

STATE OF NEW YORK :
SUPREME COURT: COUNTY OF ERIE

PLAINTIFF'S NAME,
Plaintiff,
VS.

**STATEMENT OF NET
WORTH PURSUANT TO DRL
§236**

DEFENDANT'S NAME,
Defendant.

Index No. SF2005-123456

Date of Commencement:

STATE OF NEW YORK)
COUNTY OF ERIE) ss:

CLIENT NAME, the **-SELECT-** herein, being duly sworn, deposes and says that the following is an accurate statement as of _____, 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 Age: _____
- (b) Wife's Age: _____
- (c) Date Married: _____
- (d) Date Separated Divorced: _____
- (e) Number of Dependants under 21 years: _____
- (f) Names and ages of children: _____
- (g) Custody of Children: _____
- (h) Minor children of a prior marriage – Husband: _____
Minor children of a prior marriage – Wife: _____
- (i) **-SELECT-** is **-SELECT-** in Maintenance in connection with a prior marriage: **\$0.00**
- SELECT-** is **-SELECT-** in Child Support in connection with a prior marriage: **\$0.00**
- (j) Custody of any children from a prior marriage: _____
Name: _____
Address: _____
- (k) The Marital Residence is occupied by the: **-SELECT-**
- (l) Husband's Present Address: _____

Wife's Present Address: _____

- (m) Husband's Occupation: _____
 Wife's Occupation: _____
- (n) Husband's Employer: _____
- (o) Wife's Employer: _____
- (p) Husband's Education, Training and Skills: _____

 Wife's Education, Training and Skills: _____

- (q) Husband's Health: **-SELECT-**
- (r) Wife's Health: **-SELECT-**
- (s) Children's Health: **-SELECT-**

2. EXPENSES (Monthly Weekly)

(You may elect to list all expenses on either a weekly or monthly basis, but you must be consistent. If any items are paid on a monthly basis, divide by 4.3 to obtain their weekly payment; if any items are paid on a weekly basis, multiply them by 4.3 to obtain their monthly payment. Attach additional sheets, if necessary. Items included under "other" should be listed separately with separate dollar amounts)

(a) Housing

Rent:	\$0.00
Mortgage:	\$0.00
Amortization:	\$0.00
Real Estate Taxes:	\$0.00
Condominium:	\$0.00
Cooperative Apt:	\$0.00
Total (Housing):	\$0.00

(b) Utilities

Fuel Oil:	\$0.00
Gas:	\$0.00
Electricity:	\$0.00
Telephone:	\$0.00
Water:	\$0.00
Internet Access:	\$0.00
Total (Utilities):	\$0.00

(c) Food

Groceries:	\$0.00
School Lunches:	\$0.00
Lunches at Work:	\$0.00
Dining Out:	\$0.00
Liquor/Alcohol:	\$0.00
Entertaining:	\$0.00
Other:	\$0.00
Total (Food):	\$0.00

(d) Clothing

Husband:	\$0.00
Wife:	\$0.00
Children:	\$0.00
Other:	\$0.00
Total (Clothing):	\$0.00

(e) Laundry

Laundry At Home:	\$0.00
Dry Cleaning:	\$0.00
Other:	\$0.00
Total (Laundry):	\$0.00

(f) Insurance

Life Insurance:	\$0.00
Homeowners/Renters:	\$0.00

(g) Unreimbursed Medical

Medical:	\$0.00
Dental:	\$0.00

Fire, Theft, Liability:	\$0.00
Automotive:	\$0.00
Umbrella Policy:	\$0.00
Medical Insurance:	\$0.00
Dental Insurance:	\$0.00
Optical Insurance:	\$0.00
Disability:	\$0.00
Worker's Compensation:	\$0.00
Other:	\$0.00
Total (Insurance):	\$0.00

(i) Household Help

Babysitter:	\$0.00
Domestic:	\$0.00
Other:	\$0.00
Total (Household Help):	\$0.00

(j) Automotive

Payments:	\$0.00
Gas:	\$0.00
Maintenance:	\$0.00
Repair:	\$0.00
Car Washes:	\$0.00
License and Registration:	\$0.00
Parking and Tolls:	\$0.00
Other:	\$0.00
Total (Automotive):	\$0.00

