**The Family Court of the State of Delaware**

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

**ANCILLARY FINANCIAL DISCLOSURE REPORT**

**PROPERTY DIVISION, ALIMONY, COUNSEL FEES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE OF MARRIAGE/CIVIL UNION:** |       |  | **CASE NAME:** |       |
| **DATE OF SEPARATION:** |       |  | **FILE NUMBER:** |       |
| **DATE OF DIVORCE:** |       |  | **PETITION NUMBER:** |       |

 ***Petitioner v. Respondent***

|  |  |  |
| --- | --- | --- |
| Name |  | Name |
|       |  |       |
| Street Address (including Apt) |  | Street Address (including Apt) |
|       |  |       |
| P.O. Box Number |  | P.O. Box Number |
|       |  |       |
| City/State/Zip Code | Email Address |  | City/State/Zip Code | Email Address |
|       |       |  |       |       |
| Phone | Date of Birth |  | Phone | Date of Birth |
|       |       |  |       |       |
| Employer Name |  Work Phone |  | Employer Name |  Work Phone |
|       |        |  |       |        |
| Employer Street Address |  | Employer Street Address |
|       |  |       |
| City/State/Zip Code |  | City/State/Zip Code |
|       |  |       |
| Years Employed |  Position or Occupation |  | Years Employed |  Position or Occupation |
|       |        |  |       |        |
| Current Annual Income |  | Current Annual Income |
| $      |  | $      |
| Attorney |  | Attorney |
|        |  |        |

**NOTE: If additional space is needed for a response, continue the response on the last page of this form.**

1. List names and dates of birth of minor children of the parties. Indicated with whom the child primarily resides by selecting

**(P) for Petitioner (R) for Respondent (S) for Shared**.

***Petitioner v. Respondent***

| Child’s Name (Minor): | Resides With: |  | Child’s Name (Minor): | Resides With: |
| --- | --- | --- | --- | --- |
|       |  (P) [ ]  (R) [ ]  (S) [ ]  |  |       |  (P) [ ]  (R) [ ]  (S) [ ]  |
|       |  (P) [ ]  (R) [ ]  (S) [ ]  |  |       |  (P) [ ]  (R) [ ]  (S) [ ]  |
|       |  (P) [ ]  (R) [ ]  (S) [ ]  |  |       |  (P) [ ]  (R) [ ]  (S) [ ]  |
|       |  (P) [ ]  (R) [ ]  (S) [ ]  |  |       |  (P) [ ]  (R) [ ]  (S) [ ]  |
|       |  (P) [ ]  (R) [ ]  (S) [ ]  |  |       |  (P) [ ]  (R) [ ]  (S) [ ]  |

1. List names and dates of birth of adult children of the parties. Indicate if the child is enrolled in school.

***Petitioner v. Respondent***

| Child’s Name (Adult): | Enrolled in School? |  | Child’s Name (Adult): | Enrolled in School? |
| --- | --- | --- | --- | --- |
|       | Yes [ ]  No [ ]  |  |       | Yes [ ]  No [ ]  |
|       | Yes [ ]  No [ ]  |  |       | Yes [ ]  No [ ]  |
|       | Yes [ ]  No [ ]  |  |       | Yes [ ]  No [ ]  |
|       | Yes [ ]  No [ ]  |  |       | Yes [ ]  No [ ]  |
|       | Yes [ ]  No [ ]  |  |       | Yes [ ]  No [ ]  |

1. List your employment history for the past five years. Start with your most recent employer.

For each employer include:

|  |  |
| --- | --- |
| * Name and Address
* Dates of Employment
 | * Ending Annual Income (annual income at the time of departure)
* Reason for Leaving (reason employment ended)
 |

##  Petitioner

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name & Address | Dates of Employment | Ending Annual Income | Reason for Leaving |
| Start | End |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

