenses _____

Total: Miscellaneous \$ _____

(o) Other (Specify)

- 1. _____
- 2. _____

- 3. _____
- 4. _____

Total: Other \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

TOTAL ANNUAL EXPENSES: \$ _____

III. GROSS INCOME (Monthly Amounts):

- (a) Salary or Wages:** (State whether income has changed during the year preceding date of this affidavit _____). If so, set forth name and

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address of all employers during preceding year and an average weekly wage paid by each. Indicate overtime earnings separately. Attach previous year's W-2 or income tax return)

- 1. _____ (+) _____
- 2. _____ (+) _____
- 3. _____ (+) _____

(b) Monthly Deductions:

Employer 1:

- 1. Federal Tax (-) _____
- 2. New York State Tax (-) _____
- 3. Local Tax (-) _____
- 4. Social Security (-) _____
- 5. Medicare (-) _____
- 6. Other Payroll Deduction (Specify)
_____- (-) _____
_____- (-) _____
_____- (-) _____
_____- (-) _____

Employer 2:

- 1. Federal Tax (-) _____
- 2. New York State Tax (-) _____
- 3. Local Tax (-) _____
- 4. Social Security (-) _____
- 5. Medicare (-) _____
- 6. Other Payroll Deduction (Specify)
_____- (-) _____
_____- (-) _____
_____- (-) _____
_____- (-) _____

Employer 3:

- 1. Federal Tax (-) _____
- 2. New York State Tax (-) _____
- 3. Local Tax (-) _____
- 4. Social Security (-) _____
- 5. Medicare (-) _____

6. Other Payroll Deduction (Specify)

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| | | |
|-------|-----|-------|
| _____ | (-) | _____ |
| _____ | (-) | _____ |
| _____ | (-) | _____ |
| _____ | (-) | _____ |

(c) Social Security Number: _____

(d) Number and Names of Dependents:

N/A

(e) Bonus, Commissions, Fringe Benefits (use of auto, memberships, etc.) (+) _____

(f) Partnerships, Royalties, Sale of Assets: (income and installment payments) (+) _____

(g) Dividends and Interest:
1. Taxable (+) _____
2. Nontaxable (+) _____

(h) Real Estate (income only) (+) _____

(i) Trust, profit sharing, and annuity (principal distribution and income) (+) _____

(j) Pension (income only) (+) _____

(k) Awards, Prizes, Grants:
1. Taxable (+) _____
2. Nontaxable (+) _____

(l) Income from bequests, legacies and gifts: (+) _____

(m) Income from all other sources: (Including alimony, maintenance, or child support from prior marriage) (+) _____

(n) Tax preference items:
1. Long term capital gain deduction: (-) _____
2. Depreciation amortization or depletion: (-) _____
3. Stock Options - Excess fair market value over amount paid: (-) _____

(o) Other Household Member's Income:
 N/A
 1. _____ (+) _____
 2. _____ (+) _____
 3. _____ (+) _____
 4. _____ (+) _____

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- [] 5. _____ (+) _____
- (p) Social Security: (+) _____
- (q) Disability Benefits: (+) _____
- (r) Public Assistance: (+) _____
- (s) Other: (+) _____

TOTAL MONTHLY INCOME: \$ _____

IV. ASSETS (If any asset is held jointly with spouse or another, so state, and set forth your respective shares. Attach additional sheets if needed)

A. Cash Accounts

Cash

- 1.1 a. Location: _____
- b. Source of funds: _____
- c. Other information: _____
- d. Balance: \$ _____

Checking

- 2.1 a. Financial Institution: _____
- b. Account number: _____
- c. Title holder: _____
- e. Source of funds: _____
- f. Other information: _____
- g. Balance: \$ _____

- 2.2 a. Financial Institution: _____
- b. Account number: _____
- c. Title holder: _____
- d. Date opened: _____
- e. Source of funds: _____
- f. Other information: _____
- g. Balance: \$ _____

- 2.3 a. Financial Institution: _____
- b. Account number: _____
- c. Title holder: _____

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- d. Date opened: _____
- e. Source of funds: _____
- f. Other information: _____
- g. Balance: _____ \$ _____

Savings

(Individual, joint, totten trusts, CDs, treasury notes)

- 3.1 a. Financial Institution: _____
- b. Account number: _____
- c. Title holder: _____
- d. Type of Account: _____
- e. Date opened: _____
- f. Source of funds: _____
- g. Other information: _____
- h. Balance: _____ \$ _____

- 3.2 a. Financial Institution: _____
- b. Account number: _____
- c. Title holder: _____
- e. Date opened: _____
- f. Source of funds: _____
- g. Other information: _____
- h. Balance: _____ \$ _____

- 3.3 a. Financial Institution: _____
- b. Account number: _____
- c. Title holder: _____
- d. Type of Account: _____
- e. Date opened: _____
- f. Source of funds: _____
- g. Other information: _____
- h. Balance: _____ \$ _____

Security deposits (earnest money, etc.)

