

4. Total Monthly Expenses - Continued

The court may require proof of expenses in the form of canceled checks, receipts or other documents.

	Husband	Wife
Rent or mortgage payments (residence)	\$ _____	\$ _____
Real Property taxes (residence)	\$ _____	\$ _____
Maintenance (residence)	\$ _____	\$ _____
Food and household supplies	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Laundry and cleaning.....	\$ _____	\$ _____
Clothing.....	\$ _____	\$ _____
Medical.....	\$ _____	\$ _____
Dental.....	\$ _____	\$ _____
Insurance (life, health, accident, etc.)	\$ _____	\$ _____
Child care.....	\$ _____	\$ _____
Child/spousal support payments from prior marriage	\$ _____	\$ _____
School	\$ _____	\$ _____
Entertainment.....	\$ _____	\$ _____
Incidentals.....	\$ _____	\$ _____
Transportation.....	\$ _____	\$ _____
Gas, oil, repair (auto)	\$ _____	\$ _____
Auto payments	\$ _____	\$ _____

Installment payment(s) (Itemize below)

Creditor's Name	For	Balance Due		
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____

Other Monthly Expenses: (Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Expenses.....	\$ _____	\$ _____

5. Other debts and obligations:

Creditor's Name	For	Date Payable	Balance Due	
			Husband	Wife
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____
Total Other Debts.....			\$ _____	\$ _____

6. List the value of the following property belonging to the parties:

	Husband	Wife
Cash on hand.....	\$ _____	\$ _____
Money in checking account(s).....	\$ _____	\$ _____
Money in credit union account(s)	\$ _____	\$ _____
Money in any other account(s) or deposits	\$ _____	\$ _____
Retirement or pension fund.....	\$ _____	\$ _____
Life insurance cash value.....	\$ _____	\$ _____
Value of any stocks & bonds.....	\$ _____	\$ _____
Value of real estate	\$ _____	\$ _____
Value of all other property	\$ _____	\$ _____
Total Property.....	\$ _____	\$ _____

NOTE: If this form is being filled out for a children's proceeding, omit Parts B and C, and complete Part D.

PART B. PROPERTY STATEMENT (Divorce/dissolution cases only)

- There is no property subject to disposition by the court in this proceeding.
- All property otherwise subject to disposition by the court in this proceeding has been disposed of by written agreement of the parties or oral stipulation made in open court.
- The property subject to disposition by the court in this proceeding is:

Description of assets and obligations	Value of assets	Amount of obligations
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

PART C. ATTORNEY'S FEES AND COST STATEMENT (Divorce/dissolution cases only)

I have paid my attorney(s) \$ _____ for fees and \$ _____ for costs, and my arrangement with my attorney for payment of fees and costs is as follows: _____

Attorney's Signature Date Party's Signature Date

PART D. HEALTH

I do do not have a disease or defect in my health which will affect my ability to earn a living and support myself in the foreseeable future. (If you do have such a disease or defect, please explain below. Any claim of disability or impaired earning capacity must be supported by a doctor's statement attached as an exhibit to this statement.)

SIGNATURES

I swear (or affirm) that all the information given in this declaration is true.

Date

Signature of Declarant

Type or Print Name

Mailing Address

City State Zip

Work Phone _____

Home Phone _____

Subscribed and sworn to or affirmed before me at _____, Alaska,
on _____.

(SEAL)

Clerk of Court, Notary Public or other
person authorized to administer oaths.
My commission expires: _____