☑District Court ❑Denver Juvenile Court Denver County, Colorado Court Address: 1437 Bannock Street, Room 256 Denver, CO 80202 In re: ☑The Marriage of: ❑Parental Responsibilities concerning: Petitioner: John Doe and Co-Petitioner/Respondent: Jane Doe	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): John Doe 321 Elm Street, Denver, CO 12345 Phone Number: (111) 123-4567 E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom

SWORN FINANCIAL STATEMENT

I, John Doe (full name) ☑am ❑am not currently employed.

I am employed 40 hours per week. I am paid ❑weekly ☑bi-weekly ❑twice a month ❑monthly.

My pay is based on a ☑Monthly Salary ❑Hourly rate of $ 2,839.91 ❑Other: _____

Date employment began June 17, 2008.

My occupation is: Cashire Name of employer: Target

Address of employer: 500 Main Street, Denver CO 12345

If unemployed, what date did you last work? _____

I am unemployed due to ❑disability ❑involuntary layoff at work ❑other: _____

This household consists of 1 adult(s), and 2 minor child(ren).

I believe the monthly gross income of the other party is $ 2,839.91.

Annual gross income (last tax year 2013) for Petitioner $ 34,078.92, ☑Co-Petitioner/Respondent $ 34,078.92

1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)

Gross Monthly Income (before taxes and deductions) from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	$ 2,839.91	Social Security Benefits (SSA) ❑SSDI (Disability insurance – entitlement program) ❑SSI (supplemental income – need based)	$ 0.00
Unemployment & Veterans' Benefits	0.00	Disability, Workers' Compensation	0.00
Pension & Retirement Benefits	0.00	Interest & Dividends	0.00
Public Assistance (TANF)	0.00	Other - _____	0.00
		Total Monthly Income	**$** 2,839.91
Miscellaneous Income			
Royalties, Trusts, and Other Investments	$ 0.00	Contributions from Others	$ 0.00
Dependent Children's monthly gross income. Source of Income: _____	0.00	All other sources, i.e. personal injury settlement, non-reported income, etc.	0.00
Rental Net Income	0.00	Expense Accounts	0.00
Child Support from Others	0.00	Other - _____	0.00
Spousal Support from Others	0.00	Other - _____	0.00
		Total Monthly Miscellaneous Income	**$** 0.00
		Total Income	**$** 2,839.91

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2. Monthly Deductions (Mandatory and Voluntary)

Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax	$ 100.00	State/Local Income Tax	$ 100.00
PERA/Civil Service	0.00	Social Security Tax	100.00
Medicare Tax	100.00	Other - _____	
		Total Mandatory Deductions	$ 400.00
Voluntary Deductions	**Cost Per Month**		**Cost Per Month**
Life and Disability Insurance	$ 0.00	Stocks/Bonds	$ 0.00
Health, Dental, Vision Insurance Premium	100.00	Retirement & Deferred Compensation	0.00
Total number of people covered on Plan ➔	4		
Child Care (deducted from salary)	0.00	Other - _____	
Flex Benefit Cafeteria Plan	0.00	Other - _____	
		Total Voluntary Deductions	**$** 100.00
		Total Monthly Deductions	**$** 500.00

3. Monthly Expenses

Note: List regular monthly expenses below that you pay on an on-going basis and that are not identified in the deductions above.

A. Housing

	Cost Per Month		Cost Per Month
1st Mortgage	$ 1,056.16	2nd Mortgage	$ 207.34
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)	0.00	Condo/Homeowner's/Maintenance Fees	0.00
Rent	0.00	Other - _____	0.00
		Total Housing	**$** 1,263.50

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	$ 100.00	Water, Sewer, Trash Removal	$ 50.00
Telephone (local, long distance, cellular & pager)	50.00	Property Care (Lawn, snow removal, cleaning, security system, etc.)	0.00
Internet Provider, Cable & Satellite TV	50.00	Other - _____	
		Total Utilities and Miscellaneous Housing Services	**$** 250.00

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	$ 100.00	Dining Out	$ 50.00
		Total Food & Supplies	**$** 150.00

D. Health Care Costs (Co-pays, Premiums, etc.)

	Cost Per Month		Cost Per Month
Doctor & Vision Care	$ 0.00	Dentist and Orthodontist	$ 0.00
Medicine & RX Drugs	35.00	Therapist	0.00
Premiums (if not paid by employer)	0.00	Other - _____	0.00
		Total Health Care	**$** 35.00

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E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	$ 321.19	Other Vehicle Payments	$ 0.00
Fuel, Parking, and Maintenance	125.00	Insurance & Registration/Tax Payments (yearly amount(s) ÷12)	73.00
Bus & Commuter Fees	0.00	Other - _____	
		Total Transportation	**$** 519.19

F. Children's Expenses and Activities

	Cost Per Month		Cost Per Month
Clothing & Shoes	$ 50.00	Child Care	$ 0.00
Extraordinary Expenses i.e. Special Needs, etc.	0.00	Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	0.00
Tuition	0.00	Other - _____	0.00
		Total Children's Expenses and Activities	**$** 50.00

G. Education for you - Please identify status: ❑Full-time student ❑Part-time student

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.	0.00	Other - _____	0.00
		Total Education	**$** 0.00

H. Maintenance & Child Support (that you pay)

	Cost Per Month		Cost Per Month
Spousal Maintenance	0.00	Child Support	0.00
❑This family	$ 0.00	❑This family	$ 0.00
❑Other family	0.00	❑Other family	0.00
		Total Maintenance and Child Support	**$** 0.00

I. Miscellaneous (Please list on-going expenses not covered in the sections above)

	Cost Per Month		Cost Per Month
Recreation/Entertainment	$ 40.00	Personal Care (Hair, Nail, Clothing, etc.)	$ 20.00
Legal/Accounting Fees	0.00	Subscriptions (Newspapers, Magazines, etc.)	0.00
Charity/Worship	0.00	Movie & Video Rentals	0.00
Vacation/Travel/Hobbies	0.00	Investments (Not part of payroll deductions)	0.00
Membership/Clubs	0.00	Home Furnishings	0.00
Pets/Pet Care	0.00	Sports Events/Participation	0.00
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	
		Total Miscellaneous	**$** 60.00

Total Monthly Expenses (Totals from A – I)	**$** 2,202.69

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4. Debts (unsecured)

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., etc. **Do not** list debts that are liens against your property, such as mortgages and car loans, because that payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles.

For name on account, "P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

Name of Creditor	Account Number (last 4-digits only)	P	C/R	J	Date of Balance	Balance	Minimum Monthly Payment Required	Reason for Which Debt was Incurred
Citi financial	8888	☐	☑	☐	11/25/2013	$11,000.00	$ 304.96	Debit consolidation
Citi financial	8888	☑	☐	☐	11/25/2013	11,000.00	304.96	Debit consolidation
		☐	☐	☐				
		☐	☐	☐				
		☐	☐	☐				
		☐	☐	☐				
		☐	☐	☐				
		☐	☐	☐				
		☐	☐	☐				
		☐	☐	☐				
		☐	☐	☐				
		☐	☐	☐				
		☐	☐	☐				
		☐	☐	☐				
		☐	☐	☐				
Unsecured Debt Balance						$ 22,000.00	$ 609.92	**→Total Minimum Monthly Payment**

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SWORN FINANCIAL STATEMENT SUMMARY (INCOME/EXPENSES)

Total Income (from Page 1) $ 2,839.91 **A**

Total Monthly Deductions (from Page 2) $ 500.00 **B**

Total Monthly Net Income (A minus B) **$** 2,339.91

Total Monthly Expenses (from Page 3) $ 2,202.69 **C**

Total Minimum Monthly Payment Required - Debts Unsecured (from Page 4) $ 609.92 **D**

Total Monthly Expenses and Payments (C plus D) **$** 2812.61

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments) **(+/-)** **$** 27.30

5. Assets

You MUST disclose all assets correctly. By indicating "None", you are stating affirmatively that you or the other party, do not have assets in that category. Please attach additional copies of pages 5 & 6 to identify your assets, if necessary.

If the parties are married, check under the heading Joint (J) all assets acquired during the marriage but not by gift or inheritance. Under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage and assets acquired by gift or inheritance.

If the parties were NEVER married **to each other** ***or are using this form to modify child support***, list all of each party's assets under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R).

"P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) ❑**None**	**P**	**C/R**	**J**	**Estimated Value as of Today** Value = what you could sell it for in its current condition.	**Amount Owed**	**Net Value/Equity (Value minus amount owed)**
123 Main Street	❑	☑	❑	$ 160,000.00	$ 131,350.00	$ 28,650.00
	❑	❑	❑			
	❑	❑	❑			
			Total	$ 160,000.00	$ 131,350.00	$ 28,650.00

B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) ❑**None**	**P**	**C/R**	**J**	**Estimated Value as of Today** Value = what you could sell it for in its current condition.	**Amount Owed**	**Net Value/Equity (Value minus amount owed)**
2006 Toyota	❑	☑	❑	13,885.00	16,000.00	-2,115.00
2010 Toyota	☑	❑	❑	10,000.00		10,000.00
	❑	❑	❑			
	❑	❑	❑			
			Total	$ 23,885.00	$ 16,000.00	$ 7,885.00

C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) ❑**None**	**P**	**C/R**	**J**	**Type of Account**	**Account # (last 4-digits only)**	**Balance as of Today**
Bank of America	☑	❑	❑	savings	9999	$ 500.00
Chase	❑	☑	❑	savings	9998	500.00
	❑	❑	❑			
	❑	❑	❑			
					Total	$ 1,000.00

D. Life Insurance (Name of Company/Beneficiary) ❑**None**	**P**	**C/R**	**J**	**Type of Policy**	**Face Amount of Policy**	**Cash Value today**
	❑	❑	❑		$	$
	❑	❑	❑			
	❑	❑	❑			
				Total	$	$

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E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. ☑None	P	C/R	J	Current Possession Held by			Estimated Value as of Today Value = what you could sell it for in its current condition.
				P	C/R	J	
	❑	❑	❑	❑	❑	❑	$
	❑	❑	❑	❑	❑	❑	
	❑	❑	❑	❑	❑	❑	
	❑	❑	❑	❑	❑	❑	
	❑	❑	❑	❑	❑	❑	
						Total	$

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts ☑None ❑If owned please attach JDF 1111-SS.	Total	$
G. Pension, Profit Sharing, or Retirement Funds ☑None ❑If owned please attach JDF 1111-SS.	Total	$

H. Miscellaneous Assets ❑None If you own any of the assets identified below, please check the appropriate box and attach JDF 1111-SS to report the value.			
❑Business Interests	❑Stock Options	❑Money/Loans owed to you	❑IRS Refunds due to you
❑Country Club & Other Memberships	❑Livestock, Crops, Farm Equipment	❑Pending lawsuit or claim by you	❑Accrued Paid Leave (sick, vacation, personal)
❑Oil and Gas Rights	❑Vacation Club Points	❑Safety Deposit Box/Vault	❑Trust Beneficiary
❑Frequent Flyer Miles	❑Education Accounts	❑Health Savings Accounts	❑Mineral and Water Rights
❑Other - _____	❑Other - _____	❑Other - _____	❑Other - _____
		Total	$ 500.00

I. Separate Property ❑None ❑If owned please attach JDF 1111-SS to identify the property and to report the value.	Total	$ 8,000.00

Total Value/Balance of All Assets (A – I)	$ 38,525.00

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I swear or affirm under oath that this Sworn Financial Statement, attached schedules, and mandatory disclosures contain a complete disclosure of my income, expenses, assets, and debt as of the date of my signature.

I understand that if the information I have provided changes or needs to be updated before a final decree or order is issued by the Court, that I have a duty to provide the correct or updated information.

I understand that this oath is made under penalty of perjury. I understand that if I have omitted or misstated any material information, intentionally or not, the Court will have the power to enter orders to address those matters, including the power to punish me for any statements made with the intent to defraud or mislead the Court or the other party.

Date: _____

_____
Signature of ☑Petitioner or ❑Co-Petitioner/Respondent

Subscribed and affirmed, or sworn to before me in the County of Denver, State of Colorado, this _____ day of _____, 20_____.

My Commission Expires: _____

_____
Notary Public/Deputy Clerk

CERTIFICATE OF SERVICE
To be completed if the Sworn Financial Statement is not being filed with JDF 1104 - Certificate of Compliance with Mandatory Financial Disclosures

I certify that on _____ (date) a true and accurate copy of the ***SWORN FINANCIAL STATEMENT*** was served on the other party by:
❑Hand Delivery, ❑E-filed, ❑Faxed to this number: _____, **or**
❑By placing it in the United States mail, postage pre-paid, and addressed to the following:

To: _____

_____

_____

_____
Your signature

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