(l) Recreational

Summer Camps:	\$0.00
Vacations:	\$0.00
Movies:	\$0.00
Theatre/Opera/Ballet:	\$0.00
Video Rentals:	\$0.00
Music:	\$0.00
Cable/Satellite:	\$0.00
Team Sports:	\$0.00
Country Club:	\$0.00
Health Club:	\$0.00
Sporting Goods:	\$0.00
Hobbies:	\$0.00
Birthday Parties:	\$0.00
Music/Dance Lessons:	\$0.00
Sports Lessons:	\$0.00
Other:	\$0.00
Total (Recreational):	\$0.00

Optical:	\$0.00
Pharmaceutical:	\$0.00
Surgical, Nursing, Hospital:	\$0.00
Other:	\$0.00
Total (Medical):	\$0.00

(h) Household Maintenance

Repairs:	\$0.00
Furniture, Furnishings & House wares:	\$0.00
Cleaning Supplies:	\$0.00
Appliances & Maintenance:	\$0.00
Painting:	\$0.00
Sanitation/Carting:	\$0.00
Gardening/Landscaping:	\$0.00
Snow Removal:	\$0.00
Extermination:	\$0.00
Other:	\$0.00
Total (Household):	\$0.00

(k) Educational

Nursery/Pre-School:	\$0.00
Primary & Secondary:	\$0.00
College:	\$0.00
Post-Graduate:	\$0.00
Religious Instruction:	\$0.00
School Transportation:	\$0.00
School Supplies/Books:	\$0.00
Tutoring:	\$0.00
School Events:	\$0.00
Other:	\$0.00
Total (Educational):	\$0.00

(m) Miscellaneous

Beauty Parlor/Barber:	\$0.00
Beauty Aids/Cosmetics:	\$0.00
Over the Counter Medicine:	\$0.00
Cigarettes/Tobacco:	\$0.00
Books & Magazines:	\$0.00
Newspapers:	\$0.00
Children's Allowance:	\$0.00
Gifts:	\$0.00
Charitable Contributions:	\$0.00
Religious Dues:	\$0.00
Union/Employment Dues:	\$0.00

(n) Other	
Other:	\$0.00
Other:	\$0.00
Other:	\$0.00
Other:	\$0.00
Total (Other):	\$0.00

Pet Expenses:	\$0.00
Child Support(Prior Marriage):	\$0.00
Maintenance (Prior Marriage):	\$0.00
Loan Payments:	\$0.00
Unreimbursed	
Business Expenses:	\$0.00
Total (Miscellaneous):	\$0.00
TOTAL EXPENSES: \$ 0.00	

3. GROSS INCOME (Annual)

(a) SALARIES AND WAGES:	\$0.00
<i>(State source of income and its annual amount)</i>	
Source:	\$0.00
Source:	\$0.00
Source:	\$0.00
Source:	\$0.00
(b) Weekly Deduction	
Federal Income Tax:	\$0.00
New York State Income Tax:	\$0.00
New York State DBL:	\$0.00
Social Security:	\$0.00
Medicare:	\$0.00
Other:	\$0.00
Other:	\$0.00
(c) Social Security Number:	- -
(d) Number of Dependents Claimed on Taxes:	
Dependents' Names:	
(e) Bonuses, Commissions, Tips, Fringe Benefits:	
	\$0.00
	\$0.00
(f) Partnerships, Ventures, Royalties, Asset Sales:	
	\$0.00
	\$0.00
(g) Dividends and Interest	
Taxable:	\$0.00
Tax Exempt:	\$0.00

3. GROSS INCOME (Annual)

(h) Real Estate (Income only):	\$0.00
(i) Trusts, Profit Sharing & Annuities	
Principal Distributions:	\$0.00
Income:	\$0.00
(j) Pension (Income only)	\$0.00
(k) Awards, Prizes, Grants	
<input type="checkbox"/> Taxable:	\$0.00
<input type="checkbox"/> Taxable:	\$0.00
(l) Bequests, Legacies & Gifts:	\$0.00
(m) Income from other sources:	\$0.00
<i>(Includes Alimony, Maintenance and/or Child Support from prior marriages)</i>	
(n) Tax Preference Items	
Long Term Capital Gain Deduction:	\$0.00
Depreciation, Amortization or Depletion:	\$0.00
Net Gain of Stock Options:	\$0.00
(o) Dependent's/Household Member's Income(s)	
Name:	\$0.00
Name:	\$0.00
(p) Social Security Income:	\$0.00
(q) Disability Benefits:	\$0.00
(r) Public Assistance:	\$0.00
(s) Other:	\$0.00
TOTAL INCOME:\$0.00	

