

## VERIFIED PERSONAL FINANCIAL STATEMENT

EACH PARTY MUST PROVIDE THE OTHER WITH A COMPLETED COPY OF THIS VERIFIED PERSONAL FINANCIAL STATEMENT WITHIN TWENTY ONE (21) DAYS AFTER DEFENDANT FILES THIS FIRST RESPONSIVE PLEADING OR APPEARANCE (STATEMENT NOT REQUIRED IF DEFENDANT FILES NOTHING WITH THE COURT CLERK). THIS STATEMENT IS NOT IN PLACE OF OTHER DISCOVERY, AND PROVIDING THE STATEMENT DOES NOT LIMIT OTHER DISCOVERY PERMITTED BY LAW. DO NOT FILE THIS STATEMENT WITH THE COURT CLERK.

Genesee County Case No. \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_

\_\_\_\_\_

Work: \_\_\_\_\_

The following is being submitted by me as a true and accurate statement of my financial condition on \_\_\_\_\_, 20\_\_.

### Income and Employment Information

Name of Employer:

Address:

Occupation and type of business:

Position:

Years with employer: \_\_\_\_\_

Gross(pre-tax)income for prior calendar year:

Gross (pre-tax) income year-to-date:

Portion overtime/bonus:

Current monthly gross income

Other

\_\_\_\_\_  
\_\_\_\_\_

## Total of Assets and Liabilities

(Complete all schedules attached and insert totals below.)

- |    |                                |          |
|----|--------------------------------|----------|
| 1. | Bank and Credit Union Accounts | \$ _____ |
| 2. | Real Estate (net equity)       | \$ _____ |
| 3. | Investments                    | \$ _____ |
| 4. | Retirement Plans               | \$ _____ |
| 5. | Life Insurance                 | \$ _____ |
| 6. | Motor Vehicles                 | \$ _____ |
| 7. | Personal Property              | \$ _____ |
| 8. | Other Assets                   | \$ _____ |
| 9. | Spouse Assets                  | \$ _____ |

<b>TOTAL ASSETS</b>	\$ _____
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- |     |                   |          |
|-----|-------------------|----------|
| 10. | Credit Card Debts | \$ _____ |
| 11. | Other Debts       | \$ _____ |

<b>TOTAL LIABILITIES</b>	\$ _____
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<b>NET WORTH (TOTAL ASSETS LESS LIABILITIES)</b>	<b>\$ _____</b>
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The foregoing personal financial statement and following attachments have been carefully read, and I hereby declare, verify and certify that to the best of my knowledge, information and belief, the same is a full and correct exhibit of my personal financial condition. **I UNDERSTAND THAT FAILURE TO INCLUDE ALL ASSETS MAY RESULT IN FORFEITURE OF SUCH ASSETS OR OTHER LEGAL SANCTIONS.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Please print name underline)

\_\_\_\_\_  
Attorney for party

The following schedules are an integral part of the financial statement:

Assets and Liabilities

Provide the following information. Include all of your assets, including assets held jointly with your spouse or others. For each item, indicate if it is held individually (I); jointly with your spouse, (J); or jointly with someone other than your spouse (O). Attach supplements as necessary. Use whole dollar amounts.

1. **Bank and Credit Union Accounts.** List checking, savings, certificates of deposit, other (for each account include the name of the bank, credit union or other financial institution, name/s on the account, and amount of the account): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total: \_\_\_\_\_

2. **Real Estate.** List address, name/s on title, State Equalized Value (SEV), appraised value (if known), mortgage balance(s) due, home equity loan balance due, lender/s, any other liens or conditions affecting value: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total: \_\_\_\_\_

3. **Investments.** List all stocks, stock options (vested or unvested) bonds, mutual funds, marketable securities, limited partnerships, including current market value (if known): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total: \_\_\_\_\_

4. **Retirement Plans.** List all pension, profit-sharing, individual retirement accounts (IRA's 401(k), 403(b), 457, or other deferred compensation accounts, Keogh or SEP (self employed plans) or other similar assets, providing employer, account name, custodian, and amount of total account or periodic benefit, vested percentage and outstanding loan balance (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total: \_\_\_\_\_

5. **Life Insurance.** List all policies by insurer, amount of death benefit, owner, cash value, outstanding loans and beneficiary. Include coverage provided by employer and so indicate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total: \_\_\_\_\_

6. **Motor Vehicles.** List all cars, boats, motorcycles or other motorized transport, with name/s on title, date of purchase, purchase price, model and year, present value, loan balance, lender, and vehicle identification number (VIN): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total: \_\_\_\_\_

7. **Personal Property.** List personal effects and household goods and furnishings with individual (or collection) value over \$500. For example, works of art, antiques, jewelry, stamp or coin collections, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total: \_\_\_\_\_  
\_\_\_\_\_

8. **Other Assets.** List all assets not specifically listed above. Include the following:

- All notes receivable, including debtor and amount
- Any interest in any business entity, partnership or professional practice (including nature of business and interest, accounts receivable, bank accounts and other assets and value, if known)
- Intellectual property, such as patents, copyrights, trademarks, and royalty agreements
- Vested inheritances, including any interest in any trust as income beneficiary, remainderman, or otherwise (but excluding designation in any will or revocable trust of a living person)
- Any property held by another for your benefit

- Any other asset of any nature known to you in which you have or claim any interest that has or may have value.

[illegible]

9. **Taxes.** List the last year for which federal and state income tax returns were filed, taxes due, refunds due, estimated payments or other prepayments toward current year taxes, and whether any audit is pending. Attach tax returns for last 2 years, together with W-2 forms. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Total: \_\_\_\_\_

10. **Credit Card Debts.** List all consumer credit not paid in full each month, including creditor, name on account and balance due (include statement date): \_\_\_\_\_

	Total:

11. **Other Debts.** List all other debts, notes payable, student loans, etc. Include name of creditor and current balance due:

Total: \_\_\_\_\_

12. **Assets and Liabilities of Spouse.** List all individual assets and liabilities of your spouse held in the spouse's individual name or jointly with someone other than you and not included above (if unknown or uncertain, provide information in your possession and indicate limitations on information available):

_____	
_____	
_____	
_____	
_____	Total: _____

13. **Other Matters.** List all other matters known to you that may materially affect your financial condition or the financial condition of your spouse, including personal injury claims or workers compensation claims, pending or accrued, lawsuits involving either party or any business entity in which either party has or claims an interest, bankruptcy proceedings, tax matters, existing support obligations, uninsured medical conditions, etc.: \_\_\_\_\_

_____
_____
_____
_____
_____
_____