District Court, Boulder County, Colorado 1777 6th St. Boulder, CO 80306 303-441-1866	
In re the Marriage of: Petitioner: **[Name]** and Respondent: **[Name]**	▲ Court Use Only ▲
Attorney for Respondent/Petitioner: Todd A. Stahly, #34566 Stahly LLC 1526 Spruce St., #103 Boulder, CO 80302 303-797-2900 todd@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).

I believe the monthly gross income of the other party is $_____.

Annual gross income (last tax year 20__) for Petitioner $ _____, ❑Co-Petitioner/Respondent $ _____

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) ❑SSDI (Disability insurance – entitlement program) ❑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	**$**
Voluntary Deductions	**Cost Per Month**		**Cost Per Month**
Life and Disability Insurance		Stocks/Bonds	
Health, Dental, Vision Insurance Premium Total number of people covered on Plan ➔		Retirement & Deferred Compensation	
Child Care (deducted from salary)		Other - _____	
Flex Benefit Cafeteria Plan		Other - _____	
		Total Voluntary Deductions	**$**
		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**
1st Mortgage		2nd 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
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	
❑This family		❑This family	
❑Other family		❑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
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
		❑	❑	❑				
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)** **(+/-)** **$ _____**

5. Assets

"P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) ❑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)
	❑	❑	❑			
	❑	❑	❑			
	❑	❑	❑			
			Total	$	$	$

B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) ❑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)
	❑	❑	❑			
	❑	❑	❑			
	❑	❑	❑			
	❑	❑	❑			
			Total	$	$	$

C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) ❑None	P	C/R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
	❑	❑	❑			
	❑	❑	❑			
	❑	❑	❑			
	❑	❑	❑			
					Total	$

D. Life Insurance (Name of Company/Beneficiary) ❑None	P	C/R	J	Type of Policy	Face Amount of Policy	Cash Value today
	❑	❑	❑			
	❑	❑	❑			
	❑	❑	❑			
				Total	$	$

E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. ❑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	
	❑	❑	❑	❑	❑	❑	
	❑	❑	❑	❑	❑	❑	

	❑	❑	❑	❑	❑	❑	
	❑	❑	❑	❑	❑	❑	
	❑	❑	❑	❑	❑	❑	
						Total	**$**

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts ❑**None** ❑**If owned please attach JDF 1111-SS.**	**Total**	$
G. Pension, Profit Sharing, or Retirement Funds ❑**None** ❑**If owned please attach JDF 1111-SS.**	**Total**	$

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

I. Separate Property ❑**None** ❑**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 _____, 2014.

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 _____, 2014 via the method indicated below, to the following:

(✔) via ICCESS
( ) via Facsimile
( ) via US Mail to _____
( ) via FedEx to _____
( ) via Courier to _____
( ) via Hand Delivery to _____

_____

Case Name: _____ **and** _____ **Case Number:** _____

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**
	❑	❑	❑			
	❑	❑	❑			
	❑	❑	❑			
	❑	❑	❑			
					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**
	❑	❑	❑			
	❑	❑	❑			
	❑	❑	❑			
	❑	❑	❑			
					Total	**$**

H. Miscellaneous Assets (Identify Type of Asset)	**P**	**C/R**	**J**		**Estimated Value as of Today**
	❑	❑	❑		
	❑	❑	❑		
	❑	❑	❑		
	❑	❑	❑		
				Total	**$**

I. Separate Property (Identify Type)	**P**	**C/R**	**J**		**Estimated Value as of Today**
	❑	❑	❑		
	❑	❑	❑		
	❑	❑	❑		
				Total	**$**