

FORM C

STANDARD FINANCIAL DISCLOSURE

Name		DOB		Current Age	
Email		Phone #			
Spouse's Name		Spouse's Age		Date of Marriage	
Have you and your spouse ever filed for divorce before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what date?		

<p><i>Fill in the information below for your biological children who are 19 years old or younger OR over 19 years old and attending college.</i></p> <p><i>Note: If there are not enough spaces to list all your children, attach additional pages where needed.</i></p>				
	Name	DOB	Social Security #	Currently living with you fulltime?
1.		__/__/__	__-__-__	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		__/__/__	__-__-__	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		__/__/__	__-__-__	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		__/__/__	__-__-__	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		__/__/__	__-__-__	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your spouse have children living with you or your spouse? <i>If you answered yes to the question above, please list Names and ages below:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have any biological children from another relationship that live with you?				<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you or your spouse pay weekly childcare for any of your children? <i>If you answered yes to this question please answer questions 9 through 11, if you answered no, skip to question 12</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Weekly Cost of childcare	\$		10. To whom is this paid?	
11. List names of children included in the cost of childcare below:				

12. Do you currently pay court ordered child support for any person? <i>If you answered yes to this question, please answer questions 13 through 15, if no skip to question 16.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Name of child/person you pay support for		14. Age	
15. Name of parent you pay support to:			
16. Do you provide regular and continuing support of any person who is not your spouse or child? <i>If you answered yes to this question, please finish this section, if you answered no please skip to Section C.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Name of person you support			
18. Relationship			
19. Estimated amount of support you provide weekly		\$	

Fill in the information below about your income.			
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name	
Employer Address			Employer Phone
Total gross weekly income from employment (before taxes and deductions)			\$ /Week
Total gross earnings and income reported on your last tax return			\$ /Year
Do you receive annual or regular bonuses?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How often do you receive bonus pay?		Average Amount	\$
Do you receive other benefit from employment? (i.e. Health Insurance, Life Insurance, Mileage reimbursement, a company vehicle, etc.) <i>If you answered yes, please describe the benefits you receive and the amounts for each below:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is health insurance offered through your employment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you currently enrolled in health insurance through your employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If enrolled, what family members are covered by your insurance?		<input type="checkbox"/> Spouse <input type="checkbox"/> Spouse & Children
If enrolled, what amount do you pay for insurance?	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
What is the total additional weekly cost of your insurance you pay for your dependent children?		\$ /Week
Do you have an insurance card or a Medicare/Medicaid Card?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive any disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount \$ /Month
Do you receive a regular income from any investments, rental properties, or loans that other people are paying you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much?	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to file for bankruptcy in the near future?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Fill in the information below about your spouse's income.</i>			
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name	
Employer Address		Employer Phone	
Total gross weekly income from employment (<i>before taxes and deductions</i>)		\$ /Week	
Total gross earnings and income reported on your spouse's last tax return		\$ /Year	
Does your spouse receive annual or regular bonuses?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How often do they receive bonus pay?		Average Amount	\$
Does your spouse receive other benefits from employment? (<i>i.e. Health Insurance, Life Insurance, Mileage reimbursement, a company vehicle, etc.</i>)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you answered yes, please describe the benefits they receive and the amounts for each below:</i>			
Is health insurance offered through your spouse's employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you covered on their health insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If enrolled, what family members are covered by their insurance?		<input type="checkbox"/> Spouse <input type="checkbox"/> Spouse & Children	

If enrolled, what amount do they pay for insurance?		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
What is the total additional weekly cost of your insurance your spouse pays for your dependent children?		\$	/Week
Does your spouse have an insurance card or a Medicare/Medicaid Card?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they receive any disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	\$ /Month
Does your spouse receive a regular income from any investments, rental properties, or loans that other people are repaying?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how much?	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Has your spouse ever filed for bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they intend to file for bankruptcy in the near future?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

“Assets” means ***EVERYTHING*** you or your spouse presently own, regardless of whose name it is in or who purchased the asset. This includes items such as personal property, cars, real estate, furnishings, tools, bank accounts, investments, retirement accounts, pets, valuables, etc.

You and your spouse are required by law to disclose all known assets. For each asset you list below, please indicate the items’ fair value that you would place on the item in it’s now present condition. If you have an appraisal or other known documented source for the items value, please indicate that next to the item under “documented” and attach a copy of the document or proof you have.

Note: If there is not enough space to list any asset under a particular section, attach additional Pages where needed.

Item	Person Now in Possession	Name on Title	Year Acquired	Estimated Value	Documented
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Item	Person Now in Possession	Name on Title	Year Acquired	Estimated Value	Documented
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Item	Person Now in Possession	Name on Title	Year Acquired	Estimated Value	Documented
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Account	Person Now in Possession	Name on Account	Year Acquired	Present Account Value	Documented
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

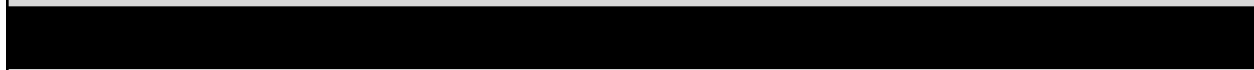
This section is for online accounts including, but not limited to electronic commerce and peer to peer payment accounts (i.e. PayPal, Venmo, Cash App, Apple Pay, Google Pay, etc), online investing accounts (i.e. E-Trade, Ameritrade, Robinhood, etc.), and online sports betting (i.e. Draftkings, Fandual, Sportsbook, etc.).

Account	Person Now in Possession	Name on Account	Year Acquired	Present Account Value	Documented
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Account	Person Now in Possession	Name on Account	Year Acquired	Present Account Value	Documented
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Account	Person Now in Possession	Name on Account	Year Acquired	Present Account Value	Documented
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No



List all term life and permanent whole life policies. For Permanent or Whole Life policies state the cash surrender value and whether or not any loans are owed on the policy.