4. ASSETS

- CASH ACCOUNTS -

CASH ACCOUNTS

Location: _____ Source of Funds: _____ \$0.00

TOTAL (Cash)\$0.00

CHECKING ACCOUNTS

Financial Institution: _____ / Account Number: _____

Title Holder: _____ / Date Opened: _____

Source of Income: _____ \$0.00

Financial Institution: _____ / Account Number: _____

Title Holder: _____ / Date Opened: _____

Source of Income: _____ \$0.00

TOTAL (Checking)\$0.00

SAVINGS ACCOUNTS

Financial Institution: _____ / Account Number: _____

Title Holder: _____ / Date Opened: _____

Source of Income: _____ \$0.00

Financial Institution: _____ / Account Number: _____

Title Holder: _____ / Date Opened: _____

Source of Income: _____ \$0.00

TOTAL (Savings)\$0.00

SECURITY DEPOSITS, EARNEST MONEY, ETC.

Financial Institution: _____ / Account Number: _____

Title Holder: _____ / Date Opened: _____

Source of Income: _____ \$0.00

Financial Institution: _____ / Account Number: _____

Title Holder: _____ / Date Opened: _____

Source of Income: _____ \$0.00

TOTAL (Deposit)\$0.00

OTHER CASH ACCOUNTS

Financial Institution: _____ / Account Number: _____

Title Holder: _____ / Date Opened: _____

Source of Income: _____ \$0.00

Financial Institution: _____ / Account Number: _____

Title Holder: _____ / Date Opened: _____

Source of Income: _____ \$0.00

TOTAL (Other)\$0.00

TOTAL CASH ACCOUNTS\$0.00

- BUSINESS INTEREST -

VALUE OF INTEREST IN ANY BUSINESS

Name of Business:

Address of Business:

C-Corporation S-Corporation Partnership Sole Proprietorship

Limited Liability Partnership Limited Liability Company Other

Your Capital Contribution:

Your Ownership Interest:

Date of Acquisition:

Original Price or Value:

Source of Funds to Acquire:

Method of Valuation:

Other Information: \$0.00

Name of Business:

Address of Business:

C-Corporation S-Corporation Partnership Sole Proprietorship

Limited Liability Partnership Limited Liability Company Other

Your Capital Contribution:

Your Ownership Interest:

Date of Acquisition:

Original Price or Value:

Source of Funds to Acquire:

Method of Valuation:

Other Information: \$0.00

TOTAL BUSINESS INTEREST \$0.00

- LIFE INSURANCE -

CASH SURRENDER VALUE OF LIFE INSURANCE

Insurer's Name:

Insurer's Address:

Policy Number:

Face Value of Policy:

Policy Owner:

Date of Acquisition:

Source of Funds to Acquire: \$0.00

TOTAL INSURANCE \$0.00

- VEHICLES -

VEHICLES (AUTOMOBILES, BOATS, PLANES, TRUCKS, CAMPERS, ETC.)

Description:
Title Owner:
Date of Acquisition:
Original Price:
Source of Funds to Acquire:
Amount of Current Lien Unpaid: \$0.00

Description:
Title Owner:
Date of Acquisition:
Original Price:
Source of Funds to Acquire:
Amount of Current Lien Unpaid: \$0.00

Description:
Title Owner:
Date of Acquisition:
Original Price:
Source of Funds to Acquire:
Amount of Current Lien Unpaid: \$0.00

TOTAL VEHICLES \$0.00

- REAL ESTATE -

REAL ESTATE, LEASEHOLDS, LIFE ESTATES (Market Value)

Description:
Title Owner:
Date of Acquisition:
Original Price:
Source of Funds to Acquire:
Amount of Current Lien Unpaid: \$0.00

Description:
Title Owner:
Date of Acquisition:
Original Price:
Source of Funds to Acquire:
Amount of Current Lien Unpaid: \$0.00

Description:
Title Owner:
Date of Acquisition:
Original Price:
Source of Funds to Acquire:
Amount of Current Lien Unpaid: \$0.00

TOTAL REAL ESTATE \$0.00

- PENSIONS AND TRUSTS -

VESTED INTEREST IN TRUSTS, PENSIONS, PROFIT SHARING, ETC.

