

NO.

JEFFERSON CIRCUIT COURT

FAMILY DIVISION _____

PETITIONER

MANDATORY CASE DISCLOSURE OF

V.

RESPONDENT

I. IDENTIFYING INFORMATION OF BOTH PARTIES

Petitioner

Respondent

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City, State, ZIP: _____

City, State, ZIP: _____

DOB: _____ Age: ____ Phone#: _____

DOB: _____ Age: ____ Phone#: _____

II. INCOME AND EMPLOYMENT INFORMATION OF BOTH PARTIES

Petitioner

Respondent

Employer Name: _____

Employer Name: _____

Gross monthly income: \$ _____

Gross monthly income: \$ _____

Other income: \$ _____

Other income: \$ _____

III. MARRIAGE INFORMATION

Date of marriage: _____

Date of separation: _____

Place of marriage (city, county & state): _____

IV. CHILDREN'S INFORMATION *(If more than 3 children, continue on a separate sheet)*

A. Minor children born to parties (number: _____)

More CHILDREN attached?

Name	Date of Birth	Current Age

- B. Monthly child care/daycare expenses: Cost \$ _____ Paid by _____
- C. Medical, dental and vision insurance for children: Cost \$ _____ Paid by _____
- D. Either party court-ordered to pay child support for a child born before the children born of this marriage? Paying party _____ Amount: \$ _____ Children: _____

V. SUMMARY OF ASSETS & DEBTS

- A. REAL ESTATE *(If more than 3 properties, continue on a separate sheet)*
 Are you making a non-marital claim? _____ If yes, you must comply with Section IX(D)(10) below.

Address	1st Mortgage Company	1st Mortgage Payoff Amount	2nd Mortgage Company or Home Equity Loan	2nd Mortgage or Equity Loan Payoff Amount	Fair Market Value	Valuation Date	Equity	
<input type="checkbox"/> More REAL ESTATE attached?							Total Real Estate Equity:	

- B. VEHICLES - Automobiles, Motorcycles, Boats, Trucks, Motor Homes, etc. *(If more than 3 vehicles, continue on a separate sheet)*
 Are you making a non-marital claim? _____ If yes, you must comply with Section IX(D)(10) below.

Primary Driver	Year, Make & Model	NADA Value	Valuation Date	Debt Owed	Lien Holder	Equity	
<input type="checkbox"/> More VEHICLES attached?						Total Vehicle Equity:	

- C. BANK ACCOUNTS - Checking, Savings, CDs, Money Market accounts, etc. *(If more than 3 accounts, continue on a separate sheet)* **(Do not list complete account numbers)**
 Are you making a non-marital claim? _____ If yes, you must comply with Section IX(D)(10) below.

Owner(s)	Institution Name [NO ACCOUNT NUMBERS!]	Type of Account	Valuation Date	Current Balance	
<input type="checkbox"/> More BANK ACCOUNTS attached?				Total Current Balances:	

D. STOCKS, BONDS, PORTFOLIOS, MUTUAL FUNDS, ETC. *(If more than 3, continue on a separate sheet)*
 Are you making a non-marital claim? _____ If yes, you must comply with Section IX(D)(10) below.

Institution Name	Stock/Portfolio Name	Valuation Date	Current Value
<input type="checkbox"/> More INVESTMENTS attached?			Total Current Values:

E. RETIREMENT BENEFITS - IRA, Keogh, 401(k), 403(b), Pension, etc. *(If more than 3, continue on a separate sheet)*
 Are you making a non-marital claim? _____ If yes, you must comply with Section IX(D)(10) below.

Participant	Plan Name	Contrib/Non	Vested/Non	Pay Status?	Valuation Date	Balance
<input type="checkbox"/> More RETIREMENT BENEFITS attached?						Total Balances:

Have any loans been taken out against any of these Retirement Benefits? If so, describe:

F. LIFE INSURANCE *(If more than 3 policies, continue on a separate sheet)*
 Are you making a non-marital claim? _____ If yes, you must comply with Section IX(D)(10) below.

Company	Party Insured	Beneficiary	Term/Whole	Policy #	Valuation Date	Cash Surrender Value
<input type="checkbox"/> More LIFE INSURANCE attached?						Total Cash Values:

G. BUSINESS INTERESTS *(If more than 2 businesses, continue on a separate sheet)*
 Are you making a non-marital claim? _____ If yes, you must comply with Section IX(D)(10) below.