Life Insurance Company	Last 4 Digits of Acct. #	Owner of Policy	Insured's Name	Surrender Value	Death Benefit
				\$	
				\$	
				\$	
				\$	
				\$	



These may include an inheritance you expect to receive from an estate or relative; refund from an overpaid account, deposit or tax return; payments on a loan you made to another person; rental payments; a gambling or lottery prize; an expected bonus from work; a dividend payment; proceeds from a personal injury settlement; proceeds from a lawsuit or claim; disability back pay, and other personal property you expect to receive in the near future for any reason

Description of Asset	Person Receiving	Expected/Est. Date of Receipt	Estimated Amount/Value	Documentation
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No



List any collections such as antiques, dolls, jewelry, sports cards and sports memorabilia, stamps, coins, glassware, etc.

Item/Collection	Person Now in Possession	Year Acquired	Estimated Value	Documented
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			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

You may attach a separate page listing all items of value if necessary. Do not include children's property.					
Item	Person Now in Possession	Name on Title	Year Acquired	Estimated Present Value	Documented
Kitchen Furniture				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bedroom #1 Furniture				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bedroom #2 Furniture				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Room Furniture				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dining Room Furniture				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Closet Items				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garage Items				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basement Items				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2nd Floor Furnishings				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attic Storage Items				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Items in Storage Elsewhere				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outdoor Furnishings/Items				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Furnishings/Items				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all power tools, hand tools, tool boxes, rolling tool chests, air compressors, chargers, ladders, table saws, shovels, snow blowers, leaf vacuums, lawn mowers, weed eaters, chain saws, leaf blowers, rakes, accessories to riding lawn mowers, plows, heaters, lighting equipment, pneumatic tools, forklifts, automobile jacks, drill presses, work benches, portable work stations, clamps, saw horses, specialty drill bits, router bits, routers, planers, edgers, lathes, grinders, axes, hatchets, wood splitters, chippers, auto tools, tarps, paint sprayers, metal detectors and all similar type of tools and equipment.

Item	Person Now in Possession	Name on Title	Year Acquired	Estimated Present Value	Documented
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

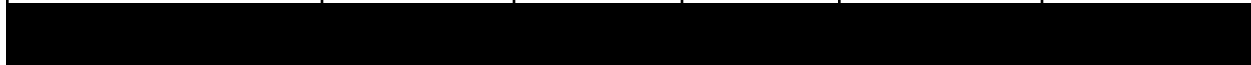
List all guns, archery equipment, crossbows, knives, ammunition, tree or ladder stands, targets, scopes, decoys, bird calls, blinds, fishing rods and reels, tackle boxes, nets, oars, canoes, portable boats, waders, depth or fish finders, trolling motors, gun safes, cleaning stations, animal and fish trophy mounts.

Item	Person Now in Possession	Name on Title	Year Acquired	Estimated Present Value	Documented
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
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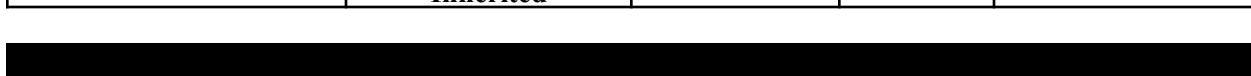


Item	Person Now in Possession	Name on Title	Year Acquired	Estimated Present Value	Documented
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No



If any of the assets you listed above were given to you (and only to you) as a gift or as part of an inheritance, please specify the asset that falls under this category and state a brief description of how you acquired the item, the items value, and when you acquired the item.

Item	Item was	Gifted or Inherited from	Date	Value
	<input type="checkbox"/> Gifted <input type="checkbox"/> Inherited			\$
	<input type="checkbox"/> Gifted <input type="checkbox"/> Inherited			\$
	<input type="checkbox"/> Gifted <input type="checkbox"/> Inherited			\$



List all debts, credit card accounts, medical bills, loans, mortgages, store accounts, charge accounts, lines of credit and any other financial obligations you own. Do not list regular utilities.

YOU WILL BE ASKED TO PROVIDE A COPY OF THE MOST RECENT ACCOUNT STATEMENTS SHOWING BALANCES OWING ON THE DEBTS AND THE ACCOUNT INFORMATION.

Description	Name(s) on Debt	Creditor	Balance Owed
			\$
			\$
			\$
			\$

Description	Name(s) on Debt	Creditor	Balance Owed
			\$
			\$
			\$
			\$
			\$
			\$

Description	Name(s) on Debt	Creditor	Balance Owed
			\$
			\$
			\$
			\$

Include bills for you, your spouse, and children.

Description	Name(s) on Debt	Creditor	Balance Owed
			\$
			\$
			\$
			\$

Description	Name(s) on Debt	Creditor	Balance Owed
			\$
			\$
			\$
			\$

Description	Name(s) on Debt	Creditor	Balance Owed
			\$
			\$
			\$
			\$

Description	Name(s) on Debt	Creditor	Balance Owed
			\$
			\$
			\$
			\$

By signing below you affirm that the above asset and debit information is true and correct to the best of your knowledge.

Signature

Date

Printed Name

Fill in the information about additional children you could not fit on your Standard Financial Disclosure below for your biological children who are 19 years old or younger OR over 19 years old and attending college.

	Name	DOB	Social Security #	Currently living with you fulltime?
1.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.		_ / _ / _	- - - -	<input type="checkbox"/> Yes <input type="checkbox"/> No

14.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.		_ / _ / _	_ - _ - _	<input type="checkbox"/> Yes <input type="checkbox"/> No