

Collaborative Foundation of Wisconsin FINANCIAL DISCLOSURE STATEMENT		
<b>Spouse</b>		<b>Spouse</b>
Name:	Name:	
Address:	Address:	
Social Security No.:	Social Security No.:	
Birthdate:	Birthdate:	
Employer:	Employer:	
Occupation:	Occupation:	
Date of Marriage:		
Date of Separation:		
CHILDREN		
Name	Birthdate	Social Security No.:
With whom are children living?		
SUPPLEMENTAL ASSISTANCE INFORMATION - If Applicable		
I currently receive		
	Supplemental security income	
	Food Stamps/Food Share	
	Relief funded under s.59.53(21) Wis Stats.	
	Medical Assistance	
	Relief funded under public assistance	
	Benefits for veterans under s.45.40(1m) or 38 USC 501-562	
	Other means-tested public assistance:	
<b>Why we collect this information</b> : Your participation in these programs may impact the court fees you will be required to pay as a result of filing for divorce. Your attorney will advise you further.		

<b>STATEMENT OF INCOME</b>		
<b>Attach copies of state and federal income tax returned for the last two years and wage statements from your employer for the last eight weeks</b>		
<b>Gross Current Monthly Income From:</b>	<u>Husband</u>	<u>Wife</u>
Salary, Wages including commissions, allowances, and overtime, payable		
Pension and retirement benefits:		
Social Security:		
Disability and unemployment insurance:		
Public assistance (i.e. welfare, AFDC payments):		
Maintenance/alimony from any prior marriage:		
Child support from any prior marriages:		
Dividends and interest:		
Estates, trusts, royalties:		
Rents:		
Bonuses (annual, semi-annual, quarterly):		
All other sources (specify):		
<b>Total Gross Monthly Income:</b>		
<b>Itemize Monthly deductions from Gross Income:</b>	<u>Husband</u>	<u>Wife</u>
State income tax:		
Federal income tax:		
Social Security and Medicare:		
Medical or other insurance (describe):		
Union or other dues:		
Retirement or pension funds:		
Mandatory contribution:		
Optional contributions:		
Savings plan:		
Credit union (explain):		
Other (specify):		
<b>Total Monthly Deductions:</b>		
<b>Net Monthly Income (Take Home Pay):</b>		

<b>STATEMENT OF EXPENSES</b>		
<b>Estimated Monthly Expenses of Living Apart: (Use one entry if living together)</b>	<u>Husband</u>	<u>Wife</u>
Rent or home mortgage payments:		
Real property taxes (residence)(separate if more than one property):		
Real property insurance (residence):		
Maintenance (e.g., home, yard, snow, furnace, appliances, furniture, service contracts, condo/parking charges):		
Food and household supplies (include work/school lunches):		
Utilities (include water, electricity, gas, oil, municipal fees):		
Telephone/Internet/Cable (including cell, long distance):		
Laundry and cleaning:		
Clothing (include shoes and accessories for activities/sports, children's needs):		
Medical expenses not covered by insurance (include meds, eye glasses, therapy, and perscriptions):		
Dental expenses not covered by insurance:		
Insurance (life, health, accident, comprehensive, liability, disability)(exclude payroll deducted):		
Child care expenses (include baby-sitting and day care):		
Payment of Child/spousal support re: prior marriage/paternity determination:		
School (expenses for child and/or adult; e.g., tuition, fees, books, supplies, transportation, class trips, tutors):		
Entertainment (e.g., clubs, social obligations, recreation, camp, sports, restaurants, travel, lessons):		
Incidentals (beauty/personal hygiene, pets, hobbies, collections, computer):		
Transportation (other than automobile):		
Auto expenses (gas, oil, repairs, insurance, drivers education):		
Auto payments:		
Debt payments (student loans/personal loans/credit card)(insert total per itemized schedule under debts):		
Professional expenses (e.g., professional memberships not deducted, journals):		
Gifts (holidays, birthdays, etc.):		
Donations and charitable contributions:		
dependents not living at home not already listed, retirement investments (IRA's), counseling, legal fees,		
<b>Total Monthly Expenses:</b>		

**STATEMENT OF DEBTS AND OBLIGATIONS**

(Mortgages, Liens, and Other Debts; List All Credit Cards Whether Balance Due or Not)  
(Attach additional schedules if necessary)

Creditor	Property (e.g. real estate,	Current	Date	Monthly	Name on

**STATEMENT OF ASSETS**

Ownership for all assets should be indicated by inserting H for husband, W for wife, J for joint, C for children, I-H for inherited by husband, I-W for inherited by wife, G-W for gift received by wife, and G-H for gift received by husband.

**Household/Personal**

Description	Current Value	Date of Valuation	Basis	Balance owed	Owner
furnishings					
in Wife's possession					
in Husband's possession					
Other (specify)					

include antiques, heirlooms, china, silver, crystal, jewelry, furs, objects of art

**Children's Assests**

Description	Current Value	Balance Owed	Owner

include Education Savings accounts, heirlooms, gifts

**VEHICLES**

Year, Make, Model	Current Value	Amount Owed	Titled To

**SECURITIES**

(Stocks, Bonds, Mutual Funds)

Name of Company	Account Number	Current Value	Date	Owner

<b>CASH AND DEPOSIT ACCOUNTS</b>							
(Banks, Savings & Loans, Credit Unions - Savings, Checking, and Certificates of Deposit)							
Name of Institution	Type of Account	Account Number	Current Balance	Date	Owner		
<b>LIFE INSURANCE</b>							
(Include insurance through employment)							
Name of Ins. Co.	Insured/ Owner	Policy No.	Death Benefit	Cash Value	Beneficiary	Type of Policy (e.g. Whole or Term)	Date
<b>RETIREMENT INTERESTS</b>							
(Profit Sharing, Pension Plans, Deferred Compensation, 401k/403b, IRA Accounts, Stock Options, and Any Other Form of Deferred Compensation Plan)							
Name of Company	Type of Plan	Acct. No.	Value of Interest	Percent Vested	Date of Valuation	Owner	
<b>REAL ESTATE</b>							
(If more real estate owned, attach additional schedule)							
Type of Property:				Mortgage Balance:			
Address:				Monthly Payment:			
				To:			
Date of Acquisition:				Other Liens: ( ) Yes ( ) No			
Current Market Value:				To:			
Basis and Date of valuations:				Amount:			
				Equity:			
Original Cost:				Taxes (201__): \$                      Escrowed ( ) Yes ( ) No			
Cost of Additions:				How Title held per deed:			
Total Costs:							

<b>BUSINESS INTERESTS</b>					
(Include all business interests, partnerships, tax shelters)					
Business' Name and	Nature of Business	Percentage of	Value less	Owner	
<b>MEDICAL, CASUALTY, DISABILITY AND OTHER INSURANCE</b>					
Name of Co.	Type of Insurance	Policy No.	Group No.	Date Issued	Owner
<b>Property Acquired by Gift or Inheritance</b>					
<p>List and describe any property valued over \$500 that you acquired by gift or inheritance (not from your spouse). Give description, when and how acquired, fair market value at time acquired and at present, and how property is currently held.</p>					
<b>Property Owned Prior to Marriage</b>					
<p>List and describe any property valued over \$500 and not acquired by gift or inheritance that you owned prior to this marriage. Give description, including fair market value at time of marriage and at present and how property is currently held.</p>					
<b>Additional Personal Property and Assets</b>					
<b>LITIGATION</b>					
<p>Are you a party to any other lawsuits? If yes, please provide details.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </p>					
<b>BANKRUPTCY</b>					
<p>Have you ever filed bankruptcy? If yes, please provide details.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </p>					
<p>We declare under penalty of perjury that the foregoing is true and correct.</p>					
Wife		Husband			
Date:					