- 4.1 a. Location: _____
- b. Title owner: _____
- c. Type of Deposit: _____
- d. Source of funds: _____
- e. Date of deposit: _____
- g. Other information: _____
- f. Amount: _____ \$ _____

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Other

- 5.1 a. Location: _____
- b. Title owner: _____
- c. Type of account: _____
- d. Source of funds: _____
- e. Date of Deposit: _____
- f. Other information: _____
- g. Amount: _____ \$ _____

B. Securities

Bonds, notes, mortgages

- 1.1 a. Description of Security: _____
- b. Title holder: _____
- c. Location: _____
- d. Date of acquisition: _____
- e. Original price or value: _____
- f. Source of funds to acquire: _____
- g. Other information: _____
- h. Current value: _____ \$ _____

Stocks, options, etc.

- 2.1 a. Description of Security: _____
- b. Title owner: _____
- c. Location: _____
- d. Date of acquisition: _____
- e. Original price or value: _____
- f. Source of funds to acquire: _____
- g. Other information: _____
- h. Current value: _____ \$ _____

- 2.2 a. Description of Security: _____
- b. Title owner: _____
- c. Location: _____
- d. Date of acquisition: _____
- e. Original price or value: _____
- f. Source of funds to acquire: _____
- g. Other information: _____
- h. Current value: _____ \$ _____

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- 2.3 a. Description of Security: _____
- b. Title owner: _____
- c. Location: _____
- d. Date of acquisition: _____
- e. Original price or value: _____
- f. Source of funds to acquire: _____
- g. Other information: _____
- h. Current value: _____ \$ _____

- 2.4 a. Description of Security: _____
- b. Title owner: _____
- c. Location: _____
- d. Date of acquisition: _____
- e. Original price or value: _____
- f. Source of funds to acquire: _____
- g. Other information: _____
- h. Current value: _____ \$ _____

Broker Margin Accounts

- 3.1 a. Name and address of Broker: _____
- b. Title holder: _____
- c. Date account opened: _____
- d. Original value of account: _____
- e. Source of funds: _____
- f. Other information: _____
- g. Current Value: _____ \$ _____

C. Loans & Accts Receivable

- 1.1 a. Debtor's name and address: _____
- b. Original amount of loan or debt: _____
- c. Source of funds from which loan made or origin of debt: _____
- d. Date payment(s) due: _____
- e. Other information: _____
- f. Current amount due: _____ \$ _____

- 1.2 a. Debtor's name and address: _____

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- b. Original amount of loan or debt: _____
- c. Source of funds from which loan made or origin of debt: _____
- d. Date payment(s) due: _____
- e. Other information: _____
- f. Current amount due: _____ \$ _____

D. Business Interests

- 1.1 a. Business name and address: _____
- b. Type of business (corporate, partnership, sole proprietorship or other): _____
 - c. Your capital contribution: _____
 - d. Your percentage of interest: _____
 - e. Date of acquisition: _____
 - f. Original price or value: _____
 - g. Source of funds to acquire: _____
 - h. Method of valuation: _____
 - i. Other relevant information: _____
 - j. Current net worth of business: _____ \$ _____

- 1.2 a. Business name and address: _____
- b. Type of business (corporate, partnership, sole proprietorship or other): _____
 - c. Your capital contribution: _____
 - d. Your percentage of interest: _____
 - e. Date of acquisition: _____
 - f. Original price or value: _____
 - g. Source of funds to acquire: _____
 - h. Method of valuation: _____
 - i. Other relevant information: _____
 - j. Current net worth of business: _____ \$ _____

E. Life Ins. Cash Value

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1.1 a. Insurer's name and address: _____

- b. Name of insured: _____
- c. Policy number: _____
- d. Face amount of policy: _____
- e. Policy owner: _____
- f. Date of acquisition: _____
- g. Source of funds to acquire: _____
- h. Other information: _____
- i. Current cash surrender value: _____ \$

