

JOHNSON-GILCHRIST LAW FIRM, PC  
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Attorneys for (Petitioner / Respondent)

MONTANA ELEVENTH JUDICIAL DISTRICT COURT, FLATHEAD COUNTY

\*\*\*\*\*

In Re the Marriage of:

Cause No. DR-

\_\_\_\_\_

Petitioner,

**PRELIMINARY / FINAL**(circle one)  
**INCOME, EXPENSE, ASSET AND  
LIABILITY DISCLOSURE STATEMENT**

and

\_\_\_\_\_

Respondent.

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**STATEMENT OF HUSBAND/WIFE (circle one)**

Attorney: \_\_\_\_\_

**FULL DISCLOSURE OF ALL INCOME AND EXPENSES IS REQUIRED BY LAW. FAILURE OF EITHER PARTY TO FILE A COMPLETE FINANCIAL DISCLOSURE STATEMENT TIMELY SHALL AUTHORIZE THE COURT OR HEARING OFFICER TO ACCEPT THE STATEMENT OF THE OTHER PARTY AS ACCURATE. ANY DELIBERATELY FALSE STATEMENT MADE HEREON OR ON ANY SCHEDULES OR ATTACHMENTS MAY SUBJECT YOU TO THE PENALTY OF PERJURY OR OTHER APPROPRIATE RELIEF AND MAY BE CONSIDERED A FRAUD UPON THE COURT.**

Wife: \_\_\_\_\_

Husband: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Attorney: \_\_\_\_\_

Attorney: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

## INCOME

**INSTRUCTIONS:** Set forth your gross income for all the sources specified below. **Attach your last two (2) years' state and federal income tax returns including all schedules and attachments, for yourself and any corporation or partnership you own an interest in.** Attach your pay stubs for the past two (2) months showing current year to date income. If you are self-employed, attach your itemized annual self-employment expenses.

### DISCLOSURE OF INCOME

**Disclose ALL debts – whether owned by husband, wife, or both**

<u>Source of Income</u>	<u>Amount</u>	<u>Source of Income</u>	<u>Amount</u>
Wages, Salary, Commissions		Public Assistance	
Rents, Interest, Dividends		Food Stamps	
Self-Employment Earnings		Child Support	
Unemployment/Work Comp.		Dependent's Benefits	
Soc. Sec. Benefits / SSI		Child Support Received	
Retirement/Pension Income		Spousal Maintenance	
Other:		Other:	

<u>Non-Cash Benefits</u>	<u>Amount</u>	<u>Non-Cash Benefits</u>	<u>Amount</u>
Employer paid vehicle		Stipend for vehicle	
Employer paid cell phone		Stipend for food	
Employer paid housing		Stipend for utilities	
Other:		Other:	
Other:		Other:	

### DISCLOSURE OF ASSETS

**Disclose ALL assets – whether owned by husband, wife, or both**

<b>REAL ESTATE</b> (disclose all assets whether owned by husband, wife or both)	<u>Estimated Value</u>	<u>Name(s) on Title</u>
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No    Amount: _____ Lender: _____		
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No    Amount: _____ Lender: _____		
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No    Amount: _____ Lender: _____		
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No    Amount: _____ Lender: _____		
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No    Amount: _____ Lender: _____		

VEHICLES/RECREATIONAL VEHICLES (disclose all assets whether owned by husband, wife or both)	Estimated Value	Name(s) on Title
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: Lender: _____		

<b>BANK ACCOUNTS / CASH</b> (disclose all assets whether owned by husband, wife or both)	<b>Balance as of</b> / /	<b>Name(s) on Account</b>
Name of Bank: _____ Account #: _____ ____ Savings ____ Checking ____ Credit Union		
Name of Bank: _____ Account #: _____ ____ Savings ____ Checking ____ Credit Union		
Name of Bank: _____ Account #: _____ ____ Savings ____ Checking ____ Credit Union		
Name of Bank: _____ Account #: _____ ____ Savings ____ Checking ____ Credit Union		
Name of Bank: _____ Account #: _____ ____ Savings ____ Checking ____ Credit Union		

