Name					FORM #58a
Address					
City	State	Zip Code			
Phone Number					
Email Address RESPOND	ENT PRO SE	 E			
MC	ONTANA		JUI	DICIAL DISTRIC	CT COURT OUNTY
In re the N	larriage of:			Cause No.: Department No.	:
and		spondent	_, _,	RESPONDENT DECLARATIC DISCLOSURE DEBTS, INCO EXPENSES	ON OF OF ASSETS,
	Res	spondent.	_,	EXPENSES	VIL, AND

******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.

DISCLOSURE OF ASSETS

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

BANK ACCOUNTS / CASH	Balance as of	Name(s) on Account
	/	

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) SavingsCheckingCert 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

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

Source of Income	Amt/Month
Wages, Salary, Commissions	
Rents, Interests, Dividends	
Self Employment Earnings	
Unemployment / Wk. Comp.	
Soc. Sec. Benefits / SSI	
Public Assistance	

Source of Income	Amt/Month
Food Stamps	
Pension, Retirement	
Child Support	
Dependent's Benefits	
Other:	

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 _____, 20____.

Signature of Respondent Pro se

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 MontanaResiding at:My Commission Expires:

CERTIFICATE OF SERVICE

I, the undersigned, certify that I served the Final Declaration of Disclosure on the following person this _____ day of _____, 20____, by:

[] depositing the same in the U.S. Mail with postage pre-paid;

or

[] personally delivering this document to the following person.

(Insert Name and Address of Petitioner)

Respondent Pro se