

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

Enter the name of the county in which this case is filed.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY
Enter the name of the Petitioner/Joint Petitioner A.	IN RE: THE MARRIAGE OF Petitioner/Joint Petitioner A _____
On the far right, check Petitioner/Joint Petitioner A or Respondent/Joint Petitioner B.	Name (First, Middle and Last) _____ and
Enter the name of the Respondent/Joint Petitioner B.	Respondent/Joint Petitioner B _____
Enter the case number.	Name (First, Middle and Last) _____

Financial Disclosure Statement of
 Petitioner/Joint Petitioner A
 Respondent/Joint Petitioner B
Case No. _____

This form must be filed with the court within the time period set by the court but no later than 90 DAYS after the service of the **Summons** and **Petition** on the Respondent/Joint Petitioner B or the filing of a **Joint Petition**. Failure by either party to complete and file this form or attachments as required will authorize the court to accept the statement of the other party as the basis for its decisions. **Deliberate failure to provide complete disclosure is perjury.**

1. PROOF OF INCOME

- Attach a statement reflecting income earned to date for the current year.
- Attach most recent W-2 Statement.

2. GENERAL INFORMATION

Name _____
Address _____
Address _____
City _____ **State** _____ **Zip** _____
Phone [Day] _____ **Phone** [Evening] _____
Alternative Phone: _____ **Social Security Number** _____
Occupation _____

Employer _____
Address _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **Fax** _____

Payroll Office **Same as employer**
Address _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **Fax** _____

3. MEMBERS OF YOUR HOUSEHOLD

Enter the name and relationship of all people living in your household. **Check yes or no** to identify if they contribute to payment of household expenses.

I live alone.

	Name	Relationship	This person helps pay expenses	
			Yes	No
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

4. MONTHLY INCOME

Income from wages / salary is received: (check one)

To calculate monthly gross income use the multiplier shown:

- weekly -multiply weekly income by 4.33 every other week (bi-weekly) multiply bi-weekly income by 2.17
 monthly twice a month-multiply semi-monthly income by 2

MONTHLY GROSS INCOME		
1.	Gross monthly income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime. (See above how to calculate.)	
2.	Pensions and retirement funds received	
3.	Social Security benefits received	
4.	Disability and Unemployment Insurance received	
5.	Public Assistance Funds received	
6.	Interest and Dividends received	
7.	Child Support and maintenance (spousal support) received from any prior marriage/relationship	
8.	Rental payments received (from property you rent to others)	
9.	Bonuses received	
10.	Other sources of income received: (please specify)	
11.		
12.		
13.	Total Gross Income (add lines 1-12)	
MONTHLY DEDUCTIONS		
14.	Number of tax exemptions claimed	
15.	Monthly federal income tax withheld	
16.	Monthly state income tax withheld	
17.	Social Security	
18.	Medicare	
19.	Medical insurance	
20.	Other insurances	
21.	Union or other dues	
22.	Retirement or pension fund	
23.	Savings plan	
24.	Credit union	
25.	Child support or spousal support payments	
26.	Other deductions: (please specify)	
27.		
28.	Total Monthly Deductions (add lines 14 – 27)	
MONTHLY NET INCOME (subtract line 28 from line 13)		

6. ASSETS: List ALL assets that you own individually and together with the other party without regard to how they have been or will be divided later.

If you do not have assets in an asset category, write "none" under the heading and enter "zero" in the estimated value column. If you need more space, please attach additional sheets.

A = Joint Petitioner A B = Joint Petitioner B T = Together	Ownership or Title Held by			Current Possession			Amount Owed	Estimated Value Today
	A	B	T	A	B	T		
Household Items								
Household furniture & accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Household appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
China, silver, crystal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Antiques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electronic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sports equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recreational vehicles, boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Automobiles: Year, Make, Model	A	B	T	A	B	T	Amount Owed	Estimated Value 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"/>	<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"/>		

Life Insurance Name of Company & Policy #	A	B	T	Beneficiary	Face Amount	Cash Value 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"/>			

Business Interests Name of Business & Address	A	B	T	Type of Business	% of Ownership	Value MINUS Indebtedness
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Securities: Stocks, Bonds, Mutual Funds, Commodity Accounts Name of Company & # of shares	Ownership or Title held by A = Joint Petitioner A B = Joint Petitioner B T = Together					Value Today
	A	B	T			
	<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"/>			

Pension, Retirement Accounts, Deferred Compensation, 401K Plans, IRAs, Profit Sharing, etc. Name of Company & Type of Plan	A	B	T	% Vested if known	Date of Valuation	Value 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"/>			

Cash and Deposit Accounts (Savings and Checking) Name of Bank or Financial Institution	A	B	T	Type of Account	Account # Last 4 digits	Balance 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"/>			

Other Personal Property Description of Asset	A	B	T	Type of Property		Value
	<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"/>			

Assets Acquired Description of Asset	Ownership			Acquired by			Date Acquired	Value Today
	A = Joint Petitioner A B = Joint Petitioner B T = Together			G - Gift I - Inherited B - Before Marriage				
	A	B	T	G	I	B		
	<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"/>		

Real Estate	Parcel 1	Parcel 2	Parcel 3
Type of Property			
Address: Street, City, State			
Ownership/Title	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> T	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> T
Current Fair Market Value			
Current Mortgage Balance			
Other Liens			

7. MEDICAL, HOMEOWNERS/RENTERS, AUTOMOBILE, OTHER INSURANCE

What type of insurance policies do you have?

Name of Company, Group # & Policy #	A	B	T	Type of Insurance	Date Issued
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

11. BANKRUPTCY

Have you ever filed for bankruptcy? Yes No

If yes, identify the following:

Type of filing _____

Date of filing _____

Current status _____

12. DECLARATION

I declare under the penalty of perjury that the above, including all attachments, are complete, true, and correct.

Sign and print your name.

Enter the date on which you signed your name.

Note: This signature does not need to be notarized.

▶ _____
Signature

Print or Type Name

Date