Name				FORM #56a
Address				
City	State	Zip Code		
Phone Number				
Email Address RESPONDEN	T PRO SE			
	MONTANA		JU	DICIAL DISTRICT COURTCOUNTY
In re the Mari	riage of:			Cause No.: Department No.:
and	Petiti	,		RESPONDENT'S PRELIMINARY DECLARATION OF DISCLOSURE OF ASSETS, DEBTS, INCOME,
	Res	pondent.		AND EXPENSES

**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 hereon 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.

DO NOT FILE THIS DOCUMENT WITH THE CLERK OF COURT. FILE A "NOTICE OF SERVICE OF PRELIMINARY DECLARATION OF DISCLOSURE."

DISCLOSURE OF ASSETS

REAL ESTATE	Estimated Value	Name(s) on Title
Address:		
Secured Debt: Yes / No Amount:		
Address:		
Secured Debt: Yes / No Amount:		

VEHICLES / RECREATIONAL VEHICLES	Estimated Value	Name(s) on Title
Year/Make/Model:		

VEHICLES / RECREATIONAL VEHICLES	Estimated Value	Name(s) on Title
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)SavingsCheckingCert of Dep.		
Name of Bank: Account # (Sealed – Sensitive Data Form) SavingsCheckingCert of Dep.		
Name of Bank:Account # (Sealed – Sensitive Data Form)SavingsCheckingCert 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
BUSINESS INTERESTS (including equipment, tools, livestock, etc.)	Est.Value

OTHER ASSETS	Est.Value

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

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:			

					т
DATED this day of			, 2	0	
	<u>a:</u>		CD 1	4 P	
	Sign	atui	re of Responde	ent <i>Pro se</i>	
STATE OF MONTANA) :ss.					
COUNTY OF)					
SUBSCRIBED AND SWO	RN TO before	me	this da	y of	,
20					
(C1)			Name (printed		`\
(Seal)				for the State of	
		1	My Commission	on Expires:	
<u>Cl</u>	ERTIFICATE	OF	SERVICE		
I, the undersigned, certify t	hat I served the	Pre	eliminary Dec	laration of Disc	closure on the
following person this day or	f		20	bv·	
tonowing person and day of			, 20		
[] depositing the same	in the U.S. Ma	il v	vith postage pr	re-paid;	
or					
	are a		4 0.11		
[] personally delivering	ig this documer	it to	the following	g person.	
(Insert Name					
·				=	
and Address				-	

of Petitioner)	
	Signature of Respondent <i>Pro se</i>