

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF ERIE

PLAINTIFF'S NAME

Plaintiff,

v.

DEFENDANT'S NAME

Defendant.

**STATEMENT OF NET WORTH
PURSUANT TO DRL §236[b]**

Index Number

SF2015-9XXXXXX

Date of Commencement: **SUMMONS FILING DATE**

CLIENT'S NAME, the **PLAINTIFF/DEFENDANT** herein, being duly sworn, deposes and says that the following is an accurate statement as of **DATE OF INFORMATION** of my net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), statement of income from all sources and statement of assets transferred of whatsoever kind and nature and wherever situated:

1. FAMILY DATA

(a) Husband's Date of Birth:

Age:

(b) Wife's Date of Birth:

Age:

(c) Date of Marriage:

(d) Date Separated:

Date Divorced:

(e) Number of Dependents under 21 years of age:

(f) Names and ages of children:

(g) Custody of children:

(h) Number of Minor Children from a Prior Marriage - Husband:

(i) Number of Minor Children from a Prior Marriage - Wife:

(j) Non-Party Children in the custody of either party:

(k) The Marital Residence is occupied by:

(l) Husband's Present Address:

Wife's Present Address:

1. FAMILY DATA (continued)

(m) Husband's Occupation:

Wife's Occupation:

[Redacted]

(n) Husband's Employer & Address:

Wife's Employer & Address:

[Redacted]

(p) Husband's Education, Training & Skills:

Wife's Education, Training & Skills:

[Redacted]

(q) Husband's Health:

[Redacted]

(r) Wife's Health:

(s) Children's Health:

Special concerns or explanations concerning the above information:

None.

2. MONTHLY EXPENSES

NOTE: The following list of expenses are enumerated monthly and may be actual or approximate based upon my knowledge and belief. For non-monthly, non-regular expenses, I have averaged the expense monthly over the course of the prior twelve months. Expenses are listed according to who traditionally pays and/or contributes to said expense. If expenses are paid from a joint account, they are listed as joint regardless of who contributes.

(a) HOUSING & RESIDENTIAL EXPENSES \$ -

Rent:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Mortgage:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Amortization:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Real Estate Taxes:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Condominium/Association Fees:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Cooperative Apartment:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

(b) UTILITIES \$ -

Fuel Oil:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Gas:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Electricity:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Telephone (Land Lines):

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Telephone (Mobile Phones):

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Water:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Internet Access:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Cable/Satellite Television:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

2. MONTHLY EXPENSES (continued)

(c) **FOOD EXPENSES** \$ -

Groceries:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

School Lunches:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Lunches at Work:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Dining Out:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Liquor/Alcohol:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Entertaining:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Other:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Other:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

(d) **CLOTHING EXPENSES** \$ -

Husband's Clothing:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Wife's Clothing:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Children's Clothing:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Other:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

(e) **LAUNDRY EXPENSES** \$ -

Laundry at Home:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Dry Cleaning:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Children's Clothing:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Other:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

2. MONTHLY EXPENSES (continued)

(f) **INSURANCE** \$ -

Life Insurance:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Homeowners/Renters:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Fire, Theft & Liability:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Automotive:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Umbrella Policy:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Medical Insurance:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Dental Insurance:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Optical Insurance:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Worker's Compensation:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

(g) **UNREIMBURSED HEALTHCARE EXPENSES** \$ -

Medical:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Dental:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Optical:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Pharmaceutical:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Surgical, Nursing, Hospital:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

(h) **HOUSEHOLD HELP** \$ -

Babysitter/Day Care:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Domestic/Cleaning Service:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

2. MONTHLY EXPENSES (continued)

(i) HOUSEHOLD MAINTENANCE \$ -

Repairs:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Furniture, Furnishings & Housewares:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Cleaning Supplies:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Appliances & Maintenance:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Painting:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Sanitation/Carting:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Gardening/Landscaping:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Snow Removal:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Extermination:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Other:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

(j) AUTOMOTIVE \$ -

Auto Loan/Lease Payments:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Gas:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Maintenance:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Repair:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Car Washes:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

License & Registration:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Parking & Tolls:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

Other:

<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	<i>Total</i>
\$ -	\$ -	\$ -	\$ -

2. MONTHLY EXPENSES (continued)

(k) EDUCATIONAL EXPENSES \$ -

Nursery/Pre-School:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Primary & Secondary:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