## Respondent

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name & Address | Dates of Employment | Ending Annual Income | Reason for Leaving |
| Start | End |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

1. Do you have health/dental insurance benefiting you, your spouse and/or children of this marriage?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Petitioner:* | Yes [ ]  No [ ]  |  | *Respondent:* | Yes [ ]  No [ ]  |

If so, please state the name of your insurance company, the group and member numbers and cost:

***Petitioner Respondent***

| Insurance Company Name:      |  | Insurance Company Name:      |
| --- | --- | --- |
| Group Number:      | Member Number:      |  | Group Number:      | Member Number:      |
| Monthly Cost:$       | Who is Covered:      |  | Monthly Cost:$       | Who is Covered:      |

1. Does your employer offer a qualified and/or non-qualified pension plan?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Petitioner:* |  Yes [ ]  No [ ]  |  | *Respondent:* |  Yes [ ]  No [ ]  |

Are you a participant in any pension and/or retirement plan at your current place of employment?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Petitioner:* |  Yes [ ]  No [ ]  |  | *Respondent:* |  *Yes [ ]  No [ ]*  |

Were you a participant in any other pension and/or retirement plan(s) through previous employment?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Petitioner:* |  Yes [ ]  No [ ]  |  | *Respondent:* |  *Yes [ ]  No [ ]*  |

1. Do you have any other deductions from your pay (not including taxes), such as union dues, mandatory pension deductions, or other?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Petitioner:* |  Yes [ ]  No [ ]  |  | *Respondent:* |  *Yes [ ]  No [ ]*  |

If so, please identify the deduction and monthly cost:

***Petitioner Respondent***

| Deduction | Monthly Cost |  | Deduction | Monthly Cost |
| --- | --- | --- | --- | --- |
|       | $       |  |       | $       |
|       | $       |  |       | $       |
|       | $       |  |       | $       |
|       | $       |  |       | $       |

1. Do you participate in or own any life insurance on your life?

If so, please state the following:

***Petitioner Respondent***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Plan (1): |       |  | Name of Plan (1): |       |
| Policy Number: |       |  | Policy Number: |       |
| Type: [ ]  Whole Life [ ]  Term Life [ ]  Employer |  | Type: [ ]  Whole Life [ ]  Term Life [ ]  Employer |
| Beneficiary(ies): |       |  | Beneficiary(ies): |       |
| Face Value: | $       |  | Face Value: | $       |
| Cash Surrender Value: | $       |  | Cash Surrender Value: | $       |
| Monthly Cost: | $       |  | Monthly Cost: | $       |
| Basis for Non-Marital Claim:       |  | Basis for Non-Marital Claim:       |
| Name of Plan (2): |       |  | Name of Plan (2): |       |
| Policy Number: |       |  | Policy Number: |       |
| Type:\* |       |  | Type:\* |       |
| Beneficiary(ies): |       |  | Beneficiary(ies): |       |
| Face Value: | $       |  | Face Value: | $       |
| Cash Surrender Value: | $       |  | Cash Surrender Value: | $       |
| Monthly Cost: | $       |  | Monthly Cost: | $       |
| Basis for Non-Marital Claim:       |  | Basis for Non-Marital Claim:       |

1. Do you claim any inability to pay support due to ill health, disability or extraordinary expenses which results in dependency upon the other party for support and/or impairment of earning capacity?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Petitioner:* |  Yes [ ]  No [ ]  |  | *Respondent:* |  *Yes [ ]  No [ ]*  |

If yes, please provide below and the name and address of all treating physicians and state the nature of the disability:

***Petitioner Respondent***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of Disability (1):** |       |  | **Nature of Disability (1):** |       |
| Treating Physician |       |  | Treating Physician |       |
| Street AddressCity/State/Zip Code |            |  | Street AddressCity/State/Zip Code |            |
| Telephone Number |       |  | Telephone Number |       |
| **Nature of Disability (2):** |       |  | **Nature of Disability (2):** |       |
| Treating Physician |       |  | Treating Physician |       |
| Street AddressCity/State/Zip Code |            |  | Street AddressCity/State/Zip Code |            |
| Telephone Number |       |  | Telephone Number |       |

1. Are you receiving any income from benefits such as Social Security retirement, Social Security Disability (SSDI), VA benefits, federal pension (CSRS or FERS), private disability or military pension?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Petitioner:* |  Yes [ ]  No [ ]  |  | *Respondent:* |  *Yes [ ]  No [ ]*  |

If so, please indicate from where you receive the benefit(s) and the monthly amount:

***Petitioner Respondent***

| Benefit | Monthly Cost |  | Benefit | Monthly Cost |
| --- | --- | --- | --- | --- |
|       | $       |  |       | $       |
|       | $       |  |       | $       |
|       | $       |  |       | $       |
|       | $       |  |       | $       |

1. During the last five (5) years, have you given, transferred, or entrusted your property (including cash) in excess of $1000.00 in the aggregate to anyone other than a party to this proceeding?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Petitioner:* |  Yes [ ]  No [ ]  |  | *Respondent:* |  *Yes [ ]  No [ ]*  |

If so, please name the recipient of each item and describe the item and its value:

***Petitioner Respondent***

| Property Transferred | Entrusted Recipient(s) | Value |  | Property Transferred | Entrusted Recipient(s) | Value |
| --- | --- | --- | --- | --- | --- | --- |
|       |       | $       |  |       |       | $       |
|       |       | $       |  |       |       | $       |

**INCOME INFORMATION**

1. List annual gross income from all sources for the last 3 years, including estimated gross income for current year:

***Petitioner Respondent***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 Years Ago | $       |  | 3 Years Ago | $       |
| 2 Years Ago | $       |  | 2 Years Ago | $       |
| 1 Year Ago | $       |  | 1 Year Ago | $       |
| Current | $       |  | Current | $       |

**ASSETS OF THE PARTIES**

“Assets” include all assets (property) of any kind, including real estate, and tangible and intangible personal property (such as bank accounts, stocks, bonds, etc.). Unless you explain otherwise, it will be presumed that you are the sole legal owner of any asset(s) identified in your answers. If you are not the sole legal owner, please explain the nature and extent of your ownership, including the name of all co-owners. If the space provided is insufficient, please attach additional pages, indicating whether the attachment is supplied by Petitioner or Respondent.

All property will be considered marital and subject to division unless a party indicates to the contrary. Such an indication must be made by listing one of the following reasons for claiming the property is non-marital under the “Basis for Non-Marital Claim” category:

|  |  |
| --- | --- |
| 1. **Premarital**

Property owned by a party before marriage/civil union). 1. **Agreement**

Property excluded by agreement of the parties.1. **Post-Separation**

Property acquired after separation.1. **Exchange**

Property acquired in exchange for premarital/pre-union property. | 1. **Increase**

The increase in value of property acquired before marriage/civil union.1. **Gift**

Property acquired by gift from a third person1. **Inheritance**

Property acquired by inheritance |

**REAL PROPERTY**

1. Interests in Real Estate:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Street Address /City, State ZIP | In Whose Name | Market Value | Mortgage Balance | Source of Funds for Purchase |
|            | [ ]  Petitioner[ ]  Respondent | $       | $       | Petitioner      Respondent       |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|            | [ ]  Petitioner[ ]  Respondent | $       | $       | Petitioner      Respondent       |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|            | [ ]  Petitioner[ ]  Respondent | $       | $       | Petitioner      Respondent       |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|            | [ ]  Petitioner[ ]  Respondent | $       | $       | Petitioner      Respondent       |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |

**MOTOR VEHICLES**

1. Automobiles, trailers, motorcycles, and other vehicles:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Make, Model, Year | In Whose Name | Value\* | Balance on Loan | Who Drives? |
|       | [ ]  Petitioner[ ]  Respondent | Petitioner: $      Respondent: $       | $       | [ ]  Petitioner[ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       | [ ]  Petitioner[ ]  Respondent | Petitioner: $      Respondent: $       | $       | [ ]  Petitioner[ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       | [ ]  Petitioner[ ]  Respondent | Petitioner: $      Respondent: $       | $       | [ ]  Petitioner[ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |

\* NOTE: The Court generally uses the current retail NADA book value for automobiles.