<b>PENSIONS, RETIREMENT, LIFE INSURANCE, STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS</b> (disclose all assets whether owned by husband, wife or both)	<b>Balance as of</b> / /	<b>Name(s) on Account</b>
Description:		
Description:		
Description:		
Description:		
Description:		



<u>BUSINESS INTERESTS</u> This includes equipment, tools, livestock, etc. (disclose all assets whether owned by husband, wife or both)	<u>Estimated Value</u>

<u>OTHER ASSETS</u> This includes whole life insurance, gold, silver, coin collections, promissory notes, judgments, patents, etc. (disclose all assets whether owned by husband, wife or both)	<u>Estimated Value</u>

<u>INHERITED/GIFTED/PREMARITAL</u> (disclose all assets whether owned by husband, wife or both)	<u>Estimated Value</u>	<u>Name on Asset</u>

**DISCLOSURE OF DEBTS**

**Disclose ALL marital debts – whether owned by husband, wife, or both**

<u>Creditor</u>	<u>Description</u>	<u>Amount</u>	<u>Name on Debt</u>

**DISCLOSURE OF PERSONAL MONTHLY EXPENSES**

**Disclose ALL personal debts**

<u>Source of Expense</u>	<u>Amount</u>	<u>Source of Expense</u>	<u>Amount</u>
Rent / Mortgage		Auto Insurance	
Home Insurance		License/Registration	
Real Estate Taxes		Gasoline/Diesel	
Electricity		Repairs/Maintenance	
Gas/Propane/Fuel/Oil/Wood		Auto Payment/Lease	
Telephone/Cell Phone		Clothing for Self	
Water/Sewer		Clothing for Children	
Garbage Collection		Medical Insurance-Self	
Cable TV		Medical Insurance-Children	



Internet		Uninsured Medical	
Groceries/Eating Out		Dental/Orthodontics	
Household Cleaning Supplies		Prescriptions	
Work Related Expenses		Court Ordered Child Support	
Personal Care		Court Ordered Maintenance	
House cleaning/yard		Club Memberships	
Gifts/Church/Charities		Entertainment	
Vet/Pet Expenses		Other:	
Other:		Other:	

Are you a party in any other lawsuits? Yes\_\_\_\_\_ No \_\_\_\_\_. If "yes", attach details.  
 Have you ever filed bankruptcy? Yes\_\_\_\_ No \_\_\_\_\_. If "yes", attach details.  
 Have you ever prepared a financial statement? Yes\_\_\_\_\_ No \_\_\_\_\_. If "yes", attach copy.

**PURSUANT TO §40-4-253(4), FAILURE OF A PARTY TO DISCLOSE AN ASSET OR LIABILITY ON THE FINAL DECLARATION OF DISCLOSURE IS PRESUMED TO BE GROUNDS FOR THE COURT, WITHOUT TAKING INTO ACCOUNT THE EQUITABLE DIVISION OF THE MARITAL ESTATE, TO AWARD THE UNDISCLOSED ASSET TO THE OPPOSING PARTY OR THE UNDISCLOSED LIABILITY TO THE NONCOMPLYING PARTY.**

**THIS STATEMENT IS A FULL DISCLOSURE OF ALL ASSETS AND LIABILITIES AS REQUIRED BY LAW. FAILURE TO PROVIDE A COMPLETE DISCLOSURE MAY CONSTITUTE PERJURY. I DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOREGOING, INCLUDING ANY SCHEDULES OR ATTACHMENTS, IS TRUE, CORRECT, AND COMPLETE.**

\_\_\_\_\_  
 (Party's Signature)

STATE OF MONTANA            )  
   ss.:  
 FLATHEAD COUNTY            )

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

(Notarial Seal)

\_\_\_\_\_  
 Notary Public for the State of Montana