

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

_____))
(Plaintiff))
PLAINTIFF,)
Vs)
_____))
(Defendant))
DEFENDANT.)
)

Case No. _____

FINANCIAL STATEMENT AND AFFIDAVIT
RULE 8.2 N.D.R.Ct. APPENDIX B

I, _____, the undersigned, states as follows:

A. ASSETS.

- A(1) I have cash on hand: \$ _____
- A(2) I have on deposit in financial institutions: \$ _____
- A(3) I have stocks and bonds in the amount of: \$ _____
- A(4) Other assets and approximate value are *[list all items]*:
 - A(4)(a) _____ \$ _____
 - A(4)(b) _____ \$ _____
 - A(4)(c) _____ \$ _____
 - A(4)(d) _____ \$ _____
 - A(4)(e) _____ \$ _____
 - A(4)(f) _____ \$ _____
- A(5) **TOTAL ASSETS:** \$ _____

B. DEBTS / LIABILITIES.

	<u>CREDITOR</u>	<u>MONTHLY PAYMENT</u>	<u>UNPAID BALANCE</u>
B(1)	_____	\$_____	\$_____
B(2)	_____	\$_____	\$_____
B(3)	_____	\$_____	\$_____
B(4)	_____	\$_____	\$_____
B(5)	TOTAL DEBTS / LIABILITIES:		\$_____

C. INCOME. My monthly income, and that of my spouse, is as follows:

	<u>AFFIANT</u>	<u>SPOUSE</u>	
C(1)	Gross Income	\$_____	\$_____
C(2)	Deductions	\$_____	\$_____
C(3)	Federal Tax	\$_____	\$_____
C(4)	FICA	\$_____	\$_____
C(5)	Medicare	\$_____	\$_____
C(6)	State Tax	\$_____	\$_____
C(7)	Health Insurance	\$_____	\$_____
C(8)	Retirement	\$_____	\$_____
C(9)	Savings	\$_____	\$_____
C(10)	Other(s)	\$_____	\$_____
C(11)	TOTAL DEDUCTIONS:	\$_____	\$_____
C(12)	NET INCOME:	\$_____	\$_____
C(13)	My pay period is:	_____.	
C(14)	My spouses pay period is:	_____.	

D. **EXPENSES.** My current monthly expenses to support myself and child(ren) are as

follows:

- | | | |
|-------|---------------------------------------|-----------------|
| D(1) | Home / Rent Payment | \$ _____ |
| D(2) | Gas / Electricity | \$ _____ |
| D(3) | Homeowner's / Renter's Insurance | \$ _____ |
| D(4) | Water | \$ _____ |
| D(5) | Telephone | \$ _____ |
| D(6) | Cable Television | \$ _____ |
| D(7) | Food and Household Items | \$ _____ |
| D(8) | Clothing | \$ _____ |
| D(9) | Laundry | \$ _____ |
| D(10) | Life Insurance | \$ _____ |
| D(11) | Automobile Insurance | \$ _____ |
| D(12) | Transportation | \$ _____ |
| D(13) | Child Care | \$ _____ |
| D(14) | School Expenses | \$ _____ |
| D(15) | Unreimbursed Medical, Dental, Optical | \$ _____ |
| D(16) | Newspapers and Magazines | \$ _____ |
| D(17) | Donations | \$ _____ |
| D(18) | Entertainment | \$ _____ |
| D(19) | Miscellaneous | \$ _____ |
| D(20) | TOTAL EXPENSES: | \$ _____ |

Dated this ____ day of _____, 20____.

(Signature of Moving Party / Opposing Party)
(choose one)

(Moving Party / Opposing Party Printed Name)
(choose one)

(Address)

(City, State, Zip Code)

(Telephone Number)

State of: _____

County of: _____

Signed and sworn to before me on _____, 20____ by

_____.

(Notary Public or Clerk of Court)

If Notary, my commission expires: _____