

IN THE SUPERIOR COURT FOR CLARK COUNTY, WASHINGTON

In re the Marriage of:

and

Petitioner,

Respondent.

No.

PRETRIAL DOMESTIC RELATIONS
SETTLEMENT CONFERENCE
AFFIDAVIT OF

INTRODUCTION

The following information, other than proposals for settlement, is being provided to the above entitled court under penalty of perjury.

I. PERSONAL DATA

- A. Name:
- B. Age and date of birth:
- C. Employer:
- D. Occupation:
- E. Length of employment with present employer:
- F. Date of marriage:
- G. Date of separation:
- H. Names and ages of dependent children and with whom they reside:
 - (1) Of this marriage:
 - (2) Of prior marriage:

II. ISSUES

A. Resolved Issues:

B. Unresolved Issues:

III. OTHER FACTORS AND COMMENTS

(E.g. physical disabilities, employability, special schools or training, etc.)

IV. PROPOSED COMMUNITY PROPERTY DIVISION
(Stated in Dollars)

Community Property

Assets to Husband
Less Debts to Husband
Less/Plus Judgment Lien
TOTAL:

Assets to Wife
Less Debts to Wife
Less/Plus Judgment Lien
TOTAL:

Separate Property

Assets to Husband
Less Debts to Husband
Less/Plus Judgment Lien
TOTAL:

Assets to Wife
Less Debts to Wife
Less/Plus Judgment Lien
TOTAL:

V. ADDITIONAL PROPOSALS FOR SETTLEMENT

A. Children. Attach a complete Parenting Plan when questions of parenting functions or residential provisions for children are part of the proceedings.

B. Maintenance. I (request) (am willing to pay):

1. Amount:

2. Duration:

3. Basis:

C. Attorney Fees. I (request) (am willing to pay): \$ _____

D. Proposed Terms for Marital Lien:

1. Principal Amount:

2. Periodic Payments:

a. Amount:

b. Frequency:

3. Interest Rate:

4. Maturity Date:

5. Suggested Collateral:

6. Other:

VI. ASSETS

Please attach all appraisals, assessments or evaluations for property items of significant value listed below, if any.

A. Community Property

Description of Item	FMV	Amount Owing	Net Value	Proposed Award to Husband	Proposed Award to Wife
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TOTALS:

B. Separate Property

Description of Item	FMV	Amount Owing	Net Value	Proposed Award to Husband	Proposed Award to Wife
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TOTALS:

VII. PENSION INFORMATION

Assuming you and/or your spouse have a retirement plan as of the date of trial (DO NOT REPEAT IF INCLUDED IN SECTION VI. ABOVE).

YOU

SPOUSE

Name of Plan (s)

Type of Plan

Years of Credit Service

Vested (Yes or No)

Monthly Retirement Benefit at
Age of Eligibility to Draw

Present Value of Pension (If
Present value determined by
Employer, union or the like,
attach letter (s); if otherwise
determined, attach computation
page).

VIII. LIABILITIES

A. Community Liabilities

Creditor	Monthly Payment	Unpaid Balance at Separation	Proposed Award to Husband	Proposed Award to Wife
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TOTALS:

B. Separate Liabilities

Creditor	Monthly Payment	Unpaid Balance at Separation	Proposed Award to Husband	Proposed Award to Wife
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TOTALS:

IX. FINANCIAL STATUS

Please see the Financial Declaration (Form WPF DRPSCU 01.0550 (6/2004) attached hereto and incorporated herein by reference. Also attach: (a) current wage stubs for the past two (2) months; and (b) copies of tax returns for the past two (2) years or W-2's, if unavailable.

X. CHILD SUPPORT

If child support is an issue in this case, please see the Child Support Worksheet, attached hereto and incorporated herein by this reference.

Respectfully submitted,

Of Attorneys for
W.S.B.A. #

I DECLARE, UNDER PENALTY OF PERJURY under the laws of the State of Washington, that the foregoing facts are full, true and correct to the best of my knowledge.

DATED this _____ day of _____, _____.

