
Name

Address

City State Zip Code

Phone Number

Email Address

PETITIONER PRO SE

**MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY**

| | |
|--|---|
| <p>In re the Marriage of:</p> <p>_____,</p> <p style="text-align: center;">Petitioner,</p> <p>and</p> <p>_____,</p> <p style="text-align: center;">Respondent.</p> | <p>Cause No.: _____</p> <p>Department No.: _____</p> <p style="text-align: center;">PETITIONER'S FINAL DECLARATION OF DISCLOSURE OF ASSETS, DEBTS, INCOME, AND EXPENSES</p> |
|--|---|

****WARNING:** Montana law requires the full disclosure of all assets, debts, income and expenses. Failure of either party to file a complete financial disclosure statement shall authorize the Court to accept the statement of the other party as accurate. Any deliberately false statement made herein or on any schedules or attachments may subject you to the penalty of perjury or other appropriate relief and may be considered a fraud upon the Court.

If you need additional space on which to list your assets, debts, income or expenses, please attach additional sheets of paper as necessary. Do not write in the margins or on the reverse sides of the pages of this document.

DISCLOSURE OF ASSETS

| REAL ESTATE | Estimated Value | Name(s) on Title |
|---|-----------------|------------------|
| Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No Amount: _____ Lender: _____ | | |
| Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No Amount: _____ Lender: _____ | | |

| VEHICLES / RECREATIONAL VEHICLES | Estimated Value | Name(s) on Title |
|---|-----------------|------------------|
| Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____ | | |
| Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____ | | |
| Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____ | | |
| Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____ | | |
| Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____ | | |

| BANK ACCOUNTS / CASH | Balance as of ____ / ____ / ____ | Name(s) on Account |
|--|-------------------------------------|--------------------|
| Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep. | | |
| Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep. | | |
| Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep. | | |
| Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep. | | |

| PENSIONS, RETIREMENT, LIFE INSURANCE, STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS | Balance as of ____ / ____ / ____ | Name(s) on Account |
|--|-------------------------------------|--------------------|
| Description: | | |
| Description: | | |
| Description: | | |

| PERSONAL PROPERTY (including appliances, furniture, jewelry, art, guns, etc.) | Estimated Value |
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| BUSINESS INTERESTS (including equipment, tools, livestock, etc.) | Est. Value |
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| OTHER ASSETS | Est. Value |
|--------------|------------|
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DISCLOSURE OF DEBTS

Any mortgages or secured debts should be listed with the real estate above.
Any vehicle loans should be listed with the vehicles above.

(List amounts owing for credit cards, utility bills, medical expenses, etc.)

| Creditor | Description | Amount | Name on Debt |
|----------|-------------|--------|--------------|
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DISCLOSURE OF INCOME

WIFE HUSBAND

| Source of Income | Amt/Month | Source of Income | Amt/Month |
|-----------------------------|-----------|----------------------|-----------|
| Wages, Salary, Commissions | | Food Stamps | |
| Rents, Interests, Dividends | | Pension, Retirement | |
| Self Employment Earnings | | Child Support | |
| Unemployment / Wk. Comp. | | Dependent's Benefits | |
| Soc. Sec. Benefits / SSI | | Other: | |
| Public Assistance | | | |
| | | | |
| | | | |
| | | | |

DISCLOSURE OF EXPENSES

[] WIFE [] HUSBAND

| Description of Expense | Amt/Month | Description of Expense | Amt/Month |
|----------------------------------|-----------|-------------------------|-----------|
| Taxes, etc. withheld from income | | Property Insurance | |
| Retirement | | Transportation | |
| Health Insurance | | Car Insurance | |
| Medical Expenses | | Student Loans | |
| Housing (rent or mortgage) | | Utilities | |
| Property Taxes | | Telephone | |
| Clothing | | Food/Household Supplies | |
| Child Care | | Child Support Payments | |
| Other: | | | |
| | | | |
| | | | |
| | | | |

DATED this ____ day of _____, 20__.

Signature of Petitioner

STATE OF MONTANA)
 :SS.
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this ____ day of _____,
20__.

(Seal)

Name (printed)
Notary Public for the State of Montana
Residing at: _____
My Commission Expires: _____

