

**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

<b>Gross Monthly Income</b> (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:
<b>Total Monthly Expenses:</b>

### 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