1.2 . Insurer's name and address: _____

- b. Name of insured: _____
- c. Policy number: _____
- d. Face amount of policy: _____
- e. Policy owner: _____
- f. Date of acquisition: _____
- g. Source of funds to acquire: _____
- h. Other information: _____
- i. Current cash surrender value: _____ \$

F. Vehicles (automobile, boat, plane, truck, camper etc.)

- 1.1 a. Description: _____
- b. Title owner: _____
- c. Date of acquisition: _____
- d. Original price: _____
- e. Source of funds to acquire: _____
- f. Amount current lien unpaid: _____
- g. Other information: _____
- h. Current fair market value: _____ \$

- 1.2 a. Description: _____
- b. Title owner: _____
- c. Date of acquisition: _____
- d. Original price: _____
- e. Source of funds to acquire: _____
- f. Amount current lien unpaid: _____
- g. Other information: _____
- h. Current fair market value: _____ \$

1.3 a. Description: _____

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- b. Title owner: _____
- c. Date of acquisition: _____
- d. Original price: _____
- e. Source of funds to acquire: _____
- f. Amount current lien unpaid: _____
- g. Other information: _____
- h. Current fair market value: _____ \$

G. Real Estate

(including real property, leaseholds, life estates, etc.
at market value--do not deduct any mortgage)

- 1.1 a. Description: _____
- b. Title owner: _____
- c. Date of acquisition: _____
- d. Original price: _____
- e. Source of funds to acquire: _____
- f. Amount current mortgage unpaid: _____
- g. Other information: _____
- h. Current fair market value: _____ \$

- 1.2 a. Description: _____
- b. Title owner: _____
- c. Date of acquisition: _____
- d. Original price: _____
- e. Source of funds to acquire: _____
- f. Amount current mortgage unpaid: _____
- g. Other information: _____
- h. Current fair market value: _____ \$

- 1.3 a. Description: _____
- b. Title owner: _____
- c. Date of acquisition: _____
- d. Original price: _____
- e. Source of funds to acquire: _____
- f. Amount current mortgage unpaid: _____
- g. Other information: _____
- h. Current fair market value: _____ \$

- 1.4 a. Description: _____
- b. Title owner: _____
- c. Date of acquisition: _____
- d. Original price: _____

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- e. Source of funds to acquire: _____
- f. Amount current mortgage unpaid: _____
- g. Other information: _____
- h. Current fair market value: _____ \$ _____

H. Pensions & Trusts
(pension, profit sharing, legacies, deferred compensation, etc.)

- 1.1 a. Description of trust: _____
- b. Location of assets: _____
- c. Title owner: _____
- d. Date of acquisition: _____
- e. Original investment: _____
- f. Source of funds: _____
- g. Amount of unpaid liens: _____
- h. Other information: _____
- i. Current value: _____ \$ _____

- 1.2 a. Description of trust: _____
- b. Location of assets: _____
- c. Title owner: _____
- d. Date of acquisition: _____
- e. Original investment: _____
- f. Source of funds: _____
- g. Amount of unpaid liens: _____
- h. Other information: _____
- i. Current value: _____ \$ _____

I. Contingent Interests
(stock options, interests subject to life estates, prospective inheritances, etc.)

- 1.1 a. Description: _____
- b. Location: _____
- c. Date of vesting: _____
- d. Title owner: _____
- e. Date of acquisition: _____
- f. Original price or value: _____
- g. Source of funds to acquire: _____
- h. Method of valuation: _____
- i. Other information: _____
- j. Current Value: _____ \$ _____

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J. Household Furnishings

- 1.1 a. Description: _____
- b. Location: _____
- c. Title owner: _____
- d. Original price: _____
- e. Source of funds to acquire: _____
- f. Amount of lien unpaid: _____
- g. Other information: _____
- h. Current Value: _____ \$ _____

K. Jewelry/Art/Antiques
(only if valued at more that \$500)

- 1.1 a. Description: _____
- b. Location: _____
- c. Title owner: _____
- d. Original price: _____
- e. Source of funds to acquire: _____
- f. Amount of lien unpaid: _____
- g. Other information: _____
- h. Current Value: _____ \$ _____

- 1.2 a. Description: _____
- b. Location: _____
- c. Title owner: _____
- d. Original price: _____
- e. Source of funds to acquire: _____
- f. Amount of lien unpaid: _____
- g. Other information: _____
- h. Current Value: _____ \$ _____

