

Miscellaneous Income			
Royalties, Trusts, & Other Investments	\$	Contributions from Others	\$
Dependent Children's monthly gross income. Source:	\$	All other sources, i.e. personal injury settlement, non-reported income, etc.	\$
Rental Net Income		Expense Accounts	
Child Support from Others		Other	
Spousal Support from Others		Other	
Total Monthly Miscellaneous Income			\$
Total Income			\$ 15,250

2. Monthly Deductions (Mandatory and Voluntary)

Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax	\$ 3,421	State/Local Income Tax	\$ 606
PERA/Civil Service		Social Security Tax	587
Medicare Tax	221	Other	
Total Mandatory Deductions			\$ 4,835
Voluntary Deductions	Cost Per Month		Cost Per Month
Life and Disability Insurance	\$ 0	Stocks/Bonds	\$
Health, Dental, Vision Ins. Premium		Retirement & Deferred Compensation	
Total number of people covered on Plan			
Child Care (deducted from salary)		Other	
Flex Benefit Cafeteria Plan			
Total Voluntary Deductions			\$ 0
Total Monthly Deductions			\$ 4,835

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	\$	2nd Mortgage	\$
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)	67	Condo/Homeowner's/Maintenance Fees	
Rent	1,200	Other	
Total Housing			\$ 1,267

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	\$ 175	Water, Sewer, Trash Removal	\$
Telephone (local, long distance, cellular & pager)	90	Property Care (Lawn, snow removal, cleaning, security system, etc.)	375
Internet Provider, Cable & Satellite TV	120	Other	70
Total Utilities and Miscellaneous Housing Services			\$ 830

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	\$ 304	Dining Out	\$ 130
Total Food & Supplies			\$ 434

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

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$	Dentist and Orthodontist	\$ 100
Medicine & RX Drugs	87	Therapist	
Premiums (if not paid by employer)	120	Other	
Total Health Care			\$ 307

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

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$ 500	Other Vehicle Payments	\$
Fuel, Parking, and Maintenance	248	Insurance & Registration/Tax Payments	1,250
Bus & Commuter Fees	43	Other	
Total Transportation			\$ 2,041

F. Children's Expenses and Activities

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$	Child Care	\$
Extraordinary Expenses i.e. Special Needs, etc.		Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	100
Tuition		Other	
Total Children's Expenses and Activities			\$ 100

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

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.		Other	200
Total Education			\$ 200

H. Maintenance & Child Support (that you pay)

	Cost Per Month		Cost Per Month
Spousal Maintenance		Child Support	
<input type="checkbox"/> This family		<input type="checkbox"/> This family	
<input type="checkbox"/> Other family		<input checked="" type="checkbox"/> Other family	200
Total Maintenance and Child Support			\$ 200

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

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$ 87	Personal Care (Hair, Nail, Clothing, etc.)	\$ 433
Legal/Accounting Fees	4	Subscriptions (Newspapers, Magazines, etc)	80
Charity/Worship	166	Movie & Video Rentals	42
Vacation/Travel/Hobbies	167	Investments (Not part of payroll deductions)	
Membership/Clubs	83	Home Furnishings	
Pets/Pet Care		Sports Events/Participation	
Other	\$	Other	\$
Total Miscellaneous			\$ 1,062

Total Monthly Expenses (Totals from A - I)	\$ 6,441
---	-----------------

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
MasterCard Bank Two		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		3,456		
VISA Country Card		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7,750		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Unsecured Debt Balance						11,206	0.00	Total Minimum Monthly Payment

**SWORN FINANCIAL STATEMENT SUMMARY
(INCOME/EXPENSES)**

Total Income	\$ 15,250	A
Total Monthly Deductions	\$ 4,835	B
Total Monthly Net Income (A minus B)	\$ 10,415	
Total Monthly Expenses	\$ 6,441	C
Total Minimum Monthly Payment Required - Debts Unsecured	\$ 0	D
Total Monthly Expenses and Payments (C plus D)	\$ 6,441	

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments) (+/-)	\$ 3,974
--	-----------------

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) <input type="checkbox"/> 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)
Vacation Home 1st Mortgage: \$18,750	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100,000	\$ 18,750	\$ 81,250
Total				\$ 100,000	\$ 18,750	\$ 81,250

B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) <input checked="" type="checkbox"/> None	P	C/R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Equity (Value minus amount owed)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
Total				\$ 0	\$ 0	\$ 0

C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input checked="" type="checkbox"/> None	P	C/R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
Total						\$ 0

D. Life Insurance (Name of Company/Beneficiary), <input checked="" type="checkbox"/> None	P	C/R	J	Type of Policy	Face Amount of Policy	Cash Value today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
Total					\$	\$ 0

E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. <input checked="" type="checkbox"/> 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	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Total							\$ 0

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input checked="" type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$ 0
--	--------------	-------------

G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input checked="" type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$ 12,555
---	--------------	------------------

H. Miscellaneous Assets <input type="checkbox"/> None If you own any of the assets identified below, please check the appropriate box and attach JDF 1111-SS to report the value.			
<input checked="" type="checkbox"/> Business Interests	<input type="checkbox"/> Stock Options	<input type="checkbox"/> Money/Loans owed to you	<input type="checkbox"/> IRS Refunds due to you
<input type="checkbox"/> Country Club & Other Memberships	<input type="checkbox"/> Livestock, Crops, Farm Equipment	<input type="checkbox"/> Pending lawsuit or claim by you	<input type="checkbox"/> Accrued Paid Leave (sick, vacation, personal)
<input type="checkbox"/> Oil and Gas Rights	<input type="checkbox"/> Vacation Club Points	<input type="checkbox"/> Safety Deposit Box/Vault	<input type="checkbox"/> Trust Beneficiary
<input type="checkbox"/> Frequent Flyer Miles	<input type="checkbox"/> Education Accounts	<input type="checkbox"/> Health Savings Accounts	<input type="checkbox"/> Mineral and Water Rights
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Total			\$ 93,622

I. Separate Property <input checked="" type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS to identify the property and to report the value.	Total	\$ 0
---	--------------	-------------

Total Value/Balance of All Assets (A through H, minus I)	\$ 187,427
---	-------------------

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

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

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