



**PRELIMINARY VERIFIED  
DISCLOSURE STATEMENT**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_

PETITIONER

and

\_\_\_\_\_

RESPONDENT

Petitioner  Respondent submits under oath the following Preliminary Verified Disclosure Statement pursuant to FCRPP 2 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.**

**A. BACKGROUND INFORMATION:**

1. Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
2. Current Address: \_\_\_\_\_  
\_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
4. Number of Prior Marriages: \_\_\_\_\_ How Each Terminated: \_\_\_\_\_

5. Minor Children From Prior Marriages:

Name	Date of Birth	Residing With

6. Date of Marriage: \_\_\_\_\_ Where License Obtained: \_\_\_\_\_

7. Date of Separation: \_\_\_\_\_

8. Children of This Marriage: \_\_\_\_\_

Name	Date of Birth	Residing With

9. Have you attended a divorce education program? \_\_\_\_\_ When: \_\_\_\_\_

10. Have children attended a children's divorce education program? \_\_\_\_\_ When: \_\_\_\_\_

- 11. Is there an Emergency Protective Order or a Domestic Violence Order in effect regarding these parties? \_\_\_\_  
If so, ATTACH COPY OF ORDER (all pages).
- 12. Is there a Petition pending filed by either party for an Emergency Protective Order? \_\_\_\_  
If so, ATTACH COPY OF PETITION (all pages).

**B. EMPLOYMENT INFORMATION:**

1. Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Length of Employment: \_\_\_\_\_  
Present Position: \_\_\_\_\_  
How Often Paid: \_\_\_\_\_  
Gross Pay Per Pay Period (including overtime): \_\_\_\_\_  
Net Pay Per Pay Period (including overtime): \_\_\_\_\_

2. Other/Additional Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Length of Employment: \_\_\_\_\_  
Present Position: \_\_\_\_\_  
How Often Paid: \_\_\_\_\_  
Gross Pay Per Pay Period (including overtime): \_\_\_\_\_  
Net Pay Per Pay Period (including overtime): \_\_\_\_\_

3. Self-Employment: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Length of Self-Employment: \_\_\_\_\_  
Present Position: \_\_\_\_\_  
Gross Income Year to Date: \_\_\_\_\_

Ordinary and Necessary Business Expenses Year to Date (list and give totals):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gross Income Last Year from Self-Employment: \_\_\_\_\_  
Net Income Last Year from Self-Employment: \_\_\_\_\_

**ATTACH COPIES OF LAST THREE PAY STUBS FROM EACH EMPLOYER, LAST YEAR'S W-2(S) AND LAST THREE STATE AND FEDERAL TAX RETURNS.**

**C. ADDITIONAL INCOME RECEIVED IN LAST 12 MONTHS (Specify amounts):**

	Amount
1. Employment Benefits:	
Commissions:	_____
Bonuses, incentives, etc.:	_____
Health Insurance paid by employer	_____
Housing expenses:	_____
Automobile expenses:	_____
Payment/lease:	_____
Mileage:	_____
Repairs:	_____
Gas:	_____
Insurance:	_____
Phone/Mobile phone expenses:	_____
Meals or allowance:	_____
Club dues:	_____
Others (list all and specify amount or value):	_____
2. Interest and Dividends:	
<u>Source</u>	
_____	_____
_____	_____
_____	_____
3. Unemployment:	_____
4. Worker's Compensation:	_____
5. Social Security/SSI:	_____
6. TANF:	_____
7. Child Support:	_____
8. Maintenance:	_____
9. Retirement Benefits:	_____
10. Others (list all and give amounts):	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**D. CHILD SUPPORT GUIDELINE INFORMATION:**

- 1. Medical Insurance:  
Who pays: \_\_\_\_\_  
How paid: \_\_\_\_\_  
How Much for Child(ren) Only: \_\_\_\_\_
- 2. Dental Insurance:  
Who pays: \_\_\_\_\_  
How paid: \_\_\_\_\_  
How Much for Child(ren) Only: \_\_\_\_\_
- 3. Child Care Costs:  
Who Provides: \_\_\_\_\_  
How Often is Provider Paid: \_\_\_\_\_  
Name of Provider: \_\_\_\_\_  
How Much Paid: \_\_\_\_\_
- 4. Amount Paid for Court Ordered Child Support for Prior Born Child(ren): \_\_\_\_\_
- 5. Amount Paid for Court Ordered Maintenance for Prior Marriage(s): \_\_\_\_\_
- 6. Imputed Child Support for Prior Born Child(ren): \_\_\_\_\_
- 7. Child Support Received for Child not of this Marriage: \_\_\_\_\_
- 8. Maintenance Received from Prior Marriage: \_\_\_\_\_

**E. NONMARITAL PROPERTY CLAIMS:**

List all property, real or personal, tangible or intangible, of greater than \$100.00 in value, which you claim to be either entirely or partially your nonmarital property.

Item 1--Specify item:

\_\_\_\_\_

Fair Market Value at Date of Marriage: \_\_\_\_\_  
Debt Balance on Item at Date of Marriage: \_\_\_\_\_  
Current Debt Balance on Item: \_\_\_\_\_  
Current Fair Market Value: \_\_\_\_\_  
Basis for your Claim Item is Nonmarital: \_\_\_\_\_

\_\_\_\_\_

Nonmarital Value of Item: \_\_\_\_\_

Item 2--Specify item

\_\_\_\_\_

Fair Market Value at Date of Marriage: \_\_\_\_\_  
Debt Balance on Item at Date of Marriage: \_\_\_\_\_  
Current Debt Balance on Item: \_\_\_\_\_  
Current Fair Market Value: \_\_\_\_\_  
Basis for your Claim Item is Nonmarital: \_\_\_\_\_

\_\_\_\_\_

Nonmarital Value of Item: \_\_\_\_\_

**F. MARITAL PROPERTY:**

1. Real Property:

<i>Address</i>	<i>Fair Market Value</i>	<i>Mortgage(s) Balance</i>	<i>% Interest</i>

2. Vehicles, Motorcycles, Boats, Trailers, Equipment, etc.:

<i>Year/Make/Model/Type</i>	<i>Fair Market Value</i>	<i>Loan Balance</i>

3. Bank Accounts\*

<i>Bank and Type of Account</i>	<i>Balance</i>

4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.):\*

<i>Type and Location of Investment</i>	<i># of Shares</i>	<i>Fair Market Value</i>

5. Life Insurance\*:

<i>Company and Type of Policy</i>	<i>Insured</i>	<i>Cash Surrender Value</i>	<i>Loan Balance</i>

\* Bank statements, canceled checks, registers, carbon copies of checks, deposit tickets, periodic statements from investments, statements on life insurance, periodic statements from retirement plans, periodic statements reflecting assets held in name of or on behalf of children, and documents reflecting debts and credit card statements for past 12 months should be in possession of answering party or answering party's attorney when this statement is served on the opposing party.

6. Assets Held in Name of/on Behalf of Children\*

<i>Type &amp; Name of Account</i>	<i>Balance or Value</i>

7. Retirement Plans (Pensions, 401(k), Tax Deferred Savings, IRAs, etc.):\*

<i>Type and Name of Plan</i>	<i>Plan Administrator</i>	<i>Balance or Value</i>

8. Interests In/Ownership of Business:

<i>Location of Business, Business Name &amp; Address</i>	<i>% and Type of Business</i>	<i>Tax Returns &amp; Financial Documents</i>

9. Household Property in Dispute:

<i>Item</i>	<i>Location</i>	<i>Fair Market Value</i>	<i>Loan Balance</i>

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10. Safety Deposit Box?  Yes

No

If yes:

<i>Location</i>	<i>Contents</i>	<i>Value</i>	<i>Date of Last Visit</i>

11. Other Property - (specify item and value):

Jewelry: \_\_\_\_\_

Furs: \_\_\_\_\_

Antiques: \_\_\_\_\_

Art: \_\_\_\_\_

Collections: \_\_\_\_\_

Country Club Memberships: \_\_\_\_\_

Season Tickets: \_\_\_\_\_

Income Tax Refunds Expected: \_\_\_\_\_

Frequent Flyer Miles: \_\_\_\_\_

Accounts Receivables/Loans: \_\_\_\_\_

Claims Against Others: \_\_\_\_\_

Accrued Vacation Pay: \_\_\_\_\_

Others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G. DEBTS\*:**

<i>Creditor</i>	<i>Purpose/Security</i>	<i>Balance</i>	<i>Monthly Pmt.</i>

\* Bank statements, canceled checks, registers, carbon copies of checks, deposit tickets, periodic statements from investments, statements on life insurance, periodic statements from retirement plans, periodic statements reflecting assets held in name of or on behalf of children, and documents reflecting debts and credit card statements for past 12 months should be in possession of answering party or answering party's attorney when this statement is served on the opposing party.

**H. MONTHLY EXPENSES (Specify amounts):**

	<i>Actual</i>	<i>Anticipated</i>
Rent:		
Mortgage:		
Property Tax:		
Homeowner's/Renter's Insurance:		
House Maintenance:		
Electric Utilities:		
Fuel, Oil, Gas Utilities:		
Telephone:		
Cellular Phone:		
Water and Sewer:		
Garbage Pickup:		
Yard Expense:		
Cleaning Service:		
Child Care/Babysitter:		
Cable Television:		
Car Payments/Lease Payments:		
Auto Gas and Oil:		
Car Maintenance and Repairs:		
Car Licenses/Taxes		
Car Insurance:		
Religious/Charitable Contributions:		
Clothing:		
Uniforms:		
Dry Cleaners:		
Entertainment:		
Gifts:		
Food:		
Doctor:		
Dentist:		
Orthodontist:		
Prescriptions Drugs/Medicines:		
Optometrist/Ophthalmologist/Eyeglasses:		
Medical/Dental Insurance (not deducted from pay):		
Life Insurance (not deducted from pay):		
Disability Insurance (not deducted from pay):		
Newspaper:		
Magazine Subscriptions:		
Veterinarian/Pet Food:		

	<i>Actual</i>	<i>Anticipated</i>
Professional Dues/Club Memberships:		
Social Clubs:		
Barber/Beauty Shop:		
Tuition/School Expenses:		
State/Federal/Local Taxes Not Withheld:		
Child support paid for prior born child		
Child support for child of marriage		
Maintenance paid to prior spouse		
Maintenance paid to current spouse		
Athletic and Activity Fees (list)		
Debt payments (list)		
Other Monthly Expenses (list)		
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>	<b>\$</b>

Petitioner  Respondent states that the above information is true and correct to the best of my knowledge and belief, and that it results from a diligent, good faith effort to ascertain the information sought herein, based upon information and documents available to me and/or within my possession or control. All documents upon which this information is based and the documents requested herein have been produced and are currently in the office of my counsel.

\_\_\_\_\_  
 Petitioner  Respondent

STATE OF KENTUCKY                    )  
 COUNTY OF \_\_\_\_\_            ) SCT.

Subscribed and sworn to before me by \_\_\_\_\_, on this the \_\_\_\_\_ day  
 of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public, \_\_\_\_\_

My commission expires: \_\_\_\_\_.

**CERTIFICATE OF SERVICE**

This is to certify that the foregoing Preliminary Verified Disclosure Statement was  mailed  hand-delivered to counsel for  Petitioner  Respondent on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and documents requested and supporting the information set forth herein are currently available at the undersigned's office or are in the undersigned's possession and are available for inspection and copying at the requesting party's expense.

\_\_\_\_\_  
 ATTORNEY FOR  PETITIONER  RESPONDENT  
 or  PETITIONER  RESPONDENT