- 1.3 a. Description: _____
- b. Location: _____
- c. Title owner: _____
- d. Original price: _____
- e. Source of funds to acquire: _____
- f. Amount of lien unpaid: _____
- g. Other information: _____
- h. Current Value: _____ \$ _____

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L. Other Assets

(tax shelter investments, collections, judgments, causes of action, patents, trademarks, copyrights, and any other asset not hereinabove itemized)

- 1.1 a. Description: _____
- b. Title owner: _____
- c. Location: _____
- d. Original price or value: _____
- e. Source of funds to acquire: _____
- f. Amount of lien unpaid: _____
- g. Other information: _____
- h. Current value: _____ \$ _____

- 1.2 a. Description: _____
- b. Title owner: _____
- c. Location: _____
- d. Original price or value: _____
- e. Source of funds to acquire: _____
- f. Amount of lien unpaid: _____
- g. Other information: _____
- h. Current value: _____ \$ _____

V. LIABILITIES

A. Accounts Payable

- 1.1 a. Name and Address of Creditor: _____
- b. Debtor: _____
- c. Amount of original Debt: _____
- d. Date of incurring Debt: _____
- e. Purpose: _____
- f. Monthly/other periodic pmt: _____
- g. Other information: _____
- h. Amount of current Debt: _____ \$ _____

- 1.2 a. Name and Address of Creditor: _____
- b. Debtor: _____

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- c. Amount of original Debt: _____
- d. Date of incurring Debt: _____
- e. Purpose: _____
- f. Monthly/other periodic pmt: _____
- g. Other information: _____
- h. Amount of current Debt: _____ \$ _____

1.3 a. Name and Address of Creditor: _____

- b. Debtor: _____
- c. Amount of original Debt: _____
- d. Date of incurring Debt: _____
- e. Purpose: _____
- f. Monthly/other periodic pmt: _____
- g. Other information: _____
- h. Amount of current Debt: _____ \$ _____

1.4 a. Name and Address of Creditor: _____

- b. Debtor: _____
- c. Amount of original Debt: _____
- d. Date of incurring Debt: _____
- e. Purpose: _____
- f. Monthly/other periodic pmt: _____
- g. Other information: _____
- h. Amount of current Debt: _____ \$ _____

1.5 a. Name and Address of Creditor: _____

- b. Debtor: _____
- c. Amount of original Debt: _____
- d. Date of incurring Debt: _____
- e. Purpose: _____
- f. Monthly/other periodic pmt: _____
- g. Other information: _____
- h. Amount of current Debt: _____ \$ _____

1.6 a. Name and Address of Creditor: _____

- b. Debtor: _____
- c. Amount of original Debt: _____

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- d. Date of incurring Debt: _____
- e. Purpose: _____
- f. Monthly/other periodic pmt: _____
- g. Other information: _____
- h. Amount of current Debt: _____ \$ _____

1.7 a. Name and Address of Creditor: _____

- b. Debtor: _____
- c. Amount of original Debt: _____
- d. Date of incurring Debt: _____
- e. Purpose: _____
- f. Monthly/other periodic pmt: _____
- g. Other information: _____
- h. Amount of current Debt: _____ \$ _____

1.8 a. Name and Address of Creditor: _____

- b. Debtor: _____
- c. Amount of original Debt: _____
- d. Date of incurring Debt: _____
- e. Purpose: _____
- f. Monthly/other periodic pmt: _____
- g. Other information: _____
- h. Amount of current Debt: _____ \$ _____

B. Notes Payable

1.1 a. Name and Address note holder: _____

- b. Debtor: _____
- c. Amount of original Debt: _____
- d. Date of incurring Debt: _____
- e. Purpose: _____
- f. Monthly/other periodic pmt: _____
- g. Other information: _____
- h. Amount of current Debt: _____ \$ _____

1.2 a. Name and Address note holder: _____

- b. Debtor: _____

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- c. Amount of original Debt: _____
- d. Date of incurring Debt: _____
- e. Purpose: _____
- f. Monthly/other periodic pmt: _____
- g. Other information: _____
- h. Amount of current Debt: _____ \$ _____

C. Installment Acct Payable
(security agreements, chattel mortgages)

- 1.1 a. Name and Address of creditor: _____

- b. Debtor: _____
 - c. Amount of original Debt: _____
 - d. Date of incurring Debt: _____
 - e. Purpose: _____
 - f. Monthly/other periodic pmt: _____
 - g. Other information: _____
 - h. Amount of current Debt: _____ \$ _____

