IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

)
)
)
)
)
)
)
) CASE NO. _____
)
_____)

FINANCIAL DECLARATION OF
☐ **PARTY A**
☐ **PARTY B**

Date of Marriage:_____

Date of Separation:_____
(Divorce/dissolution cases only)

Party A: _____

Date of Birth: _____ Age: _____

Occupation: _____

Present Employer and Employer's Address:

_____

_____

How long at this job? _____

If you are employed, but expecting soon to become unemployed or change jobs, describe the change you expect, why and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed and the pay you expect to receive.

_____
_____
_____
_____
_____
_____
_____
_____

Party B: _____

Date of Birth: _____ Age:_____

Occupation: _____

Present Employer and Employer's Address:

_____

_____

How long at this job? _____

If you are employed, but expecting soon to become unemployed or change jobs, describe the change you expect, why and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed and the pay you expect to receive.

_____
_____
_____
_____
_____
_____
_____
_____

Party A: _____

Party B: _____

PART A. INCOME AND EXPENSE STATEMENT

	Party A	Party B
1. Gross **monthly income** from:		
Salary and wages (incl. commissions, bonuses and overtime) payable _____ weekly/monthly/etc.	$ _____	$ _____
Pensions and retirement	$ _____	$ _____
Social Security	$ _____	$ _____
Disability and unemployment insurance	$ _____	$ _____
Welfare/Alaska Temp. Assistance payments	$ _____	$ _____
Child/spousal support from prior relationship	$ _____	$ _____
Dividends and interest (including PFD, Alaska Native Corporation dividends, etc.)	$ _____	$ _____
Rents	$ _____	$ _____
All other sources: (Specify)_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
Total Monthly Income	$ 0	$ 0
2. Itemize **monthly deductions** from gross income:		
Income taxes	$ _____	$ _____
Social Security	$ _____	$ _____
Medicare Tax	$ _____	$ _____
Unemployment insurance	$ _____	$ _____
Medical or other insurance	$ _____	$ _____
Union or other dues	$ _____	$ _____
Retirement or pension fund	$ _____	$ _____
Savings plan	$ _____	$ _____
Other: (Specify)_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
Total Deductions	$ 0	$ 0
3. Net monthly income	$ 0	$ 0

4. Total monthly expenses: (specify which party is presently the custodial parent of any children of this marriage and list name and relationship of all members of the household whose expenses are included)

_____

_____

_____

_____

_____

_____

Party A: _____

Party B: _____

4. Total Monthly Expenses - Continued

The court may require proof of expenses in the form of canceled checks, receipts or other documents.

	Party A	Party B
Rent or mortgage payments (residence)	$	$
Real Property taxes (residence)	$	$
Maintenance (residence)	$	$
Food and household supplies	$	$
Utilities	$	$
Telephone	$	$
Laundry and cleaning	$	$
Clothing	$	$
Medical	$	$
Dental	$	$
Insurance (life, health, accident, etc.)	$	$
Child care	$	$
Child/spousal support payments from prior relationship	$	$
School	$	$
Entertainment	$	$
Incidentals	$	$
Transportation	$	$
Gas, oil, repair (auto)	$	$
Auto payments	$	$

Installment payment(s) (Itemize below)

Creditor's Name	For	Balance Due		
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$

Other Monthly Expenses: (Specify)	$	$
	$	$
	$	$
	$	$
Total Expenses	$ 0	$ 0

5. Other debts and obligations:

Creditor's Name	For	Date Payable	Balance Due Party A	Balance Due Party B
			$	$
			$	$
			$	$
			$	$
			$	$
		Total Other Debts	$ 0	$ 0

Party A: _____

Party B: _____

6. List the value of the following property belonging to the parties:

	Party A	Party B
Cash on hand	$ _____	$ _____
Money in checking account(s)	$ _____	$ _____
Money in credit union account(s)	$ _____	$ _____
Money in any other account(s) or deposits	$ _____	$ _____
Retirement or pension fund	$ _____	$ _____
Life insurance cash value	$ _____	$ _____
Value of any stocks & bonds	$ _____	$ _____
Value of real estate	$ _____	$ _____
Value of all other property	$ _____	$ _____
Total Property	$ 0	$ 0

NOTE: If this form is being filled out for a children's proceeding, omit Parts B and C, and complete Part D.

PART B. PROPERTY STATEMENT (Divorce/dissolution cases only)

☐ There is no property subject to disposition by the court in this proceeding.

☐ All property otherwise subject to disposition by the court in this proceeding has been disposed of by written agreement of the parties or oral stipulation made in open court.

☐ The property subject to disposition by the court in this proceeding is:

Description of assets and obligations	Value of assets	Amount of obligations
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____

Party A: _____

Party B: _____

PART C. ATTORNEY FEES AND COST STATEMENT (Divorce/dissolution cases only)

I have paid my attorney(s) $ _____ for fees, and $ _____ for costs, and my arrangement with my attorney for payment of fees and costs is as follows:

_____

_____

_____

_____ _____

Attorney's Signature Date Party's Signature Date

PART D. HEALTH

I ☐ do ☐ do not have a disease or defect in my health which will affect my ability to earn a living and support myself in the foreseeable future. (If you do have such a disease or defect, please explain below. Any claim of disability or impaired earning capacity must be supported by a doctor's statement attached as an exhibit to this statement.)

SIGNATURES

I swear (or affirm) that all the information given in this declaration is true.

_____ _____

Date Signature of Declarant

_____

Type or Print Name

_____

Mailing Address

_____

City State Zip

Work Phone _____

Home Phone _____

Subscribed and sworn to or affirmed before me at _____, Alaska, on _____.

(SEAL)

_____

Clerk of Court, Notary Public or other person authorized to administer oaths.
My commission expires: _____

Party A: _____

Party B: _____