AT CASE NO. FINANCIAL DECLARATION OF ☐ PARTY A ☐ PARTY B Date of Marriage: Date of Separation: (Divorce/dissolution cases only) Party A: _____ Party B: _____ Date of Birth: _____ Age:____ Date of Birth: _____ Age: ____ Occupation: Occupation: Present Employer and Employer's Address: Present Employer and Employer's Address: How long at this job? How long at this job? If you are employed, but expecting soon to If you are employed, but expecting soon to become unemployed or change jobs, become unemployed or change jobs, describe the change you expect, why and describe the change you expect, why and how it will affect your income. If currently how it will affect your income. If currently unemployed, describe your efforts to find unemployed, describe your efforts to find employment, how soon you expect to be employment, how soon you expect to be employed and the pay you expect to employed and the pay you expect to receive. receive.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

Page 1 of 5 DR-250 (1/20)(cs) FINANCIAL DECLARATION

Party B:

PART A	INCOME AND EXPENSE STATEMENT	Party A	Party B
1. Gro	Salary and wages (incl. commissions, bonuses and overtime) payable	\$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	Total Monthly Income	\$	\$
2. Iter	Income taxes	\$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
3. Ne	t monthly income	\$	\$
4. Tot	al monthly expenses: (specify which party is possed this marriage and list name and relation ose expenses are included)	presently the custodia	
Do 0 - 1	E De d. A		
Page 2 of DR-250 (1/20)(cs)		
FINANCI	AL DECLARATION 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	۵)	\$	\$
Real Property taxes (residence)		\$	Ψ <u></u>
Maintenance (residence)		\$	Ψ <u></u>
Food and household supplies		\$	<u> </u>
Utilities		\$	<u> </u>
Telephone		\$	Ψ <u></u>
Laundry and cleaning		\$	Ψ <u></u>
Clothing		\$	\$
Medical		\$	<u>\$</u>
Dental		\$	<u>\$</u>
Insurance (life, health, accident, etc.)		\$	<u>\$</u>
Child care		\$	\$
Child/spousal support payments from		\$	<u>\$</u>
School		\$	<u>\$</u>
Entertainment		\$	\$
Incidentals		\$	\$
Transportation		\$	<u>\$</u>
Gas, oil, repair (auto)		\$	<u>\$</u>
Auto payments		\$	\$
, in a payment of the		<u> </u>	*
Installment payment(s) (Itemize below) Creditor's Name For) Balance Due		
	\$	¢	Φ.
	Ψ	\$	Ψ \$
	Ψ	Φ	Ψ
-	—	\$	Ψ \$
-	—	\$	Ψ <u></u>
-	—	\$	Ψ <u></u>
•	Ψ	Ψ	Ψ
Other Monthly Expenses: (Specify)		\$	\$
2.1101 Mornally 2.4poineder (epoony)		\$	<u>\$</u>
		\$	\$
		\$	\$
		Φ	Φ
l otal Ex	penses	\$	\$
5. Other debts and obligations:			
Creditor's Name For	Date Payable	Baland Party A	Party B
		\$	\$
		\$	\$
		-	\$
		\$	\$
		\$	\$
Total Ot	her Debts	\$	\$
Page 3 of 5	D		
Page 3 of 5 DR-250 (1/20)(cs)	Рапу A:		
FINANCIAL DECLARATION	Party B:		

6.	List the value of the following property belonging t	o 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	\$	\$
NOT	E: If this form is being filled out for a childre complete Part D.	en's proceeding, omi	t Parts B and C, and
PAR	T B. PROPERTY STATEMENT (Divorce/dissolu	tion cases only)	
	There is no property subject to disposition by the	e court in this procee	ding.
	All property otherwise subject to disposition by disposed of by written agreement of the parties	•	•
	The property subject to disposition by the court	n this proceeding is:	
Desc	ription of assets and obligations	Value of assets	Amount of obligations
		\$	\$
		\$	\$
		\$	\$
		. \$	\$
		_ \$	\$
		. \$ \$	\$ \$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Page	4 of 5 Party A:		

Page 4 of 5 DR-250 (1/20)(cs) FINANCIAL DECLARATION

Party A: _____

PART C. ATTORNEY FEES AND COST ST	'ATEMENT (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.)				
SIGN	NATURES			
I swear (or affirm) that all the information give	n in this declaration is true.			
, , , , , , , , , , , , , , , , , , ,				
Date	Signature of Declarant			
	Type or Print Name			
	Mailing Address			
	City State Zip			
	Work Phone			
Subscribed and sworn to or affirmed before m on	ne at, Alaska,			
(SEAL)				
	Clerk of Court, Notary Public or other person authorized to administer oaths. My commission expires:			
	ate of Service			
[You must serve a copy of this Financial Declarity	<u> </u>			
I certify that on (date)a copy of the [list everyone served and attach extra pages is				
Your signature:	<u> </u>			
Page 5 of 5	Party A:			
DR-250 (1/20)(cs)				
FINANCIAL DECLARATION P	Party B:			