- 1.2 a. Name and Address of creditor: _____

- b. Debtor: _____
 - c. Amount of original Debt: _____
 - d. Date of incurring Debt: _____
 - e. Purpose: _____
 - f. Monthly/other periodic pmt: _____
 - g. Other information: _____
 - h. Amount of current Debt: _____ \$ _____

D. Brokers Margin Accounts

- 1.1 a. Name and Address of broker: _____

- b. Debtor: _____
 - c. Amount of original Debt: _____
 - d. Date of incurring Debt: _____
 - e. Purpose: _____
 - f. Monthly/other periodic pmt: _____
 - g. Other information: _____
 - h. Amount of current Debt: _____ \$ _____

E. Mortgages on Real Estate

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1.1 a. Name and Address of mortgagee: _____

b. Address of property mortgaged: _____

c. Mortgagor: _____

d. Original Debt: _____

e. Date of incurring Debt: _____

f. Monthly/other periodic pmt: _____

g. Maturity Date: _____

h. Other information: _____

i. Amount of current Debt: _____ \$ _____

1.2 a. Name and Address of mortgagee: _____

b. Address of property mortgaged: _____

c. Mortgagor: _____

d. Original Debt: _____

e. Date of incurring Debt: _____

f. Monthly/other periodic pmt: _____

g. Maturity Date: _____

h. Other information: _____

i. Amount of current Debt: _____ \$ _____

1.3 a. Name and Address of mortgagee: _____

b. Address of property mortgaged: _____

c. Mortgagor: _____

d. Original Debt: _____

e. Date of incurring Debt: _____

f. Monthly/other periodic pmt: _____

g. Maturity Date: _____

h. Other information: _____

i. Amount of current Debt: _____ \$ _____

F. Taxes Payable

1.1 a. Description of tax: _____

b. Amount of Tax: _____ \$ _____

c. Date Due: _____

d. Other information: _____

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G. Loans on Life Insurance

1.1 a. Name and Address of insurer: _____

b. Amount of Loan: _____

c. Date incurred: _____

d. Purpose: _____

e. Borrower: _____

f. Monthly/other periodic pmt: _____

g. Other information: _____

h. Amount of current Debt: \$ _____

H. Other Liabilities

1.1 a. Description: _____

b. Name and Address of Creditor: _____

c. Debtor: _____

d. Amount of original Debt: _____

e. Date incurred: _____

f. Purpose: _____

g. Monthly/other periodic pmt: _____

h. Other information: _____

i. Amount of current Debt: \$ _____

1.2 a. Description: _____

b. Name and Address of Creditor: _____

c. Debtor: _____

d. Amount of original Debt: _____

e. Date incurred: _____

f. Purpose: _____

g. Monthly/other periodic pmt: _____

h. Other information: _____

i. Amount of current Debt: \$ _____

NET WORTH

TOTAL ASSETS: \$ _____

TOTAL LIABILITIES: (Minus) \$ _____

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NET WORTH: \$ _____

VI. ASSETS TRANSFERRED:

List all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter (transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are identified in the statement of net worth).

| DESCRIPTION OF PROPERTY TRANSFERRED | TO WHOM TRANSFERRED & RELATIONSHIP | DATE OF TRANSFER | VALUE |
|-------------------------------------|------------------------------------|------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

VII. SUPPORT REQUIREMENTS

- At this time, deponent is not paying or receiving support.
- Deponent is at present (paying/receiving) _____ \$ _____ per (week/month) _____, and prior to separation (paid/received) _____ \$ _____ per (week/month) _____ to cover expenses for _____

These payments are being made (voluntarily) (pursuant to court order or judgment, and there are) (no) arrears outstanding (in the sum of \$ _____ to date).

- Deponent requests for the support of each child \$ _____ per (week/month) _____. Total for all children is \$ _____.
- Deponent requests for self \$ _____ per (week/month) _____.

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The day of the (week/month) _____ on which payments should be made is _____.

VIII. COUNSEL FEE REQUIREMENTS

Deponent requests no counsel fees or disbursements at this time.

Deponent requests for counsel fees and disbursements the sum of \$_____.

Deponent has paid counsel the sum _____ and has agreed with counsel concerning fees as follows:

There is (not) a retainer agreement or written agreement relating to payment of legal fees.
(A copy of any such agreement must be annexed.)

IX. ACCOUNTANT AND APPRAISAL FEE REQUIREMENTS

Deponent requests no expert fees at this time.