Description of Trust:
Location of Assets:
Title Owner:
Date of Acquisition:
Original Investment:
Source of Funds to Acquire:
Amount of Unpaid Lien: \$0.00

Description of Trust:
Location of Assets:
Title Owner:
Date of Acquisition:
Original Investment:
Source of Funds to Acquire:
Amount of Unpaid Lien: \$0.00

Description of Trust:
Location of Assets:
Title Owner:
Date of Acquisition:
Original Investment:
Source of Funds to Acquire:
Amount of Unpaid Lien: \$0.00

TOTAL (Vested Interest) \$0.00

CONTINGENT INTERESTS IN STOCKS, LIFE ESTATES, INHERITANCE, ETC.

Description:
Location of Assets:
Title Owner:
Date of Vesting:
Original Investment:
Source of Funds to Acquire:
Amount of Unpaid Lien: \$0.00

Description:
Location of Assets:
Title Owner:
Date of Vesting:
Original Investment:
Source of Funds to Acquire:
Amount of Unpaid Lien: \$0.00

TOTAL (Contingent Interest)\$0.00

TOTAL TRUSTS & INTERESTS\$0.00

- HOUSEHOLD FURNISHINGS -

HOUSEHOLD FURNISHINGS

Description:
Location:
Title Owner:
Date of Acquisition:
Source of Funds to Acquire:
Amount of Unpaid Lien: \$0.00

TOTAL HOUSEHOLD FURNISHINGS\$0.00

- VALUABLES -

JEWELRY, ART, ANTIQUES, PRECIOUS METALS, ETC.

Description:
Location:
Title Owner:
Date of Acquisition:
Source of Funds to Acquire:
Original Price:
Amount of Unpaid Lien: \$0.00

Description:
Location:
Title Owner:
Date of Acquisition:
Source of Funds to Acquire:
Original Price:
Amount of Unpaid Lien: \$0.00

TOTAL VALUABLES\$0.00

- OTHER ASSETS -

Description of Asset:
Location of Asset:
Title Owner:
Date of Acquisition:
Original Investment:
Source of Funds to Acquire:
Amount of Unpaid Lien: \$0.00

Description of Asset:
Location of Asset:
Title Owner:
Date of Acquisition:
Original Investment:
Source of Funds to Acquire:
Amount of Unpaid Lien: \$0.00

Description of Asset:
Location of Asset:
Title Owner:
Date of Acquisition:
Original Investment:
Source of Funds to Acquire:
Amount of Unpaid Lien: \$0.00

Description of Asset:
Location of Asset:
Title Owner:
Date of Acquisition:
Original Investment:
Source of Funds to Acquire:
Amount of Unpaid Lien: \$0.00

Description of Asset:
Location of Asset:
Title Owner:
Date of Acquisition:
Original Investment:
Source of Funds to Acquire:
Amount of Unpaid Lien: \$0.00

TOTAL OTHER ASSETS \$0.00

TOTAL ASSETS \$ 0.00

5. LIABILITIES

- ACCOUNTS RECEIVABLE -

ACCOUNTS & CREDIT CARDS PAYABLE

Name of Creditor:
Address of Creditor:
Amount of Original Debt:
Date Debt was Incurred: Revolving Debt/Credit Card/Line of Credit
Purpose:
Periodic Payment: \$0.00

Name of Creditor:
Address of Creditor:
Amount of Original Debt:
Date Debt was Incurred: Revolving Debt/Credit Card/Line of Credit
Purpose:
Periodic Payment: \$0.00

Name of Creditor:
Address of Creditor:
Amount of Original Debt:
Date Debt was Incurred: Revolving Debt/Credit Card/Line of Credit
Purpose:
Periodic Payment: \$0.00

Name of Creditor:
Address of Creditor:
Amount of Original Debt:
Date Debt was Incurred: Revolving Debt/Credit Card/Line of Credit
Purpose:
Periodic Payment: \$0.00

Name of Creditor:
Address of Creditor:
Amount of Original Debt:
Date Debt was Incurred: Revolving Debt/Credit Card/Line of Credit
Purpose:
Periodic Payment: \$0.00

Name of Creditor:
Address of Creditor:
Amount of Original Debt:
Date Debt was Incurred: Revolving Debt/Credit Card/Line of Credit
Purpose:
Periodic Payment: \$0.00

TOTAL ACCOUNTS PAYABLE \$0.00

NOTES PAYABLE (NOT INCLUDING MORTGAGES)

Name of Creditor:

Address of Creditor:

Name of Debtor:

Amount of Original Debt:

Date Debt was Incurred:

Purpose:

Periodic Payment: _____ \$0.00

Name of Creditor:

Address of Creditor:

Name of Debtor:

Amount of Original Debt:

Date Debt was Incurred:

Purpose:

Periodic Payment: _____ \$0.00

TOTAL (Notes Payable) \$0.00

INSTALLMENT ACCOUNTS PAYABLE

Name of Creditor:

Address of Creditor:

Name of Debtor:

Amount of Original Debt:

Date Debt was Incurred:

Purpose:

Periodic Payment: _____ \$0.00

TOTAL (Installment Accounts) \$0.00

BROKERS' MARGIN ACCOUNTS

Name of Broker:

Address of Broker:

Name of Debtor:

Amount of Original Debt:

Date Debt was Incurred:

Purpose:

(Monthly Quarterly) Payment: _____ \$0.00

TOTAL (Brokers' Margin Accounts) \$0.00

TOTAL ACCOUNTS PAYABLE \$0.00

- MORTGAGES -

MORTGAGE PAYABLE ON REAL ESTATE

Name of Mortgagee:
Address of Mortgagee:
Address of Mortgaged Property:
Mortgagor(s):
Original Debt:
Date Debt was Incurred:
Periodic Payment: \$0.00

Name of Mortgagee:
Address of Mortgagee:
Address of Mortgaged Property:
Mortgagor(s):
Original Debt:
Date Debt was Incurred:
Periodic Payment: \$0.00

TOTAL MORTGAGES \$0.00

- TAXES -

TAXES

Description of Taxes:
Date Due: \$0.00

Description of Taxes:
Date Due: \$0.00

Description of Taxes:
Date Due: \$0.00

TOTAL TAX LIABILITY \$0.00

- LIFE INSURANCE -

LOAN ON LIFE INSURANCE POLICIES

Name of Insurer:
Address of Insurer:
Date Incurred:
Purpose:
Name of Borrower:
Periodic Payment: \$0.00

TOTAL LOAN \$0.00

- OTHER LIABILITIES -

Description:
Name of Creditor:
Address of Creditor:
Name of Debtor:
Amount of Original Debt:
Date Debt was Incurred: Revolving Debt/Credit Card/Line of Credit
Purpose:
Periodic Payment: _____ \$0.00

Description:
Name of Creditor:
Address of Creditor:
Name of Debtor:
Amount of Original Debt:
Date Debt was Incurred: Revolving Debt/Credit Card/Line of Credit
Purpose:
Periodic Payment: _____ \$0.00

Description:
Name of Creditor:
Address of Creditor:
Name of Debtor:
Amount of Original Debt:
Date Debt was Incurred: Revolving Debt/Credit Card/Line of Credit
Purpose:
Periodic Payment: _____ \$0.00

TOTAL OTHER LIABILITIES \$0.00

TOTAL LIABILITIES \$ 0.00

NET WORTH \$0.00
(\$ 0.00 in Assets with \$ 0.00 in Liabilities)

6. ASSETS TRANSFERRED

(List all assets transferred in any manner during the preceding three years, or length of marriage, whichever is shorter. Transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth)

Description of Property	To Whom Transferred and Relationship to Transferee	Date of Transfer	Value

7. SUPPORT REQUIREMENTS

(a) Deponent is at present -SELECT- per -SELECT-, and prior to separation -SELECT- per -SELECT- to cover expenses for .

These payments are being made -SELECT- and there -SELECT- outstanding (in the sum of to date).

(b) Deponent requests for support of each child per -SELECT-.

Total amount of support for the children is .

(c) Deponent requests for support of self per -SELECT-.

(d) The day of the -SELECT- on which payment should be made is .

8. COUNSEL FEE REQUIREMENTS

(a) Deponent requests for counsel fees and disbursements in the amount of .

(b) Deponent has paid counsel the sum of and has agreed with counsel concerning fees as follows: .

(c) There is a retainer agreement or written agreement relating to payment of legal fees. A copy of the agreement is annexed to this Statement of Net Worth.

9. ACCOUNTANT AND APPRAISAL FEE REQUIREMENTS

(a) Deponent requests for accountants' fees and disbursements the sum of _____ for the purpose of _____ .

(b) Deponent requests for appraisal fees and disbursements the sum of _____ for the purpose of _____ .

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 a rider consisting of _____ page(s) annexed hereto and made part hereof, have been carefully read by the undersigned who states that they are true and correct.

CLIENT NAME

On the _____ day of _____, 2005, before me, the undersigned, a notary public in and for said state, personally appeared CLIENT NAME, 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 executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC