STATE OF WISCONSIN CIRCUIT COURT
_____ COUNTY FAMILY COURT BRANCH

In re the marriage of:

_____,

Petitioner,

_____'S FINANCIAL DISCLOSURE STATEMENT

and

_____,

Case No.

Respondent.

Name:
Address:

Employer:
Address:

DOB:
DOM:
Children & DOB:

Occupation:

STATEMENT OF MONTHLY EXPENSES AS OF: _____

EXPENSE	AMOUNT	EXPENSE	AMOUNT
Groceries		School Tuition	
Restaurant		School Transportation	
Mortgage/Rent		School Special Activities	
Property Taxes		School Lunch Money	
Property Insurance		School Tutoring	
Residence/Apartment Maintenance		School Books & Supplies	
Electricity		Life Ins. - not employer deducted	
Gas/Heat		Health Ins. - not employer deducted	
Fuel Oil		Accident Ins. - not employer deducted	

Sewer/Garbage		Disability Ins. - not employer deducted	
Water/Water Softener		Personal Property Ins.	
Telephone		Personal Umbrella Ins.	
Cell Phone		Child Care Transportation	
Internet		Babysitter	
Furniture/Equipment - Rental		Day Care Center	
Misc. Supplies (paper products, etc.)		Children's Allowance	
Services/Cleaning supplies		Summer/Day Camp	
Clothing and Shoes		Lessons	
Laundry/Dry Cleaning		Diaper Service	
Vehicle Installment Payment		Child Support - not employer deducted	
Vehicle Insurance		Maintenance - not employer deducted	
Vehicle Maintenance/Repairs		Income Taxes (not withheld)	
Gasoline		Entertainment	
License		Hobbies	
Parking		Vacation	
Public Transportation		Gifts	
Medical (uninsured)		Membership/Club	
Dental (uninsured)		Papers/books/magazines	
Orthodontist (uninsured)		Barber/Beautician	
Eye Glasses (uninsured)		Cosmetics/Toiletry	
Medicine/Drugs (uninsured)		Donations/Worship	
Therapy (uninsured)		Pets Care and Maintenance	
Monthly Installment Payments from Debt section		Cable Television	
Costs of Employment		Savings	
Child Support Fees		**Total Expenses**	$0.00

INCOME

Employer	Pay Period	Monthly Gross	Monthly Deductible	Monthly Net

ASSETS

(include date of value/balance)

Furniture/Fixtures	to be divided	Checking Account - H/W/Joint	
Home/Real Estate		Savings Account- H/W/Joint	
Vehicle - H		Retirement Accounts - W	
Vehicle - W		Retirement Accounts - H	

DEBTS

(include date of balance)

Creditor	Security/Collateral	Monthly Payments *	Balance Due

LIFE INSURANCE

(include date of balance)

Company Name	Policy #	Insured	Beneficiary	Coverage Amt.	Cash Value/Term

This statement is correct to the best of my knowledge.

Dated this _____ day of _____, 20____.

_____

Post Office Address:
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262-250-7686 fax