**BANK ACCOUNTS**

1. Checking accounts, savings accounts, certificates of deposit:

| Name and Address of Institution | Account Number | Present Value | In Whose Name |
| --- | --- | --- | --- |
|       |       | Petitioner: $      Respondent: $       | [ ]  Petitioner[ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       |       | Petitioner: $      Respondent: $       | [ ]  Petitioner[ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       |       | Petitioner: $       Respondent: $       | [ ]  Petitioner[ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       |       | Petitioner: $      Respondent: $       | [ ]  Petitioner[ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       |       | Petitioner: $      Respondent: $       | [ ]  Petitioner[ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       |       | Petitioner: $      Respondent: $       | [ ]  Petitioner[ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       |       | Petitioner: $      Respondent: $       | [ ]  Petitioner[ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       |       | Petitioner: $      Respondent: $       | [ ]  Petitioner[ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |

**RETIREMENT PLAN(S)**

1. Profit sharing plans and/or retirement plans (other than your pension) such as an IRA:

| Name of Plan | In Whose Name | Value of Plan / Date of Value | Does the Non-Contributor claim a share of Post-Separation Contributions? |
| --- | --- | --- | --- |
|       | [ ]  Petitioner [ ]  Respondent | $       /       | [ ]  Petitioner [ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       | [ ]  Petitioner [ ]  Respondent | $       /       | [ ]  Petitioner [ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       | [ ]  Petitioner [ ]  Respondent | $       /       | [ ]  Petitioner [ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       | [ ]  Petitioner [ ]  Respondent | $       /       | [ ]  Petitioner [ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       | [ ]  Petitioner [ ]  Respondent | $       /       | [ ]  Petitioner [ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |

**INVESTMENTS**

1. Stocks, mutual funds, securities, bonds and options:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Corporation | Shares | Class | In Whose Name | Date Acquired | Market Value |
|       |       |       | [ ]  Petitioner [ ]  Respondent |       | $       |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       |       |       | [ ]  Petitioner [ ]  Respondent |       | $       |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       |       |       | [ ]  Petitioner [ ]  Respondent |       | $       |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       |       |       | [ ]  Petitioner [ ]  Respondent |       | $       |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       |       |       | [ ]  Petitioner [ ]  Respondent |       | $       |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |

**ANNUITIES**

1. Annuities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & Address of Company | Amount of Payment | Date of First Payment | Duration of Payments | Beneficiary(ies) Upon Death | In Whose Name |
|       | $       |       |       |       | [ ]  Petitioner [ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       | $       |       |       |       | [ ]  Petitioner [ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       | $       |       |       |       | [ ]  Petitioner [ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       | $       |       |       |       | [ ]  Petitioner [ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |
|       | $       |       |       |       | [ ]  Petitioner [ ]  Respondent |
| Basis for Non-Marital Claim | Petitioner:       |
| Respondent:       |

**BUSINESSES**

1. If you have any interest in any business, please state:

*Petitioner Respondent*

| Name of Business      |  | Name of Business      |
| --- | --- | --- |
| Street Address      |  | Street Address      |
| City/State/Zip Code      |  | City/State/Zip Code      |
| Percentage of Interest of Business Years of Operation            |  | Percentage of Interest of Business Years of Operation            |
| Name of Accountant      |  | Name of Accountant      |
| Street Address      |  | Street Address      |
| City/State/Zip Code      |  | City/State/Zip Code      |
| Basis for Claim that Property is Non-Marital      |  | Basis for Claim that Property is Non-Marital      |
| Are there any Buy/Sell Agreements? [ ]  Yes [ ]  No |  | Are there any Buy/Sell Agreements? [ ]  Yes [ ]  No |