Name of Business & Owner	Percentage of Ownership	Type of Business	Corporation, Sole Proprietorship, Partnership, Etc.	Valuation Date	Business Loan(s) Balance	Value of Interest
<input type="checkbox"/> More BUSINESS INTERESTS attached?						Total Values:

H. HOUSEHOLD GOODS:

Are you making a non-marital claim? _____ If yes, you must comply with Section IX(D)(10) below.

Agreed Division? Yes No, but not expected to in dispute
 No, but dispute anticipated (Suggested appraiser: _____)

Attach a list of the disputed household items

I. OTHER ASSETS - Cash, Travelers Checks, Debts Others Owe You, Copyrights, Trademarks, Pets or Animals, Jewelry, Collectibles, Tools, Inventions, Other "Liquid Assets", etc. (If more than 4 items, continue on a separate sheet)

Are you making a non-marital claim? _____ If yes, you must comply with Section IX(D)(10) below.

Item Description	Who Holds Possession	Valuation Date	Fair Market Value	Amount Owed	Net Value or Equity
<input type="checkbox"/> More OTHER ASSETS attached?					Total Values:

VI. OTHER DEBTS NOT PREVIOUSLY LISTED (Do not list complete account numbers) Includes credit card balances, credit union loans, signature loans and other unsecured debt (If more than 5 debts, continue on a separate sheet)

Creditor	Party Named on Debt	Premarital Account?	Valuation Date	Monthly Payment	Total Balance
<input type="checkbox"/> More DEBTS attached?					TOTAL DEBT BALANCES:

VII. EXPECTED POST-DIVORCE LIVING EXPENSES SCHEDULE (Do not include debts on this page)

Not necessary if maintenance or child support are not being claimed

YES **NO** **Do the parties' combined gross incomes exceed \$15,000 per month?**

If **NO**, do not include children's personal expenses below.

If **YES**, list children's personal expenses such as private school tuition, tutors, camps, activity fees, clothing, etc. on a separate sheet. **Attached?**

A. COMMON EXPENSES FOR FAMILY (Party and any children of the marriage)	
FOOD/GROCERIES FOR FAMILY (Non-entertainment)	
HOUSING	
Cable	
Garbage collection	
Electric, gas, propane & oil utilities	
Home maintenance & repairs	
Homeowners insurance	
Household supplies	
Maid service	
Property taxes	
Rent or 1 st Mortgage	
2 nd mortgage/home equity	
Telephone	
Mobile Phone	
Vet/pet supplies	
Yard expense/maintenance	
Water/sewage	
TRANSPORTATION	
Gas and oil	
Liability insurance	
License/taxes/tag	
Payment/loan	
Repairs/maintenance	
Other - bus, taxi, tolls & parking	
OTHER FAMILY EXPENSES (list):	
SUBTOTAL (Column A)	

B. YOUR PERSONAL EXPENSES (not including any children's expenses)	
Church and charity	
Clothing	
Cosmetics, hygiene & toiletries	
Disability insurance	
Dry cleaning & laundry	
Entertainment, including restaurants & movies	
Hair care (barber, salon, etc.)	
Internet access	
Life insurance (whole life or term)	
Manicures & pedicures	
Newspapers, magazines & books	
Professional dues or uniforms	
Social clubs	
Sports, exercise, hobbies, crafts, etc.	
Travel (monthly average)	
MEDICAL	
Dental (including orthodontics)	
Eyeglasses, contacts & hearing aids, exams and testing	
Insurance (hospitalization)	
Medical doctor(s)	
Prescription medication	
OTHER PERSONAL EXPENSES (list):	
SUBTOTAL (Column B)	
SUBTOTAL FROM COLUMN A	
SUBTOTAL FROM COLUMN B	
GRAND TOTAL	

VIII. OTHER

A. Special needs of parties:

B. Bankruptcy: _____

C. Lawsuits: _____

IX. REQUIRED ATTACHMENTS (to be sent **ONLY** to opposing party or opposing counsel and not filed with the court):

To complete this section, you **must** attach all of the following documents and/or provide the requested information on a separate sheet and attach to this form. In the spaces provided, mark as follows:

“A” = to indicate that the requested document/information is attached

“U” = to indicate that the requested document/information is unavailable (*Provide explanation on separate page*)

“N/A” = if not applicable

A. PERSONAL INFORMATION OF BOTH PARTIES

B. INCOME AND EMPLOYMENT OF BOTH PARTIES

A, U or N/A	Item #	
	1.	Three (3) most recent paycheck stubs
	2.	Federal Income Tax Return for the last year filed
	3.	State Income Tax Return for the last year filed
	4.	Documentation of all other income for the past 48 months, including source of income and amount of income received year-to-date

C. CHILDREN

A, U or N/A	Item #	
	1.	Verification of work-related child care expense
	2.	Verification of cost of health/dental insurance for children’s portion (e.g. difference between cost of single and family plan)

D. ASSET SCHEDULES

A, U or N/A	Item #	
	1.	Most recent statement of each bank account
	2.	Most recent brokerage statements or documentation of purchase and/or value for each investment
	3.	Explanation of source of cash holdings, location and amount of cash.