College & Trade Schools:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Post-Graduate:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Religious Instruction

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

School Transportation:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

School Supplies & Books:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Tutoring:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

School Events:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

(l) RECREATIONAL EXPENSES \$ -

Summer Camps:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Vacations:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Movies:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Theatre, Opera & Ballet:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Video Rentals:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Music:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Team Sports:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Country Club

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

2. MONTHLY EXPENSES (continued)

(l) RECREATIONAL EXPENSES (continued)

Health Club:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Sporting Goods:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Hobbies:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Birthday Parties:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Music & Dance Lessons:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Sport Lessons:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

(m) MISCELLANEOUS EXPENSES

	\$ -
--	------

Beauty Parlor & Barber:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Beauty Aids & Cosmetics:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Over-The-Counter Medicine:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Cigarettes & Tobacco:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Books & Magazines:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Newspapers:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Children's Allowance:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Gifts:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Charitable Contributions:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Religious Dues:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Union & Employment Dues:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Pet Expenses:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

2. MONTHLY EXPENSES (continued)

(m) MISCELLANEOUS EXPENSES (continued)

Child Support (prior relationship):

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Spousal Support (prior relationship):

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Loan Payments:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Unreimbursed Business Expenses:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

(n) OTHER EXPENSES

\$ -

Credit Card Payments:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

Other:

Husband	Wife	Joint	Total
\$ -	\$ -	\$ -	\$ -

TOTAL MONTHLY EXPENSES

Husband's Expenses:	\$	-	
Wife's Expenses:	\$	-	
Joint Expenses:	\$	-	
Total Expenses:	\$	-	

3. GROSS INCOME

(a) SALARIES & WAGES \$ -

Husband's Salaries & Wages <i>Employer / Annual Income</i>	Wife's Salaries & Wages <i>Employer / Annual Income</i>
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

(b) BONUSES, COMMISSIONS, TIPS & BENEFITS \$ -

Husband's Incentive Pay <i>Type / Annual Income</i>	Wife's Incentive Pay <i>Type / Annual Income</i>
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

(c) PENSION & RETIREMENT INCOME (including annual withdrawals) \$ -

Husband's Retirement Income <i>Source / Annual Income</i>	Wife's Retirement Income <i>Source / Annual Income</i>
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

(d) GOVERNMENT SUPPLEMENTAL INCOME \$ -

Husband's Supplemental Income	Wife's Supplemental Income
Social Security Income (SSI/SS): \$ -	Social Security Income (SSI/SS): \$ -
Social Security Disability (SSD): \$ -	Social Security Disability (SSD): \$ -
Public Assistance: \$ -	Public Assistance: \$ -

(e) PARTNERSHIP, VENTURES, ROYALTIES & REAL ESTATE \$ -

Husband's Income <i>Source / Annual Income</i>	Wife's Income <i>Source / Annual Income</i>
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

3. GROSS INCOME (continued)

(f) INVESTMENT, DIVIDENDS & INTEREST \$ -

Husband's Income		Wife's Income	
Taxable Dividends & Interest:	\$ -	Taxable Dividends & Interest:	\$ -
Tax Exempt Dividends & Interest:	\$ -	Tax Exempt Dividends & Interest:	\$ -
Long Term Capital Gain:	\$ -	Long Term Capital Gain:	\$ -
Short Term Capital Gain:	\$ -	Short Term Capital Gain:	\$ -
Net Gain of Stock Options:	\$ -	Net Gain of Stock Options:	\$ -

(g) TRUST, PROFIT SHARING & ANNUITIES \$ -

Husband's Income		Wife's Income	
Principal Distributions:	\$ -	Principal Distributions:	\$ -
Income:	\$ -	Income:	\$ -

(h) AWARDS, PRIZES & GRANTS \$ -

Husband's Income <i>Source / Annual Income</i>		Wife's Income <i>Source / Annual Income</i>	
	\$ -		\$ -
	\$ -		\$ -

(i) OTHER INCOME \$ -

Husband's Income <i>Source / Annual Income</i>		Wife's Income <i>Source / Annual Income</i>	
	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -

(j) DEPENDANT'S OR HOUSEHOLD MEMBER'S INCOME \$ -

Name:		Income:	\$ -
Name:		Income:	\$ -
Name:		Income:	\$ -
Name:		Income:	\$ -

3. GROSS INCOME (continued)

(k) Income Information

Weekly Deductions	Husband	Wife
Federal Income Tax: \$	-	\$ -
State Income Tax: \$	-	\$ -
New York State DBL: \$	-	\$ -
Social Security Taxes: \$	-	\$ -
Medicare Taxes: \$	-	\$ -
Health Care Premiums: \$	-	\$ -
Retirement Contributions: \$	-	\$ -
Employment Dues: \$	-	\$ -
Religious Tithe: \$	-	\$ -
Spousal/Child Support: \$	-	\$ -
Other \$	-	\$ -
Other \$	-	\$ -
Other \$	-	\$ -

Social Security Numbers

Husband

Wife

Dependants

Number of Dependants Claimed On Taxes:

Names:

TOTAL ANNUAL INCOME

Husband's Income: \$	-
Wife's Income: \$	-
Third Party Income: \$	-
Total Income: \$	-

4. ASSETS

Assets in this Article of the Statement of Net Worth shall include, but are not limited to, cash accounts, checking accounts, savings accounts, deposit accounts, investments, bonds, stock, business interests, accounts recievable, cash surrender on life insurance, vehicles, real property, leaseholds, life estates, pensions, retirement savings accounts, inheritances, stock option contracts, household furnishings, personal property, jewelry, art, antiques, precious metals and collections:

Name				Value
ASSET TYPE				\$ -
Owner	Date of Acquisition	Source of Funding		
[Redacted]				
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	\$ -

Name				Value
ASSET TYPE				\$ -
Owner	Date of Acquisition	Source of Funding		
[Redacted]				
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	\$ -

Name				Value
ASSET TYPE				\$ -
Owner	Date of Acquisition	Source of Funding		
[Redacted]				
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	\$ -

Name				Value
ASSET TYPE				\$ -
Owner	Date of Acquisition	Source of Funding		
[Redacted]				
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	\$ -

4. ASSETS (continued)

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

4. ASSETS (continued)

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

4. ASSETS (continued)

ASSET TYPE					Value	-
Name						
Owner					Date of Acquisition	
Source of Funding						
Original Price/Invest.					Amount of Lien Unpaid	
Separate Property Claim						
\$	-	\$	-	\$	-	

ASSET TYPE					Value	-
Name						
Owner					Date of Acquisition	
Source of Funding						
Original Price/Invest.					Amount of Lien Unpaid	
Separate Property Claim						
\$	-	\$	-	\$	-	

ASSET TYPE					Value	-
Name						
Owner					Date of Acquisition	
Source of Funding						
Original Price/Invest.					Amount of Lien Unpaid	
Separate Property Claim						
\$	-	\$	-	\$	-	

ASSET TYPE					Value	-
Name						
Owner					Date of Acquisition	
Source of Funding						
Original Price/Invest.					Amount of Lien Unpaid	
Separate Property Claim						
\$	-	\$	-	\$	-	

ASSET TYPE					Value	-
Name						
Owner					Date of Acquisition	
Source of Funding						
Original Price/Invest.					Amount of Lien Unpaid	
Separate Property Claim						
\$	-	\$	-	\$	-	

4. ASSETS (continued)

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

ASSET TYPE				Name	Value
				\$	-
Owner	Date of Acquisition	Source of Funding			
Original Price/Invest.	Amount of Lien Unpaid	Separate Property Claim			
\$	-	\$	-	\$	-

5. LIABILITIES/DEBTS

Liabilities and Debts include but are not limited to credit cards, store charge cards, accounts payable, mortgages, home equity lines of credit, home equity loans, notes payable, non-mortgage loans, unpaid taxes, loans on life insurance policies, loans on retirement policies and student loans:

Name				Principal Owed
DEBT TYPE				\$ -
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	-

Name				Principal Owed
DEBT TYPE				\$ -
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	-

Name				Principal Owed
DEBT TYPE				\$ -
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	-

Name				Principal Owed
DEBT TYPE				\$ -
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	-

5. LIABILITIES/DEBTS (continued)

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

5. LIABILITIES/DEBTS (continued)

DEBT TYPE			Principal Owed
			\$ -
Obligor	Date Incurred	Purpose of Liability	
Original Principal	Payment	Separate Property Claim	
\$ -	\$ -	\$ -	-

DEBT TYPE			Principal Owed
			\$ -
Obligor	Date Incurred	Purpose of Liability	
Original Principal	Payment	Separate Property Claim	
\$ -	\$ -	\$ -	-