**Companion Animals**

A "companion animal" is an animal kept primarily for companionship instead of as any of the following: a working animal, a service animal as defined in Section 4502 of Title 6, or an animal kept primarily as a source of income, including livestock as defined in Section 7700 of Title 3.

|  |  |
| --- | --- |
| **Name** | **Type** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

**HOUSEHOLD FURNISHINGS AND BELONGINGS**

If the parties do not agree how to divide their household furnishings and belongings, the Court generally divides them by the “two-list” method. One party prepares two lists dividing all of the marital furnishings and belongings. The other party chooses which of the two lists of household furnishings and belongings he or she will keep. The party who prepared the two lists will keep the household furnishings and belongings listed on the remaining list.

The household furnishings and belongings:

|  |  |
| --- | --- |
| Have been divided. | Petitioner [ ]  Yes [ ]  No Respondent [ ]  Yes [ ]  No |
| Will be divided by the “two list” method. | Petitioner [ ]  Yes [ ]  No Respondent [ ]  Yes [ ]  No |

**OTHER ASSETS**

1. Other Assets:

|  |  |  |
| --- | --- | --- |
| Asset | In Whose Name | Value |
|       | Petitioner [ ]  Respondent [ ]  | $       |
|       | Petitioner [ ]  Respondent [ ]  | $       |
|       | Petitioner [ ]  Respondent [ ]  | $       |
|       | Petitioner [ ]  Respondent [ ]  | $       |
|       | Petitioner [ ]  Respondent [ ]  | $       |
|       | Petitioner [ ]  Respondent [ ]  | $       |
|       | Petitioner [ ]  Respondent [ ]  | $       |
|       | Petitioner [ ]  Respondent [ ]  | $       |

**DEBTS OF THE PARTIES**

1. Please complete the chart below regarding ALL of the debts incurred during the marriage/civil union:

**NOTE:** Enter information for **Petitioner** next to **‘P’**, and for **Respondent** next to ‘**R**’.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Write the name of the creditor (the institution, company person, etc.) to whom money is owed | Write the name of the person responsible to the creditor | Write the general purpose of the debt incurred (why was the money borrowed?) | Write the date the debt was incurred | Write the amount of money owed on the date of separation | Write the amount of money owed on the date of divorce | If you want credit for the money you paid after the date of separation, write amount |
| 1. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 2. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 3. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 4. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 5. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 6. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 7. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 8. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 9. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 10. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 11. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 12. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 13. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 14. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 15. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 16. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 17. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 18. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 19. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |
| 20. |       |       |       |       | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      | ‘P’ $     ‘R’ $      |

**PETITIONER’S EXPENSE INFORMATION**

1. List monthly expenses (1/12 of actual payments made during the preceding twelve (12) months) and estimated monthly expenses for the next year, including any expenses that have recently changed or are expected to change in the near future.

