

District Court, Boulder County, Colorado 1777 6 th St. Boulder, CO 80306 303-441-1866	▲ Court Use Only ▲
In re the Marriage of: Petitioner: [Name] and Respondent: [Name]	
Attorney for Respondent/Petitioner: Todd A. Stahly, #34566 Stahly LLC 2760 29 th Street, Suite 2E Boulder, CO 80301 303-797-2900 todd@stahlyllc.com chelsea@stahlyllc.com	Case No. [Case No] Division: [#]
SWORN FINANCIAL STATEMENT	

I, _____ (full name) am am not currently employed.

I am employed ____ hours per week. I am paid weekly bi-weekly twice a month monthly.

My pay is based on a Monthly Salary Hourly rate of \$ _____ Other: _____

Date employment began _____.

My occupation is: _____ Name of employer: _____

Address of employer: _____

If unemployed, what date did you last work? _____

I am unemployed due to disability involuntary layoff at work other: _____

This household consists of ____ adult(s), and ____ minor child(ren).

1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)

Gross Monthly Income (before taxes and deductions) from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.		Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based)	
Unemployment & Veterans' Benefits		Disability, Workers' Compensation	
Pension & Retirement Benefits		Interest & Dividends	
Public Assistance (TANF)		Other - _____	
Total Monthly Income			\$
Miscellaneous Income			
Royalties, Trusts, and Other Investments		Contributions from Others	
Dependent Children's monthly gross income. Source of Income: _____		All other sources, i.e. personal injury settlement, non-reported income, etc.	
Rental Net Income		Expense Accounts	
Child Support from Others		Other - _____	
Spousal/Partner Support from Others		Other - _____	
Total Monthly Miscellaneous Income			\$
Total Income			\$

2. Monthly Deductions (Mandatory and Voluntary)

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

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

B. Utilities and Miscellaneous Housing Services

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

C. Food & Supplies

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

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

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

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

	Cost Per Month		Cost Per Month

Sworn Financial Statement
Page 3 of 8; In re [name/name] – [Case Number]

Primary Vehicle Payment		Other Vehicle Payments	
Fuel, Parking, and Maintenance		Insurance & Registration/Tax Payments (yearly amount(s) ÷ 12)	
Bus & Commuter Fees		Other - _____	
Total Transportation			\$

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.	
Tuition		Other - _____	
Total Children's Expenses and Activities			\$

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 - _____	
Total Education			\$

H. Maintenance (Spousal/Partner Support) & Child Support (that you pay)

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

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

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

Total Monthly Expenses (Totals from A – I)			\$
---	--	--	-----------

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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Unsecured Debt Balance						\$	\$	→Total Minimum Monthly Payment

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

Total Income (from Page 1) \$ _____ **A**

Total Monthly Deductions (from Page 2) \$ _____ **B**

Total Monthly Net Income (A minus B) \$ _____

Total Monthly Expenses (from Page 3) \$ _____ **C**

Total Minimum Monthly Payment Required - Debts Unsecured (from Page 4) \$ _____ **D**

Total Monthly Expenses and Payments (C plus D) \$ _____

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

Sworn Financial Statement
Page 6 of 8; In re [name/name] – [Case Number]

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total							\$

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$
G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$

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 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 type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____
Total			\$

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

Total Value/Balance of All Assets (A – I)	\$
--	-----------

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: _____

 [name], Petitioner/Respondent

Subscribed and affirmed, or sworn to before me in the
 County of _____, State of _____,
 this ___ day of _____, 20____.

My Commission Expires: _____

 Notary Public/Deputy Clerk

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing has been served upon [Name], attorney for Petitioner/Respondent, on the _____ day of _____, 20____ via the method indicated below, to the following:

<input checked="" type="checkbox"/> via ICCESS	
<input type="checkbox"/> via Facsimile	
<input type="checkbox"/> via US Mail to	_____
<input type="checkbox"/> via FedEx to	_____
<input type="checkbox"/> via Courier to	_____
<input type="checkbox"/> via Hand Delivery to	_____

Supporting Schedules for Assets in Section F, G, H, and I.

Attach this supporting schedule to JDF 1111 **ONLY** if you have assets in sections F & G, any additional assets to report in section H, and/or separate property to report in section I. In addition, report totals from this document to the appropriate sections on JDF 1111.

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts (Name of Item or Fund)	P	C/R	J	# of Shares	Account # (last 4-digits only)	Current Value as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$
G. Pension, Profit Sharing, or Retirement Funds (Defined Contribution and/or Defined Benefit Plans)	P	C/R	J	Type of Plan (401K, IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Current Value as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$
H. Miscellaneous Assets (Identify Type of Asset)	P	C/R	J			Estimated Value as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$
I. Separate Property (Identify Type)	P	C/R	J			Estimated Value as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$