In the Superior Court of Washington
In and for Benton and Franklin Counties

In re: Petitioner/s *(person/s who started this case)*: _____ And Respondent/s *(other party/parties)*: _____	No. _____ Financial Declaration of *(name):* _____ (FNDCLR)

Financial Declaration

1. Your personal information

Name: _____

Highest year of education you completed: _____ Your job/profession is: _____

Are you working now?

☐ Yes. List the date you were hired *(month / year):* _____

☐ No. List the last date you worked *(month / year)*: _____

What was your monthly pay *before* taxes: $_____

Why are you not working now? _____

_____

2. Summary of your financial information

*(Complete this section **after** filling out the rest of this form.)*

1. Total Monthly Net Income *(copy from section **3**, line **C. 3.**)*	$
2. Total Monthly Expenses After Separation *(copy from section **7**, line **I.**)*	$
3. Total Monthly Payments for Other Debts *(copy from section **9**)*	$
4. Total Monthly Expenses + Payments for Other Debts *(add line 2 and line 3)*	$

Gross Monthly Income of **Other Party** *(copy from section **3. A.**)*	$

3. Income

List monthly income and deductions below for you and the other person in your case. If your case involves child support, this same information is required on your *Child Support Worksheets*. If you do not know the other person's financial information, give an estimate.

Tip: If you do not get paid once a month, calculate your *monthly* income like this:
Monthly income = Weekly x 4.3 **or** 2-week x 2.15 **or** Twice a month x 2

A. Gross Monthly Income (before taxes, deductions, or retirement contributions)		
	You	Other Party
Monthly wage / salary		
Income from interest / dividends		
Income from business		
Spousal support / maintenance **received** (Paid by: _____)		
Other income		
Total Gross Monthly Income (add all lines above)		
Total gross income for this year before deductions *(starting January 1 of this year until now)*		

B. Monthly Deductions		
	You	Other Party
Income taxes (federal and state)		
FICA (Soc.Sec. + Medicare) or self-employment taxes		
State Industrial Insurance (Workers' Comp.)		
Mandatory union or professional dues		
Mandatory pension plan payments		
Voluntary retirement contributions (up to the limit in RCW 26.19.071(5)(g))		
Spousal support / maintenance **paid**		
Normal business expenses		
Total Monthly Deductions (add all lines above)		

C. Net Monthly Income		
	You	Other Party
1. Total Gross Monthly Income (from A above)		
2. Total Monthly Deductions (from B above)		
3. **Net Monthly Income** (Line 1 minus Line 2)		

4. Other Income and Household Income

Tip: If this income is not once a month, calculate the *monthly* amount like this:
Monthly income = Weekly x 4.3 **or** 2-week x 2.15 **or** Twice a month x 2

A. Other Income *(Do not repeat income you already listed on page 2.)*		
	You	Other Party
Child support **received** from other relationships		
Other income *(From: _____)*		
Other income *(From: _____)*		
Total Other Income (add all lines above)		

B. Household Income *(Monthly income of other adults living in the home)*		
	Your Home	Other Party's Home
Other adult's gross income *(Name: _____)*		
Other adult's gross income *(Name: _____)*		
Total Household Income of other adults in the home (add all lines above)		

5. Disputed Income – If you disagree with the other party's statements about anyone's income, explain why the other party's statements are not correct, and your statements are correct:

_____

_____

_____

_____

_____

6. Available Assets

List *your* liquid assets, like cash, stocks, bonds, that can be easily cashed.	
Cash on hand and money in all checking & savings accounts	$
Stocks, bonds, CDs and other liquid financial accounts	$
Cash value of life insurance	$
Other liquid assets	$
Total Available Assets (add all lines above)	

7. Monthly Expenses After Separation

Tell the court what your monthly expenses are (or will be) after separation. If you have dependent children, your expenses must be based on the parenting plan or schedule you expect to have for the children.

A. Housing Expenses		**F. Transportation Expenses**	
Rent / Mortgage Payment		Automobile payment *(loan or lease)*	
Property Tax (if not in monthly payment)		Auto insurance, license, registration	
Homeowner's or Rental Insurance		Gas and auto maintenance	
Other mortgage, contract, or debt payments based on equity in your home		Parking, tolls, public transportation	
Homeowner's Association dues or fees		Other transportation expenses	
Total Housing Expenses		Total Transportation Expenses	
B. Utilities Expenses		**G. Personal Expenses** (not children's)	
Electricity and heating (gas and oil)		Clothes	
Water, sewer, garbage		Hair care, personal care	
Telephone(s)		Recreation, clubs, gifts	
Cable, Internet		Education, books, magazines	
Other *(specify):*		Other Personal Expenses	
Total Utilities Expenses		Total Personal Expenses	
C. Food and Household Expenses		**H. Other Expenses**	
Groceries for *(number of people):* _____		Life insurance (not deducted from pay)	
Household supplies (cleaning, paper, pets)		Other *(specify):*	
Eating out		Other *(specify):*	
Other *(specify):*		Other *(specify):*	
Total Food and Household Expenses		Total Other Expenses	
D. Children's Expenses		**List all Total Expenses from above:**	
Childcare, babysitting		A. Total Housing Expenses	
Clothes, diapers		B. Total Utilities Expenses	
Tuition, after-school programs, lessons		C. Total Food and Household Expenses	
Other expenses for children		D. Total Children's Expenses	
Total Children's Expenses		E. Total Health Care Expenses	
		F. Total Transportation Expenses	
E. Health Care Expenses		G. Total Personal Expenses	
Insurance premium (health, vision, dental)		H. Total Other Expenses	
Health, vision, dental, orthodontia, mental health expenses not covered by insurance		**I. All Total Expenses** (add A - H above)	
Other health expenses not covered by insurance		*Use section **10** below to explain any unusual expenses, or attach additional pages.*	
Total Health Care Expenses			

8. Debts included in Monthly Expenses listed in section 7 above

Debt for what expense *(mortgage, car loan, etc.)*	Who do you owe *(Name of creditor)*	Amount you owe this creditor now	Last Monthly Payment made
		$	Date:
		$	Date:
		$	Date:
		$	Date:

9. Monthly payments for other debts (not included in expenses listed in section 7)

Describe Debt *(credit card, loan, etc.)*	Who do you owe *(Name of creditor)*	Amount you owe this creditor now	Last Monthly Payment *(Date and Amount)*	
		$	Date:	$
		$	Date:	$
		$	Date:	$
		$	Date:	$
		$	Date:	$
		$	Date:	$
			Total Monthly Payments for Debts	

10. Explanation of expenses or debts (if any needed):

_____

_____

_____

11. Lawyer Fees

List your total lawyer fees and costs for this case as of today.

Amount paid	$	**Source** of the money you used to pay these fees and costs:
Amount still owed	$	Describe your agreement with your lawyer to pay your fees and costs:
Total Fees/Costs	$	

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at *(city and state):* _____ Date: _____

▶ _____ _____

Sign here *Print name*

Financial Records – You must provide financial records as required by statute and state and local court rules. These records may include:

- Personal Income Tax Returns
- Pay stubs
- Partnership or Corporate Income Tax Returns
- Other financial records

Important! Do not attach financial records to this form. Financial records should be served on the other party and filed with the court separately using the *Sealed Financial Source Documents* cover sheet (FL All Family 011). If filed separately using the cover sheet, the records will be sealed to protect your privacy (although they will be available to all parties and lawyers in this case, court personnel and certain state agencies and boards.) See GR 22(c)(2).