|  |  |  |
| --- | --- | --- |
|  Item |  Current Expense |  Estimated Expense |
| Rent |  $      .00 |  $      .00 |
| Mortgage (taxes, insurance and escrow) |  $      .00 |  $      .00 |
| Water |  $      .00 |  $      .00 |
| Sewer |  $      .00 |  $      .00 |
| Electric |  $      .00 |  $      .00 |
| Gas |  $      .00 |  $      .00 |
| Oil |  $      .00 |  $      .00 |
| Garbage |  $      .00 |  $      .00 |
| Cable Television |  $      .00 |  $      .00 |
| Telephone |  $      .00 |  $      .00 |
| Household items |  $      .00 |  $      .00 |
| Household maintenance and repairs *(list)* |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
| Groceries |  $      .00 |  $      .00 |
| Clothing |  $      .00 |  $      .00 |
| Health Insurance (COBRA) |  $      .00 |  $      .00 |
| Out-of-pocket medical and dental expenses for self |  $      .00 |  $      .00 |
| Medical and dental expenses for children |  $      .00 |  $      .00 |
| Work-related child care |  $      .00 |  $      .00 |
| School tuition for children of the parties |  $      .00 |  $      .00 |
| School tuition for other children |  $      .00 |  $      .00 |
| Laundry and dry cleaning |  $      .00 |  $      .00 |
| Toys and presents |  $      .00 |  $      .00 |
| Cosmetics and toiletries |  $      .00 |  $      .00 |
| Hobbies |  $      .00 |  $      .00 |
| Barber and Hairdresser |  $      .00 |  $      .00 |
| Newspaper, magazine subscriptions |  $      .00 |  $      .00 |
| Charitable and/or religious donations |  $      .00 |  $      .00 |
| Vacation |  $      .00 |  $      .00 |
| Entertainment and miscellaneous |  $      .00 |  $      .00 |
| Transportation (other than auto) |  $      .00 |  $      .00 |
| *Automobile* |
|  Monthly Payment:  |  $      .00 |  $      .00 |
|  Repairs and Maintenance: |  $      .00 |  $      .00 |
|  Insurance: |  $      .00 |  $      .00 |
|  Gasoline |  $      .00 |  $      .00 |
| Life Insurance |  $      .00 |  $      .00 |
| *Other:* |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  **TOTAL** | **$      .00** | **$      .00** |

**RESPONDENT’S EXPENSE INFORMATION**

1. List monthly expenses (1/12 of actual payments made during the preceding twelve (12) months) and estimated monthly expenses for the next year, including any expenses that have recently changed or are expected to change in the near future.

|  |  |  |
| --- | --- | --- |
|  Item |  Current Expense |  Estimated Expense |
| Rent |  $      .00 |  $      .00 |
| Mortgage (taxes, insurance and escrow) |  $      .00 |  $      .00 |
| Water |  $      .00 |  $      .00 |
| Sewer |  $      .00 |  $      .00 |
| Electric |  $      .00 |  $      .00 |
| Gas |  $      .00 |  $      .00 |
| Oil |  $      .00 |  $      .00 |
| Garbage |  $      .00 |  $      .00 |
| Cable Television |  $      .00 |  $      .00 |
| Telephone |  $      .00 |  $      .00 |
| Household items |  $      .00 |  $      .00 |
| Household maintenance and repairs *(list)* |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
| Groceries |  $      .00 |  $      .00 |
| Clothing |  $      .00 |  $      .00 |
| Health Insurance (COBRA) |  $      .00 |  $      .00 |
| Out-of-pocket medical and dental expenses for self |  $      .00 |  $      .00 |
| Medical and dental expenses for children |  $      .00 |  $      .00 |
| Work-related child care |  $      .00 |  $      .00 |
| School tuition for children of the parties |  $      .00 |  $      .00 |
| School tuition for other children |  $      .00 |  $      .00 |
| Laundry and dry cleaning |  $      .00 |  $      .00 |
| Toys and presents |  $      .00 |  $      .00 |
| Cosmetics and toiletries |  $      .00 |  $      .00 |
| Hobbies |  $      .00 |  $      .00 |
| Barber and Hairdresser |  $      .00 |  $      .00 |
| Newspaper, magazine subscriptions |  $      .00 |  $      .00 |
| Charitable and/or religious donations |  $      .00 |  $      .00 |
| Vacation |  $      .00 |  $      .00 |
| Entertainment and miscellaneous |  $      .00 |  $      .00 |
| Transportation (other than auto) |  $      .00 |  $      .00 |
| *Automobile* |
|  Monthly Payment:  |  $      .00 |  $      .00 |
|  Repairs and Maintenance: |  $      .00 |  $      .00 |
|  Insurance: |  $      .00 |  $      .00 |
|  Gasoline |  $      .00 |  $      .00 |
| Life Insurance |  $      .00 |  $      .00 |
| *Other:* |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  Item:       |  $      .00 |  $      .00 |
|  **TOTAL** | **$      .00** | **$      .00** |

*Petitioner*

STATE OF Delaware :

 : SS.