DEBT TYPE			Principal Owed
			\$ -
Obligor	Date Incurred	Purpose of Liability	
Original Principal	Payment	Separate Property Claim	
\$ -	\$ -	\$ -	-

DEBT TYPE			Principal Owed
			\$ -
Obligor	Date Incurred	Purpose of Liability	
Original Principal	Payment	Separate Property Claim	
\$ -	\$ -	\$ -	-

DEBT TYPE			Principal Owed
			\$ -
Obligor	Date Incurred	Purpose of Liability	
Original Principal	Payment	Separate Property Claim	
\$ -	\$ -	\$ -	-

5. LIABILITIES/DEBTS (continued)

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

5. LIABILITIES/DEBTS (continued)

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

Name			Principal Owed	
DEBT TYPE			\$ -	
Obligor	Date Incurred	Purpose of Liability		
Original Principal	Payment	Separate Property Claim		
\$ -	\$ -	\$ -	\$ -	

7. SUPPORT REQUIREMENTS

- | | | | |
|--|----|---|-------|
| (a) Deponent is presently paying to the other spouse: | \$ | - | /week |
| Deponent paid to the other spouse prior to separation: | \$ | - | /week |
| (b) Deponent is presently receiving from other spouse: | \$ | - | /week |
| Deponent received from other spouse prior to separation: | \$ | - | /week |
| (c) Arrears (if any): | \$ | - | |
| (d) Deponent requests for the support of each child: | \$ | - | /week |
| Total amount of support for the child(ren): | \$ | - | /week |
| (e) Deponent requests for support of self: | \$ | - | /week |
| (f) The day on which payment should be made: | | | |

8. COUNSEL FEE REQUIREMENTS

- | | | |
|--|----|---|
| (a) Deponent requests for counsel fees and disbursements | \$ | - |
| Deponent has paid in counsel fees: | \$ | - |
- See Retainer Agreement. There is a retainer agreement or written agreement relating to payment of legal fees. This agreement is available upon request.*

9. ACCOUNTANT AND APPRAISAL FEE REQUIREMENTS

- | | | |
|--|----|---|
| (a) Deponent requests for accountant's fees: | \$ | - |
| Purpose: | | |
| (b) Deponent requests for appraisal fees: | \$ | - |
| Purpose: | | |

10. OTHER INFORMATION

Other information concerning the financial circumstances of the parties that should be brought to the attention of the Court are:



The foregoing statements and documents annexed hereto and made part hereof, having been carefully read by the undersigned who states that they are true and correct.

CLIENT NAME

On the [_____] day of [_____] [20____], before me, the undersigned, a notary public in and for said state, personally appeared [_____] personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC

CLIENT CERTIFICATION

I HEREBY CERTIFY, under penalty of perjury, that neither my attorney, nor anyone acting on my attorney's behalf, was the source of any of the information contained in the annexed document; that I provided all of the information contained in the annexed document to my attorney; and that I understand that my attorney, in executing the Attorney Certification required by 22 NYCRR 202.16(e), is relying entirely upon the information provided by me and upon my certification that all such information is true and accurate.

I FURTHER CERTIFY, that the annexed document includes all information that I have provided to my attorney which is relevant to such document and that my attorney has not deleted, omitted or excluded any such information.

Dated:

CLIENT NAME

VENZON LAW FIRM PC
300 Delaware Avenue
Buffalo, New York 14202

ATTORNEY CERTIFICATION

I HEREBY CERTIFY, under penalty of perjury, that I have no actual knowledge that the substance of any statements of fact contained in the annexed document are false. This Certification is based solely and exclusively upon information provided by the client, and upon the client's certification to the undersigned attorney that such information is not false, and is not based upon any review, audit, examination, inquiry or investigation made by the undersigned attorney or by anyone acting on behalf of said attorney.

PLEASE TAKE NOTICE that this Certification is made by the attorney as an officer of the Court and is directed solely and exclusively to the Court in accordance with 22 NYCRR 202.16(e) and is expressly not directed or extended to the opposing party herein.

PLEASE TAKE FURTHER NOTICE that the opposing party may not and should not rely upon this Attorney's Certification in assessing the truth or validity of the information contained in the annexed document. The credibility of this submission is no greater than the credibility of the client represented by the undersigned attorney and the opposing party should give this document no greater credence merely because it bears this Attorney's Certification.

Dated:

ATTORNEY NAME