

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT 6

CASE NO: _____

IN RE THE _____ OF: _____
(Child's Name if Required)

Name of Person Filing
 Mother Father Alleged Father
 Husband Wife Other: _____

And

Name of Person Responding
 Mother Father Alleged Father
 Husband Wife Other: _____

**VERIFIED FINANCIAL DISCLOSURE TO DETERMINE
INDIGENCE OR ABILITY TO PAY**

Comes now _____, self-represented, and for my statement of employment, income, expenses, assets, and liabilities shows the Court as follows:

I. Employment

Occupation: _____

Employer: _____

Employer's Address: _____

II. Income

_____ Pay after taxes each pay period (weekly bi-weekly monthly other)

(Attach last 4 pay stubs or the most recent pay stubs showing year to date total)

_____ Unemployment

_____ AFDC/TANF Benefits

_____ Support (child support, spousal support, etc.)

_____ Social Security (SSI/SSD)

_____ Death Benefits

+ _____ Other: _____

_____ = Total

III. **Assets**

_____ Cash on hand or in bank(s)
_____ Stocks, Bonds, Notes
_____ Real Estate
_____ Home Assets
_____ Other: _____
_____ Vehicle Assets
+ _____ Other Property: _____
_____ = Total

IV. **Expenses and Debts**

_____ Child Support
_____ Rent/Mortgage
_____ Utilities
_____ Vehicle Loans
_____ Credit Cards
_____ Food
_____ Child Care
+ _____ Other loans/notes/payments: _____
_____ = Total

I affirm under the penalties for perjury that the foregoing representations are true.

/s/ _____
Signature

_____ Date

Printed Name

Email Address