

**IN AND FOR THE STATE OF WASHINGTON
COUNTY OF CLARK**

)	
	Petitioner,)	No.
vs.)	FINANCIAL DECLARATION
)	(FNDCLR)
	Respondent.)	
)	

1. GENERAL INFORMATION

Name:
Address (omit, if confidential):
Telephone #:
Employer Name:
Employer Address:
Spouse's Name:
Spouse's Employer Name:
Spouse's Employer Address:

1.2 PERSONS (including children) WHOM YOU FINANCIALLY SUPPORT

Name	Age	Relationship	Address

1.3 ALL OTHER ADULTS LIVING IN THE HOME

Name	Age	Relationship	Contribution to Household Expenses

2. INCOME AND ASSETS

Gross Monthly Income (personal):
Other Income:
Cash:
Savings:
Current spouse or partner living in residence:
Home (cash value less amount owing):
Auto (cash value less amount owing):
Furniture (approximate value):
Notes, Mortgages, Trusts, Deeds:
Stocks, Bonds (approximate value):
Other Assets and Property:
Any Indebtedness Owed to You:

3. MONTHLY EXPENSES

Rent or Mortgage:
Food:
Utilities:
Transportation:
Installment payments (per month):
Medical & Dental:
Insurance:
Other:
Total Monthly Expenses:

3.1 DEBTS

Name of Creditor:	Amount Owed:

Under the penalty of perjury I declare that I have examined this document and the preceding information is true and accurate to the best of my knowledge and ability.

Signature

Date