A, U or N/A	Item #	
	4.	For each piece of real estate, copy of deed, documentation of all indebtedness (i.e. mortgage, home equity loan, liens, etc.) including unpaid balance and payoff (with date payoff amount obtained) for each debt, and current tax assessment
	5.	Declaration page of life insurance policies and documentation of cash surrender values
	6.	Documentation of benefits accrued in pension, profit sharing, 401(k) or other retirement plans, including most recent statements of each such plan and the name, address and phone number of plan administrator
	7.	For each vehicle, provide amount of payoff of any indebtedness (including date payoff amount obtained) and copy of title
	8.	For each business interest, list name of business, extent of interest or title in business (i.e. owner, shareholder, partner, etc.), provide a copy of last income tax returned filed by business and documentation of income earned (or portion received) through business during last twenty-four (24) months)
	9.	Provide a list describing any other assets you have an interest in, including any documentation as to the value of the non-marital interest, date asset was acquired, and source of non-marital interest (trace and document non-marital funds used to acquire each asset)
	10.	NON-MARITAL INTEREST. For each asset in which you claim a non-marital interest, provide the basis and approximate value of non-marital claim. Documentation tracing any non-marital asset shall be produced if available, and if not currently available, shall be produced when available, or as specified by separate court order.

E. DEBT SCHEDULE

A, U or N/A	Item #	
	1.	For each debt, provide the last statement or documentation of unpaid balance, or explain why documentation is not available
	2.	For each debt designated as "non-marital," list the party you think should assume responsibility for said debt and why

CERTIFICATE OF SERVICE

IT IS HEREBY CERTIFIED that a copy of this **Mandatory Case Disclosure** (with schedules and attachments) was mailed, postage prepaid, or hand-delivered on _____, 20____, to opposing counsel at the following address:

Signature: _____

Phone: (____) _____

Counsel for _____

V. SUMMARY OF ASSETS & DEBTS

- A. REAL ESTATE *(If all of the parties' properties are not described above, describe remainder below)*
- B. VEHICLES - Automobiles, Motorcycles, Boats, Trucks, Motor Homes, etc. *(If all of the parties' vehicles are not described above, describe remainder below)*
- C. BANK ACCOUNTS - Checking, Savings, CDs, Money Market accounts, etc. *(If all of the parties' bank accounts are not described above, describe remainder below)*
- D. STOCKS, BONDS, PORTFOLIOS, MUTUAL FUNDS, ETC. *(If all of the parties' investments are not described above, describe remainder below)*
- E. RETIREMENT BENEFITS - IRA, Keogh, 401(k), 403(b), Pension, etc. *(If all of the parties' retirement funds are not described above, describe remainder below)*
- F. LIFE INSURANCE *(If all of the parties' life insurance policies are not described above, describe remainder below)*
- G. BUSINESS INTERESTS *(If all of the parties' business interests are not described above, describe remainder below)*

H. **HOUSEHOLD GOODS:** *(If all of the parties' household goods are not adequately described above, describe remainder below)*

I. **OTHER ASSETS -** Cash, Travelers Checks, Debts Others Owe You, Copyrights, Trademarks, Pets or Animals, Jewelry, Collectibles, Tools, Inventions, Other "Liquid Assets", etc. *(If all of the parties' other assets are not described above, describe remainder below)*

VI. **OTHER DEBTS NOT PREVIOUSLY LISTED** *(If all of the parties' other debts are not described above, describe remainder below)*

VII. **HIGH-INCOME CHILD SUPPORT CALCULATION** *(If the parties' combined gross monthly incomes total more than \$15,000 per month, list below all of the children's personal expenses such as private school tuition, tutors, camps, activity fees, clothing, etc.)*

NON-
MARITAL
TRACING
DOCUMENTEN-
TATION

TAX RETURNS

PARTIES' INCOME

CHILDREN'S EXPENSES

CHILDREN'S
HEALTH
INSURANCE
(Medical
& Dental)

REAL ESTATE

VEHICLES

BANK ACCOUNTS

STOCKS

**RETIRE-
MENT
BENEFITS**

LIFE INSURANCE

BUSINESS INTERESTS

HOUSEHOLD GOODS

DEBTS

STOCK OPTIONS

MONTHLY EXPENSES

Miscellaneous Documentation