COUNTY OF       :

**BE IT REMEMBERED** that on this       day of       ,       appeared before me, a Notary Public for the State and County aforesaid,

      , who being by me duly sworn according to law, did depose

(Name of Petitioner)

and say that the foregoing answers are true and correct to the best of his/her knowledge and belief.

|  |  |
| --- | --- |
|       (Petitioner’s Signature)      NOTARY PUBLIC OR CLERK OF COURT |       COUNSEL FOR PETITIONER, IF ANY      DATE |

*Respondent*

STATE OF Delaware :

 : SS.

COUNTY OF       :

**BE IT REMEMBERED** that on this       day of       ,       appeared before me, a Notary Public for the State and County aforesaid,

      , who being by me duly sworn according to law, did depose

(Name of Respondent)

and say that the foregoing answers are true and correct to the best of his/her knowledge and belief.

|  |  |
| --- | --- |
|       (Respondent’s Signature)      NOTARY PUBLIC OR CLERK OF COURT |       COUNSEL FOR RESPONDENT, IF ANY      DATE |

**The Family Court of the State of Delaware**

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

 ***Petitioner Respondent***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Name |  |  Name |  | File Number |
|       |  |       |  |  |
|  Street Address (include apartment)  |  |  Street Address (include apartment) |  |       |
|       |  |       |  |  |
|  P.O. Box Number |  |  P.O. Box Number |  | Petition Number |
|       |  |       |  |  |
|  City/State/Zip |  |  City/State/Zip |  |       |
|       |  |       |  |  |
|  Attorney Name |  |  Attorney Name |  | Type of Filing |
|       |  |       |  |  |
|  Attorne  |  |  A  |  |        |
|  |  |  |  |  |

**AFFIDAVIT OF MAILING**

A proceeding involving the above-captioned case having been previously filed in this court, I, the:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [ ]  | Petitioner/Movant | [ ]  | Attorney for Petitioner/Movant |
| *(Check* ***ONE****)* | [ ]  | Respondent/Movant | [ ]  | Attorney for Respondent/Movant |

affirm that a true and correct copy of this: *(Check* ***ONE*** *and complete as appropriate.)*

 [ ]  Answer to Petition [ ]  Ancillary Financial Disclosure Report

|  |  |  |
| --- | --- | --- |
| [ ]  Motion or | [ ]  Response to Motion |       |

 *(Type of Motion)*

|  |  |
| --- | --- |
| [ ]  Other: |       |

*(Other type of document mailed to opposing party/attorney)*

|  |  |  |
| --- | --- | --- |
| was placed in the U.S. Mail on this date, |       | , and sent first class |

postage pre-paid to the: *(Check* ***ONE*** *and complete as appropriate.)*

|  |  |
| --- | --- |
| [ ]  | Opposing party at the address listed above |
| [ ]  | Attorney for opposing party at the address listed below |
|  |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| SWORN TO AND SUBSCRIBED before me this date, |       |
|       |  |         |
| Notary Public or Clerk of Court |  | Party/Movant/Attorney |

**Additional Information**

If additional space is needed for any of the above items, list the item number/title and the information requested under that title.

***Petitioner***

|  |  |
| --- | --- |
| **Item Number/Title** | Additional Information |
|       |       |
|       |       |
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|       |       |

***Respondent***

|  |  |
| --- | --- |
| **Item Number/Title** | Additional Information |
|       |       |
|       |       |
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