Deponent requests for accountant's fees and disbursements the sum of \$_____ based on a (hourly) (flat rate) fee.

Deponent requests for appraisal fees and disbursements the sum of \$_____ based on a (hourly) (flat rate) fee.

Deponent requires the services of an accountant for the following reasons:

Deponent requires the services of an appraiser for the following reasons:

X. OTHER DATA

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Other Data Regarding the Financial Circumstances of the Parties that Should be Brought to the Attention of the Court:

The foregoing statements [] and a rider of ____ page(s) annexed hereto and made part hereof, have been carefully read by the undersigned who states that they are true and correct.

Name:

Sworn to before me this
day of

NOTARY PUBLIC - STATE OF NEW YORK
Commission expires: ____-____-____.

CLIENT CERTIFICATION

I, _____, HEREBY CERTIFY, under penalty of perjury, that I have carefully read and reviewed the annexed document and that all information contained in that document is true and accurate in all respects to the best of my knowledge and understanding.

I FURTHER CERTIFY, under penalty of perjury, that neither my attorney, nor anyone acting on my attorney's behalf, was the source of any of the information contained in the annexed document; that I provided all of the information contained in the annexed document to my attorney; and that I understand that my attorney, in executing the Attorney Certification required by 22 NYCRR Section 202.16(e), is relying entirely upon

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the information provided by me and upon my certification that all such information is true and accurate.

I FURTHER CERTIFY that the annexed document includes all information which I provided to my attorney which is relevant to such document and that my attorney has not deleted, omitted or excluded any such information.

Dated: _____

Name

ATTORNEY CERTIFICATION

I, _____, certify that to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, certify that the presentation of the foregoing paper or the contentions therein are not frivolous as defined in subsection (c) of section 130-1.1 of the Rules of the Chief Administrator of the Courts.

Dated: _____

Name:

TOTAL ANNUAL INCOME: \$ _____

ASSETS AND LIENS

(Please check one corresponding box)

- | | | |
|--|-----------------------------|-----------------------|
| Cash Accounts | <input type="checkbox"/> E0 | Business Interests |
| <input type="checkbox"/> A1 Cash | <input type="checkbox"/> F0 | Life Ins. Cash Value |
| <input type="checkbox"/> A2 Checking | <input type="checkbox"/> G0 | Vehicles |
| <input type="checkbox"/> A3 Savings | <input type="checkbox"/> H0 | Real Estate |
| Securities | <input type="checkbox"/> I0 | Pensions & Trusts |
| <input type="checkbox"/> B1 Bonds, notes, mortgages | <input type="checkbox"/> J0 | Contingent Interests |
| <input type="checkbox"/> B2 Stocks, options, etc. | <input type="checkbox"/> K0 | Household Furnishings |
| <input checked="" type="checkbox"/> B3 Other | <input type="checkbox"/> L0 | Jewelry/Art/Antiques |
| <input type="checkbox"/> C0 Broker Margin Accounts | <input type="checkbox"/> M0 | Other Assets |
| <input type="checkbox"/> D0 Loans & Accts Receivable | <input type="checkbox"/> N0 | Uncategorized |

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Description: _____
Owner (H/W/Joint): _____
Date Acquired: _____
Purchase Price: _____
Current Value: _____
Marital/Separate: _____

Additional Description:

Source of funds to purchase:

Other Information:

Lien: _____
Date Lien was acquired: _____
Original Amount of Lien: _____
Monthly Payment on Lien: _____

Purpose for the Lien on this property:

Creditor holding Lien

Back Up Notes:



OTHER DEBTS

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(Please check one corresponding box)

- | | |
|---|--|
| <input type="checkbox"/> A0 Accounts Payable | <input type="checkbox"/> F0 Interest Payable |
| <input type="checkbox"/> B0 Notes Payable | <input type="checkbox"/> G0 Taxes Payable |
| <input type="checkbox"/> C0 Installment Accts Payable | <input type="checkbox"/> H0 Loans on Life Ins. |
| <input type="checkbox"/> D0 Brokers Margin Accounts | <input type="checkbox"/> I0 Other Liabilities |
| <input type="checkbox"/> E0 Mortgages on Real Estate | <input type="checkbox"/> J0 Uncategorized |

Description:

Debtor (H/W/Joint):

Date Incurred:

Original Debt:

Current Debt:

Monthly Payment:

Marital/Separate:

Additional Description:

Creditor

Purpose of Debt

Other Information:

Backup Notes:

