

AOC-238.1 Doc. Code DSPV
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Rev. 1-15
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
FCRPP 2 and FCRPP 3



SIMPLIFIED
 PRELIMINARY FINAL VERIFIED
DISCLOSURE STATEMENT*

Case No. _____
Court _____
County _____
Division _____

***FOR PARTIES WITH COMBINED INCOME LESS THAN \$100,000 AND COMBINED ASSETS LESS THAN \$100,000**

IN RE THE MARRIAGE OF:

PETITIONER

and

RESPONDENT

Petitioner Respondent submits under oath the following Verified Disclosure Statement pursuant to FCRPP 2 **OR** FCRPP 3, which requires full and prompt disclosure of the following information:

NOTE: A response of "see attached" is not appropriate for any portion of this statement. Attach documents requested herein only.

I. IDENTIFYING INFORMATION OF BOTH PARTIES

Petitioner

Respondent

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City, State, Zip: _____

City, State, Zip: _____

Age: ____ Phone #: _____

Age: ____ Phone #: _____

II. INCOME AND EMPLOYMENT INFORMATION OF BOTH PARTIES *(If self-employed name of company and adjusted gross monthly income)*

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	Current Age

B. Monthly child care/day care expenses: Cost \$ _____ Paid by _____

C. Monthly 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? Yes No

Paying party _____ Amount: \$ _____

Children: (List names and ages) _____

V. SUMMARY OF ASSETS & DEBTS

Do you own any real estate? Yes _____ No _____ If yes, put information below.

Do you own any vehicles? Yes _____ No _____ If yes, put information below.

Do you have any bank accounts or savings? Yes _____ No _____ If yes, put information below.

Do you have assets in a safety deposit box? Yes _____ No _____ If yes, put information below.

Do you have any stocks, bonds, etc.? Yes _____ No _____ If yes, put information below.

Do you have any retirement account, IRA, 401k? Yes _____ No _____ If yes, put information below.

Do you have any cash value in life insurance? Yes _____ No _____ If yes, put information below.

Do you own any interest in a business? Yes _____ No _____ If yes, put information below.

Are there any other assets? Yes _____ No _____ If yes, put information below.

Are there assets held for another person, including children Yes _____ No _____ If yes, put information below.

Have you and your spouse already divided your household goods and personal property? Yes _____ No _____

Item 1:

Item Description: _____

Who Holds Possession? _____ Valuation Date: _____

Fair Market Value: _____ Amount Owed: _____ Net Value or Equity: _____

Is this a leased vehicle/asset? Yes No If yes, please complete the following: Monthly Payment: _____

Lease Term Ends: _____

Item 2:

Item Description: _____

Who Holds Possession? _____ Valuation Date: _____

Fair Market Value: _____ Amount Owed: _____ Net Value or Equity: _____

Is this a leased vehicle/asset? Yes No If yes, please complete the following: Monthly Payment: _____

Lease Term Ends: _____

Item 3:

Item Description: _____

Who Holds Possession? _____ Valuation Date: _____

Fair Market Value: _____ Amount Owed: _____ Net Value or Equity: _____

Is this a leased vehicle/asset? Yes No If yes, please complete the following: Monthly Payment: _____

Lease Term Ends: _____

Item 4:

Item Description: _____

Who Holds Possession? _____ Valuation Date: _____

Fair Market Value: _____ Amount Owed: _____ Net Value or Equity: _____

Is this a leased vehicle/asset? Yes No *If yes, please complete the following:* Monthly Payment: _____

Lease Term Ends: _____

Item 5:

Item Description: _____

Who Holds Possession? _____ Valuation Date: _____

Fair Market Value: _____ Amount Owed: _____ Net Value or Equity: _____

Is this a leased vehicle/asset? Yes No *If yes, please complete the following:* Monthly Payment: _____

Lease Term Ends: _____

More OTHER ASSETS attached? Yes No

Total Values: _____

Do you owe any debts? Yes No *If yes, put information below.*

Creditor 1:

Creditor: _____

Party Named on Debt: _____ Premarital Account? _____

Valuation Date: _____ Monthly Payment: _____ Total Balance: _____

Creditor 2:

Creditor: _____

Party Named on Debt: _____ Premarital Account? _____

Valuation Date: _____ Monthly Payment: _____ Total Balance: _____

Creditor 3:

Creditor: _____

Party Named on Debt: _____ Premarital Account? _____

Valuation Date: _____ Monthly Payment: _____ Total Balance: _____

Creditor 4:

Creditor: _____

Party Named on Debt: _____ Premarital Account? _____

Valuation Date: _____ Monthly Payment: _____ Total Balance: _____

Creditor 5:

Creditor: _____

Party Named on Debt: _____ Premarital Account? _____

Valuation Date: _____ Monthly Payment: _____ Total Balance: _____

More DEBTS attached? Yes No

Total Debt Balances: _____

Are you claiming a right to maintenance? Yes No If yes, complete this expense list:

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	
Homeowner's insurance	
Household supplies	
Maid service	
Property taxes	
Rent or 1st mortgage	
2nd mortgage/home equity loan	
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):	
Sub-total from attached other family expenses, if needed <input type="checkbox"/> Attached	
SUBTOTAL (Column A)	

B. YOUR PERSONAL EXPENSES (not including any children's expenses)	
Church and charitable donations	
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	
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):	
Sub-total from attached other personal expenses, if needed <input type="checkbox"/> Attached	
SUBTOTAL FROM COLUMN B	
SUBTOTAL FROM COLUMN A	
SUBTOTAL FROM CHILDREN'S EXPENSE LIST ATTACHMENT	
GRAND TOTAL OF COLUMN A, B, AND ATTACHMENTS	