(Signature of party)

**SUPERIOR COURT OF WASHINGTON
COUNTY OF**

In re:

and

Petitioner,

Respondent.

NO.

FINANCIAL DECLARATION
 PETITIONER
 RESPONDENT
(FNDCLR)

Name: _____ Date of Birth: _____

I. SUMMARY OF BASIC INFORMATION

Declarant's Total Monthly Net Income (from § 3.3 below) \$ _____

Declarant's Total Monthly Household Expenses (from § 5.9 below) \$ _____

Declarant's Total Monthly Debt Expenses (from § 5.11 below) \$ _____

Declarant's Total Monthly Expenses (from § 5.12 below) \$ _____

Estimate of the other party's gross monthly income (from § 3.1f below) \$ _____

unknown

II. PERSONAL INFORMATION

2.1 Occupation:

2.2 The highest year of education completed:

2.3 Are you presently employed? Yes No

a. If yes: (1) Where do you work. Employer's name and address must be listed on the Confidential Information Form.

- (2) When did you start work there (month/year)?

- b. If no: (1) When did you last work (month/year)?

- (2) What were your gross monthly earnings? \$ _____
- (3) Why are you presently unemployed?

III. INCOME INFORMATION

If child support is at issue, complete the Washington State Child Support Worksheet(s), skip Paragraphs 3.1 and 3.2. If maintenance, fees, costs or debts are at issue and child support is NOT an issue this entire section should be completed. (Estimate of other party's income information is optional.)

3.1 GROSS MONTHLY INCOME.

If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

	Name _____	Name _____
a. Wages and Salaries	\$ _____	\$ _____
b. Interest and Dividend Income	\$ _____	\$ _____
c. Business Income	\$ _____	\$ _____
d. Spousal Maintenance Received		
From _____	\$ _____	\$ _____
e. Other Income	\$ _____	\$ _____
f. Total Gross Monthly Income (add lines 3.1a through 3.1e)	\$ _____	\$ _____
g. Actual Gross Income (Year-to-date)	\$ _____	\$ _____

3.2 MONTHLY DEDUCTIONS FROM GROSS INCOME.

a. Income Taxes	\$ _____	\$ _____
b. FICA/Self-employment Taxes	\$ _____	\$ _____
c. State Industrial Insurance Deductions	\$ _____	\$ _____
d. MANDATORY Union/Professional Dues	\$ _____	\$ _____
e. Pension Plan Payments	\$ _____	\$ _____
f. Spousal Maintenance Paid	\$ _____	\$ _____
g. Normal Business Expenses	\$ _____	\$ _____
h. Total Deductions from Gross Income (add lines 3.2a through 3.2g)	\$ _____	\$ _____

3.3 MONTHLY NET INCOME. (Line 3.1f minus line 3.2h or line 3 from the Child Support Worksheet(s)) \$ _____

3.4 MISCELLANEOUS INCOME.

- a. Child support received from other relationships \$ _____ \$ _____
- b. Other miscellaneous income (list source and amounts)
 - _____ \$ _____ \$ _____
 - _____ \$ _____ \$ _____
 - _____ \$ _____ \$ _____
 - _____ \$ _____ \$ _____
- c. Total Miscellaneous Income (add lines 3.4a through 3.4b) \$ _____ \$ _____

3.5 Income of Other Adults in Household \$ _____ \$ _____

3.6 If the income of either party is disputed, state monthly income you believe is correct and explain below:

IV. AVAILABLE ASSETS

- 4.1 Cash on hand \$ _____
- 4.2 On deposit in banks \$ _____
- 4.3 Stocks and bonds, cash value of life insurance \$ _____
- 4.4 Other liquid assets: \$ _____

V. MONTHLY EXPENSE INFORMATION

Monthly expenses for myself and _____ dependents are: (Expenses should be calculated for the future, after separation, based on the anticipated residential schedule for the children.)

