

AOC-238.1 Doc. Code DSPV
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Rev. 1-14
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
FCRPP 2 and FCRPP 3



SIMPLIFIED
 PRELIMINARY FINAL VERIFIED
DISCLOSURE STATEMENT*

Case No. _____
Court _____
County _____
Division _____

***FOR PARTIES WITH COMBINED INCOME LESS THAN \$100,000 AND COMBINED ASSETS LESS THAN \$100,000**

IN RE THE MARRIAGE OF:

PETITIONER

and

RESPONDENT

Petitioner Respondent submits under oath the following Verified Disclosure Statement pursuant to FCRPP 2 **OR** FCRPP 3, which requires full and prompt disclosure of the following information:

NOTE: A response of "see attached" is not appropriate for any portion of this statement. Attach documents requested herein only.

I. IDENTIFYING INFORMATION OF BOTH PARTIES

Petitioner

Respondent

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City, State, Zip: _____

City, State, Zip: _____

Age: ____ Phone#: _____

Age: ____ Phone#: _____

II. INCOME AND EMPLOYMENT INFORMATION OF BOTH PARTIES *(If self-employed name of company and adjusted gross monthly income)*

Petitioner

Respondent

Employer Name: _____

Employer Name: _____

Gross monthly income: \$ _____

Gross monthly income: \$ _____

Other income: \$ _____

Other income: \$ _____

III. MARRIAGE INFORMATION

Date of Marriage: _____

Date of separation: _____

Place of Marriage (city, county & state): _____

IV. CHILDREN'S INFORMATION (If more than 3 children, continue on a separate sheet)

A. Minor children born to parties (number _____)

More CHILDREN attached?

Name	Current Age

B. Monthly child care/day care expenses: Cost \$ _____ Paid by _____

C. Monthly medical, dental and vision insurance for children: Cost \$ _____ Paid by _____

D. Either party court-ordered to pay child support for a child born before the children born of this marriage? Yes No

Paying party _____ Amount: \$ _____

Children: (List names and ages) _____

V. SUMMARY OF ASSETS & DEBTS

Do you own any real estate? Yes _____ No _____ If yes, put information below.

Do you own any vehicles? Yes _____ No _____ If yes, put information below.

Do you have any bank accounts or savings? Yes _____ No _____ If yes, put information below.

Do you have assets in a safety deposit box? Yes _____ No _____ If yes, put information below.

Do you have any stocks, bonds, etc.? Yes _____ No _____ If yes, put information below.

Do you have any retirement account, IRA, 401k? Yes _____ No _____ If yes, put information below.

Do you have any cash value in life insurance? Yes _____ No _____ If yes, put information below.

Do you own any interest in a business? Yes _____ No _____ If yes, put information below.

Are there any other assets? Yes _____ No _____ If yes, put information below.

Are there assets held for another person, including children Yes _____ No _____ If yes, put information below.

Have you and your spouse already divided your household goods and personal property? Yes _____ No _____

Item 1:

Item Description: _____

Who Holds Possession: _____ Valuation Date: _____

Fair Market Value: _____ Amount Owed: _____ Net Value or Equity: _____

Item 2:

Item Description: _____

Who Holds Possession: _____ Valuation Date: _____

Fair Market Value: _____ Amount Owed: _____ Net Value or Equity: _____

Item 3:

Item Description: _____

Who Holds Possession: _____ Valuation Date: _____

Fair Market Value: _____ Amount Owed: _____ Net Value or Equity: _____

Item 4:

Item Description: _____

Who Holds Possession: _____ Valuation Date: _____

Fair Market Value: _____ Amount Owed: _____ Net Value or Equity: _____

Item 5:

Item Description: _____

Who Holds Possession: _____ Valuation Date: _____

Fair Market Value: _____ Amount Owed: _____ Net Value or Equity: _____

More OTHER ASSETS attached? Yes No

Total Values: _____

Do you owe any debts? Yes No *If yes, put information below.*

Creditor 1:

Creditor: _____

Party Named on Debt: _____ Premarital Account? _____

Valuation Date: _____ Monthly Payment: _____ Total Balance: _____

Creditor 2:

Creditor: _____

Party Named on Debt: _____ Premarital Account? _____

Valuation Date: _____ Monthly Payment: _____ Total Balance: _____

Creditor 3:

Creditor: _____

Party Named on Debt: _____ Premarital Account? _____

Valuation Date: _____ Monthly Payment: _____ Total Balance: _____

Creditor 4:

Creditor: _____

Party Named on Debt: _____ Premarital Account? _____

Valuation Date: _____ Monthly Payment: _____ Total Balance: _____

Creditor 5:

Creditor: _____

Party Named on Debt: _____ Premarital Account? _____

Valuation Date: _____ Monthly Payment: _____ Total Balance: _____

More DEBTS attached? Yes No

Total Debt Balances: _____

Are you claiming a right to maintenance? Yes No If yes, complete this expense list:

A. COMMON EXPENSES FOR FAMILY (Party and any children of the marriage)	
FOOD/GROCERIES FOR FAMILY (Non-entertainment)	
HOUSING	
Cable	
Garbage collection	
Electric, gas, propane & oil utilities	
Home maintenance & repairs	
Homeowner's insurance	
Household supplies	
Maid service	
Property taxes	
Rent or 1st mortgage	
2nd mortgage/home equity loan	
Telephone	
Mobile phone	
Vet/pet supplies	
Yard expense/maintenance	
Water/sewage	
TRANSPORTATION	
Gas and oil	
Liability insurance	
License/taxes/tag	
Payment/loan	
Repairs/maintenance	
Other – bus, taxi, tolls & parking	
OTHER FAMILY EXPENSES (list):	
Sub-total from attached other family expenses, if needed <input type="checkbox"/> Attached	
SUBTOTAL (Column A)	

B. YOUR PERSONAL EXPENSES (<u>not</u> including any children's expenses)	
Church and charitable donations	
Clothing	
Cosmetics, hygiene & toiletries	
Disability insurance	
Dry cleaning & laundry	
Entertainment, including restaurants & movies	
Hair care (barber, salon, etc.)	
Internet access	
Life insurance (whole life or term)	
Manicures & pedicures	
Newspapers, magazines & books	
Professional dues or uniforms	
Sports, exercise, hobbies, crafts, etc.	
Travel (monthly average)	
MEDICAL	
Dental (including orthodontics)	
Eyeglasses, contacts & hearing aids, exams and testing	
Insurance (hospitalization)	
Medical doctor(s)	
Prescription medication	
OTHER PERSONAL EXPENSES (list):	
Sub-total from attached other personal expenses, if needed <input type="checkbox"/> Attached	
SUBTOTAL FROM COLUMN B	
SUBTOTAL FROM COLUMN A	
SUBTOTAL FROM CHILDREN'S EXPENSE LIST ATTACHMENT	
GRAND TOTAL OF COLUMN A, B, AND ATTACHMENTS	

VERIFICATION

I, _____, declare under penalty of perjury that the information contained herein, including the information provided on any schedules and attachments, is true and accurate to the best of my knowledge, information and belief. Further, I acknowledge that I have read the foregoing instructions and have followed those instructions to the best of my ability.

 Petitioner Respondent {*check one*}

STATE OF _____)
COUNTY OF _____) SS

Subscribed and sworn before me by _____, this _____ day of _____,

My commission expires: _____

NOTARY PUBLIC/TITLE

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of this **Verified Disclosure Statement** (with schedules and attachments) was served by mail, postage prepaid, or hand-delivery, or electronic means, in accordance with Kentucky Rule of Civil Procedure (CR) 5.02, on (name) _____
at (address) _____,
this the _____ day of _____, _____.

Signature

Attorney for Petitioner Attorney for Respondent

Petitioner Respondent

Address: _____

Phone: () _____

Fax: () _____

Email: _____

***NOTE**

When this form is utilized as an AOC-238.1, Simplified Preliminary Verified Disclosure Statement, unless otherwise ordered by the Court or required by Local Rule, this form is NOT to be filed with the Court. FCRPP 2(3). However, the entire form and all attachments are to be exchanged between the parties within 45 days of service of the petition on the respondent, and objections thereto shall be exchanged within 20 days thereafter.

When this form is utilized as an AOC-239.1, Simplified Final Verified Disclosure Statement, pursuant to FCRPP 3(3), this form is to be filed with the Court no later than 5 days prior to the trial if property matters are in dispute at that trial. However, the parties may file an Affidavit of No Change In Circumstances, AOC- 239.2, if the AOC-238.1, Simplified Preliminary Verified Disclosure Statement was filed with the Court. A copy of the Final Verified Disclosure Statement or the Affidavit, together with any supporting documentation, shall be provided to the opposing party 15 days prior to trial unless otherwise ordered by the Court.