

IN RE:  
The Marriage / Children Of:

Civil Action No. \_\_\_\_\_

\_\_\_\_\_, and \_\_\_\_\_  
Petitioner (First/Middle/Last) Respondent (First/Middle/Last)

**FINANCIAL STATEMENT**

**This form MUST be completed in ALL DIVORCE, CHILD SUPPORT, AND PATERNITY CASES.**

**The Petitioner and the Respondent must each complete one of these forms.**

**The completed form MUST be filed in the Circuit Clerk's Office at the time of filing the Petition for Divorce and/or the Answer to Divorce Petition, and a copy must be served on the opposing party. If the Bureau For Child Support Enforcement is a party, a copy of the completed form must also be served on their local office.**

**If your case involves minor children, or either party requests spousal support, you MUST file the following information WITH your completed Financial Statement.**

1. A copy of your most recent wage or salary stub showing gross pay, deductions for taxes and other items, and net pay for a normal pay period, and for the year-to-date;
2. Copies of your and your spouse's complete income tax returns for the two years immediately preceding the date the petition was filed, together with copies of the federal Form W-2 for those years; and a copy of the Form W-2 for the most recent year for which that form is available, even if a tax return has not yet been filed for that year;
3. For self-employed persons and business owners, a copy of a current financial statement showing gross income, expenses, and net income;
4. Copies of any invoices or receipts showing the cost of any extraordinary medical expenses for the party or the children, of any child care expenses, and of any expenses necessitated by the special needs of the children.

**If the information you provide in this form changes, or any information you file along with this form changes, you MUST immediately provide the new information. Any updates or changes to the financial statement must be filed in the Circuit Clerks office, and a copy served on the opposing party, pursuant to the scheduling order of the Court. If you do not have a scheduling order, then the information must be filed at least 5 days prior to any hearing.**

**The information you provide on this form is ONLY for use in the judicial system, and is required by law and court rule to be kept CONFIDENTIAL.**

**Check this box if you have filed the Affidavit for Withholding Identifying Information.**

**If this box is checked you do not have to provide your home or employment address or telephone.**

**Read each question carefully. Provide all requested information. Write or print clearly. After you have completed the form, you MUST sign the Verification on the last page before a Notary Public.**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

Any Physical or Mental Disability: \_\_\_\_\_

Education:

Less than High School  High School or Equivalent  Vocational  College  Postgraduate

Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Date Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gross Pay Per Pay Period: \$ \_\_\_\_\_

Paid:  Weekly  Every Two Weeks  Twice a Month  Monthly

Yes  No: Do you receive TANF benefits? If "Yes," list monthly amount: \$ \_\_\_\_\_.

**YOUR INCOME:** You MUST attach written documentation for all income. For wage earning employees who work fluctuating hours and/or overtime, provide wage history of at least six months, or length of most recent employment, whichever is less. Wage/salary history MUST be documented by W-2 forms, and/or year-to-date figures on the most recent pay stubs. For self-employed individuals, income MUST be verified by documents which show gross income and expenses.

INCOME SOURCE	MONTHLY AMOUNT	INCOME SOURCE	MONTHLY AMOUNT
1. Salary	\$	6. Payments from a Pension Plan	\$
2. Wages	\$	7. Social Security, SSI	\$
3. Commissions	\$	8. Severance Pay, Unemployment	\$
4. Bonuses	\$	9. Worker's Compensation	\$
5. Tips	\$	10. Other ( <i>explain below</i> )	\$

Other Income (*from No. 10*): \_\_\_\_\_

**PROPERTY**

List ALL property in which you, and /or your spouse have an interest. In the “Who owns?” column, check “M” for marital property; “P” if separate property of Petitioner; “R” if separate property of Respondent.

<b>PROPERTY DESCRIPTION</b>	<b>MARKET VALUE</b>	<b>AMOUNT OWED</b>	<b>WHO OWNS</b>
Marital Home	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Other Real Estate	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Mobile Home	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Motor Vehicles	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Household Goods	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Checking Accounts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Saving Accounts / CDs	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Money Market Certificates	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Stocks	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Credit Union Accounts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Profit Sharing Plans	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Trusts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Stocks / Mutual Funds	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Bonds	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Pension Plans	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
IRA / SEP Accounts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Whole Life Insurance	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Annuities	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Guns	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Tools	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Jewelry	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Personal Property Not Located In Marital Home	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
*Other	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R

\*Other includes, but is not limited to: coin collections; art; state and federal tax refunds; money owed to you or your spouse; business interests; money expected from a lawsuit or settlement; education benefits; patents; copyrights; royalties; contents of safe deposit boxes; and anything else of value.

**PROPERTY CONVEYED TO OTHERS**

List all real or personal property with a value of \$500.00 or more that was sold, given away, or otherwise transferred by you and/or your spouse within the last 5 years. Describe each such item; list market value when transferred; list type of transfer; provide name of the person to whom property was transferred; list amount received.

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**DEBTS**

List all debts owed by you, and/or your spouse. In the “Whose debt?” column, check “M” for marital debt; “P” if separate debt of Petitioner; “R” if separate debt of Respondent.

OWED TO WHOM?	AMOUNT OWED	FOR WHAT?	SECURED BY?	WHOSE DEBT?
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$			<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
<b>TOTAL OWED: \$</b>		<b>TOTAL OF ALL MONTHLY PAYMENTS: \$</b>		

**CHILDREN**

List the names; ages; birth dates; and social security numbers of all minor children involved in this case. Then, answer the list of questions below about the children.

NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.
		/ /	- -
		/ /	- -
		/ /	- -
		/ /	- -
		/ /	- -
		/ /	- -
		/ /	- -

Yes  No: Do your children receive social security benefits?  
If "Yes," list amount per month: \$ \_\_\_\_\_.

Yes  No: Do your children receive income or wages?  
If "Yes," list amount per month: \$ \_\_\_\_\_.

Yes  No: Do your children have any special needs that result in extraordinary expenses that should be taken into account when the court sets the amount of child support?  
If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_.

Yes  No: Are child care expenses currently being paid so that the parent who takes care of the children can work or seek work?  
If "Yes," how much per month: \$ \_\_\_\_\_. You MUST attach receipts.

Yes  No: Are you the parent of minor children OTHER than the minor children involved in this case?

Yes  No: Do you provide support for any disabled adult children?  
If "Yes," list these children's names, ages, the nature of their disability, and the amount of support you provide each month. You must attach receipts or other documentation for the support you provide.

NAME	AGE	AMOUNT PER MONTH	NATURE OF DISABILITY
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**HEALTH INSURANCE**

Yes  No: Is health insurance available to you through your employment?

If you answered "No," you **MUST** provide written verification from your employer that health insurance is not available to you. If you have health insurance from ANY source, you MUST complete the following table.

INSURANCE COMPANY NAME		ADDRESS	
POLICY NUMBER	GROUP NUMBER	OTHER ID NO.	RESTRICTIONS
PERSONS COVERED		DEDUCTIBLES	CHILDREN'S PORTION OF PREMIUM (AMT)
		\$	\$

Yes  No: Do you have recurring, out-of-pocket health expenses for yourself or your children that are not covered by insurance?

If "Yes," you **MUST** attach documents that verify these expenses.

**CHILD SUPPORT PAYMENTS**

Yes  No: Do you currently pay court-ordered child support payments for any children OTHER than the children involved in this case?

If "Yes," you **MUST** attach a copy of the Support Order, and records showing your payment history; and you must list the following information for each child: full name; birth date; social security number; monthly payment for that child.

FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NO.	MONTHLY PAYMENT
	/ /	- -	\$
	/ /	- -	\$
	/ /	- -	\$
	/ /	- -	\$
	/ /	- -	\$
	/ /	- -	\$
	/ /	- -	\$

**SPOUSAL SUPPORT**

If **you** are requesting spousal support, you **MUST** complete the following list of monthly expenses. These are the amounts you now pay if you are living separate from your spouse. If you have not yet separated, list the amounts you estimate you will have to pay when you do separate.

**MONTHLY EXPENSES**

<b>ITEM</b>	<b>MONTHLY AMOUNT</b>	<b>ITEM</b>	<b>MONTHLY AMOUNT</b>
Credit Card Payments/Other Payments on Unsecured Debts:	\$	Rent or Mortgage:	\$
Car Payments:	\$	Home Repair / Maintenance:	\$
Car Repairs:	\$	Electric:	\$
Car Insurance:	\$	Water / Sewer:	\$
Gasoline:	\$	Gas:	\$
Food:	\$	Trash:	\$
Clothing:	\$	TV / Cable:	\$
Child Care:	\$	Telephone:	\$
Health Insurance:	\$	Entertainment / Recreation:	\$
Other Insurance:	\$	Explain:	
Medical / Health Not Covered By Insurance:	\$	Explain:	
Other:	\$	Explain:	
<b>TOTAL MONTHLY EXPENSES: \$</b>			

**IF EITHER YOU OR YOUR SPOUSE IS REQUESTING SPOUSAL SUPPORT, YOU MUST COMPLETE THE REST OF THIS FORM.**

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**PETITIONER INFORMATION**

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**PETITIONER'S EDUCATION**

Yes  No: Graduate from high school?

If "Yes," what year? \_\_\_\_\_

Yes  No: Receive a GED?

If "Yes," what year? \_\_\_\_\_

Yes  No: Graduate from technical or trade school?

If "Yes," list type of training or degree and year received.

\_\_\_\_\_  
 Yes  No: Graduate from college?

If "Yes," list degree and year received.

\_\_\_\_\_  
 Yes  No: Receive a post-graduate degree?

If "Yes," list degree and year received.

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**PETITIONER'S EMPLOYMENT HISTORY**

List last four jobs. List employer; position held; dates employment began and ended; and monthly salary.

<b>EMPLOYER</b>	<b>POSITION</b>	<b>BEGIN DATE</b>	<b>END DATE</b>	<b>MONTHLY GROSS INCOME</b>
		/ /	/ /	\$
		/ /	/ /	\$
		/ /	/ /	\$
		/ /	/ /	\$

**PETITIONER'S HEALTH**

Petitioner's Age: \_\_\_\_\_

Petitioner's physical health is:  Excellent  Good  Poor. If "Poor," explain:

\_\_\_\_\_  
\_\_\_\_\_  
Petitioner's mental and emotional health is:  Excellent  Good  Poor. If "Poor," explain:



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**RESPONDENT INFORMATION**

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**RESPONDENT'S EDUCATION**

Yes  No Graduate from high school?

If "Yes," what year? \_\_\_\_\_

Yes  No Receive a GED?

If "Yes," what year? \_\_\_\_\_

Yes  No: Graduate from technical or trade school?

If "Yes," list type of training or degree and year received.

\_\_\_\_\_  
 Yes  No Graduate from college?

If "Yes," list degree and year received.

\_\_\_\_\_  
 Yes  No Receive a post-graduate degree?

If "Yes," list degree and year received.

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**RESPONDENT'S EMPLOYMENT HISTORY**

List last four jobs. List employer; position held; dates employment began and ended; and monthly salary.

<b>EMPLOYER</b>	<b>POSITION</b>	<b>BEGIN DATE</b>	<b>END DATE</b>	<b>MONTHLY GROSS INCOME</b>
		/ /	/ /	\$
		/ /	/ /	\$
		/ /	/ /	\$
		/ /	/ /	\$

**RESPONDENT'S HEALTH**

Respondent's Age: \_\_\_\_\_

Respondent's physical health is:  Excellent  Good  Poor. If "Poor," explain:

\_\_\_\_\_  
Respondent's mental and emotional health is:  Excellent  Good  Poor. If "Poor," explain:

**OBTAINING ADDITIONAL EDUCATION OR TRAINING**

Yes  No: Would additional training and/or education help the party seeking spousal support to increase earning ability within a reasonable time?

If "Yes," explain what type of training or education; the estimated yearly cost of such training or education; and the length of time it would take to complete this training or education:

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Explain why you think spousal support should be awarded, or denied:

\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION**

I, \_\_\_\_\_, after making an oath of affirmation to tell the truth, say that the facts I have stated in this Financial Statement are true to the best of my personal knowledge and belief; and if I provided information from others, I believe that information to be true.

**I understand that deliberately failing to provide complete disclosure, and knowingly providing incorrect information constitute the crime of false swearing.**

\_\_\_\_\_  
Signature

This Verification was sworn to or affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public / Other Official

My commission expires: \_\_\_\_\_.

**CERTIFICATE OF SERVICE**

State of West Virginia

County of \_\_\_\_\_

I, \_\_\_\_\_, the person completing this Financial Statement, mailed copies of the Financial Statement and all attached documents, by first class mail, postage paid, to:

\_\_\_\_\_, at the address of \_\_\_\_\_

\_\_\_\_\_, at the address of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date