5.1 HOUSING.

- Rent, 1st mortgage or contract payments \$ _____
- Installment payments for other mortgages or encumbrances \$ _____
- Taxes & insurance (if not in monthly payment) \$ _____
- Total Housing \$ _____

5.2 UTILITIES.

- Heat (gas & oil) \$ _____
- Electricity \$ _____

	Water, sewer, garbage	\$ _____
	Telephone	\$ _____
	Cable	\$ _____
	Other	\$ _____
	Total Utilities	\$ _____
5.3	FOOD AND SUPPLIES.	
	Food for _____ persons	\$ _____
	Supplies (paper, tobacco, pets)	\$ _____
	Meals eaten out	\$ _____
	Other	\$ _____
	Total Food Supplies	\$ _____
5.4	CHILDREN.	
	Day Care/Babysitting	\$ _____
	Clothing	\$ _____
	Tuition (if any)	\$ _____
	Other child-related expenses	\$ _____
	Total Expenses Children	\$ _____
5.5	TRANSPORTATION.	
	Vehicle payments or leases	\$ _____
	Vehicle insurance & license	\$ _____
	Vehicle gas, oil, ordinary maintenance	\$ _____
	Parking	\$ _____
	Other transportation expenses	\$ _____
	Total Transportation	\$ _____
5.6	HEALTH CARE. (Omit if fully covered)	
	Insurance	\$ _____
	Uninsured dental, orthodontic, medical, eye care expenses	\$ _____
	Other uninsured health expenses	\$ _____
	Total Health Care	\$ _____
5.7	PERSONAL EXPENSES (Not including children)	
	Clothing	\$ _____
	Hair care/personal care expenses	\$ _____

Clubs and recreation \$ _____
 Education \$ _____
 Books, newspapers, magazines, photos \$ _____
 Gifts \$ _____
 Other \$ _____
 Total Personal Expenses \$ _____

5.7 MISCELLANEOUS EXPENSES.

Life insurance (if not deducted from income) \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 Total Miscellaneous Expenses \$ _____

5.9 TOTAL HOUSEHOLD EXPENSES (The total of Paragraphs 5.1 through 5.8) \$ _____

5.10 INSTALLMENT DEBTS INCLUDED IN PARAGRAPHS 5.1 THROUGH 5.8.

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5.11 OTHER DEBTS AND MONTHLY EXPENSES NOT INCLUDED IN PARAGRAPHS 5.1 THROUGH 5.8.

<u>Creditor</u>	<u>Description Of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>	<u>Amount of Monthly Payment</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Total Monthly Payments for Other Debts and Monthly Expenses \$ _____

5.12 TOTAL EXPENSES (Add Paragraphs 5.9 and 5.11) \$ _____

VI. ATTORNEY FEES

6.1 Amount paid for attorney fees and costs to date: \$ _____

6.2 The source of this money was:

6.3 Fees and costs incurred to date: \$ _____

6.4 Arrangements for attorney fees and costs are:

6.5 Other:

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____, [City] _____ [State] on _____ [Date].

Signature of Declarant

Print or Type Name

The following financial records are being provided to the other party and filed separately with the court.
Financial records pertaining to myself:

- Individual Partnership or Corporate Income Tax returns for the years _____ including all W-2s and schedules;
- Pay stubs for the dates of _____
- Other: _____
- _____
- _____
- _____
- _____
- _____

DO NOT ATTACH THESE FINANCIAL RECORDS TO THE FINANCIAL DECLARATION. THESE FINANCIAL RECORDS SHOULD BE SERVED ON THE OTHER PARTY AND FILED WITH THE COURT SEPARATELY USING THE SEALED FINANCIAL SOURCE DOCUMENTS COVER SHEET (WPF DRPSCU 09.0220). IF FILED SEPARATELY USING THE COVER SHEET, THE RECORDS WILL BE SEALED TO PROTECT YOUR PRIVACY (ALTHOUGH THEY WILL BE AVAILABLE TO THE OTHER PARTIES IN THE CASE, THEIR ATTORNEYS, AND CERTAIN OTHER INTERESTED PERSONS. SEE GR 22 (C)(2)).