FDF
Name: _____
Address: _____
_____
Phone: _____
Email: _____
Attorney for _____
Nevada State Bar No._____

_____ Judicial District Court

_____, Nevada

_____ **Plaintiff,** **vs.** _____ **Defendant.**	**Case No.** _____ **Dept.** _____

GENERAL FINANCIAL DISCLOSURE FORM

A. Personal Information:

1. What is your full name? *(first, middle, last)* _____
2. How old are you? _____ 3.What is your date of birth? _____
4. What is your highest level of education? _____

B. Employment Information:

1. Are you currently employed/ self-employed? *(☑check one)*
   - ☐ No
   - ☐ Yes If yes, complete the table below. Attached an additional page if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)

2. Are you disabled? *(☑check one)*
   - ☐ No
   - ☐ Yes If yes, what is your level of disability? _____
     What agency certified you disabled? _____
     What is the nature of your disability? _____

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: _____ Date of Hire: _____ Date of Termination:_____
Reason for Leaving: _____

Monthly Personal Income Schedule

A. Year-to-date Income.

As of the pay period ending _____ my gross year to date pay is _____.

B. Determine your Gross Monthly Income.

Hourly Wage

	×		=	$0.00	×	52	=	$0.00	÷	12	=	$0.00
Hourly Wage		Number of hours worked per week		Weekly Income		Weeks		Annual Income		Months		Gross Monthly Income

Annual Salary

	÷	12	=	$0.00
Annual Income		Months		Gross Monthly Income

C. Other Sources of Income.

Source of Income	Frequency	Amount	12 Month Average
Annuity or Trust Income			
Bonuses			
Car, Housing, or Other allowance:			
Commissions or Tips:			
Net Rental Income:			
Overtime Pay			
Pension/Retirement:			
Social Security Income (SSI):			
Social Security Disability (SSD):			
Spousal Support			
Child Support			
Workman's Compensation			
Other: _____			
Total Average Other Income Received			$0.00

Total Average Gross Monthly Income (add totals from B and C above)	**$0.00**

D. Monthly Deductions

	Type of Deduction	Amount
1.	Court Ordered Child Support (automatically deducted from paycheck)	
2.	Federal Health Savings Plan	
3.	Federal Income Tax	
4.	Health Insurance Amount for you: _____ For Opposing Party:_____ For your Child(ren):_____	0.00
5.	Life, Disability, or Other Insurance Premiums	
6.	Medicare	
7.	Retirement, Pension, IRA, or 401(k)	
8.	Savings	
9.	Social Security	
10.	Union Dues	
11.	Other: (Type of Deduction) _____	
	Total Monthly Deductions (Lines 1-11)	0.00

Business/Self-Employment Income & Expense Schedule

A. Business Income:

What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses?
$_____

B. Business Expenses: Attach an additional page if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fees			
Business Entertainment/Travel			
Insurance			
Legal and professional			
Mortgage or Rent			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and licenses (include est. tax payments)			
Utilities			
Other:_____			
	Total Average Business Expenses		0.00

Personal Expense Schedule (Monthly)

A. Fill in the table with the amount of money **you** spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount I Pay	For Me ✔	Other Party ✔	For Both ✔
Alimony/Spousal Support				
Auto Insurance				
Car Loan/Lease Payment				
Cell Phone				
Child Support (not deducted from pay)				
Clothing, Shoes, Etc…				
Credit Card Payments (minimum due)				
Dry Cleaning				
Electric				
Food (groceries & restaurants)				
Fuel				
Gas (for home)				
Health Insurance (not deducted from pay)				
HOA				
Home Insurance (if not included in mortgage)				
Home Phone				
Internet/Cable				
Lawn Care				
Membership Fees				
Mortgage/Rent/Lease				
Pest Control				
Pets				
Pool Service				
Property Taxes (if not included in mortgage)				
Security				
Sewer				
Student Loans				
Unreimbursed Medical Expense				
Water				
Other:_____				
Total Monthly Expenses	0.00			

Household Information

A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

	Child's Name	**Child's DOB**	**Whom is this child living with?**	**Is this child from this relationship?**	**Has this child been certified as special needs/disabled?**
1st					
2nd					
3rd					
4th					

B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

Type of Expense	**1st Child**	**2nd Child**	**3rd Child**	**4th Child**
Cellular Phone				
Child Care				
Clothing				
Education				
Entertainment				
Extracurricular & Sports				
Health Insurance (if not deducted from pay)				
Summer Camp/Programs				
Transportation Costs for Visitation				
Unreimbursed Medical Expenses				
Vehicle				
Other:_____				
Total Monthly Expenses	**0.00**	**0.00**	**0.00**	**0.00**

C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	**Age**	**Person's Relationship to You (i.e. sister, friend, cousin, etc…)**	**Monthly Contribution**

Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

Line	Description of Asset and Debt Thereon	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.		$	-	$	=	$ 0.00	
2.		$	-	$	=	$ 0.00	
3.		$	-	$	=	$ 0.00	
4.		$	-	$	=	$ 0.00	
5.		$	-	$	=	$ 0.00	
6.		$	-	$	=	$ 0.00	
7.		$	-	$	=	$ 0.00	
8.		$	-	$	=	$ 0.00	
9.		$	-	$	=	$ 0.00	
10.		$	-	$	=	$ 0.00	
11.		$	-	$	=	$ 0.00	
12.		$	-	$	=	$ 0.00	
13.		$	-	$	=	$ 0.00	
14.		$	-	$	=	$ 0.00	
15.		$	-	$	=	$ 0.00	
Total Value of Assets (add lines 1-15)		$ **0.00**	-	$ **0.00**	=	$ **0.00**	

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other Unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.		$	
2.		$	
3.		$	
4.		$	
5.		$	
6.		$	
Total Unsecured Debt (add lines 1-6)		**$ 0.00**	

CERTIFICATION

Attorney Information: *Complete the following sentences:*

1. I *(have/have not)* _____ retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of $_____ on my behalf.
3. I have a credit with my attorney in the amount of $_____.
4. I currently owe my attorney a total of $_____.
5. I owe my prior attorney a total of $ _____.

IMPORTANT: Read the following paragraphs carefully and initial each one.

_____ I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

_____ **I have attached a copy of my 3 most recent pay stubs to this form**.

_____ **I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed**.

_____ **I have not attached a copy of my pay stubs to this form because I am currently unemployed**.

_____ _____

Signature Date

CERTIFICATE OF SERVICE

I hereby declare under the penalty of perjury of the State of Nevada that the following is true and correct:

That on *(date)* _____, service of the General Financial Disclosure Form was made to the following interested parties in the following manner:

☐ Via 1st Class U.S. Mail, postage fully prepaid addressed as follows:

_____

☐ Via Electronic Service, in accordance with the Master Service List, pursuant to NEFCR 9, to:

_____

☐ Via Facsimile and/or Email Pursuant to the Consent of Service by Electronic Means on file herein to: _____

Executed on the _____ day of _____, 20___.

_____
Signature