

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____X

Plaintiff,

**STATEMENT
OF NET WORTH
DATED:**

- against -

Index No.

Date Action Commenced:

Defendant.

_____X

Complete all items, marking "NONE", "INAPPLICABLE" and "UNKNOWN", if appropriate

STATE OF NEW YORK)
)ss.:
COUNTY OF _____)

_____, the Plaintiff/Defendant herein, being duly sworn, deposes and says that, **subject to the penalties of perjury**, the following is an accurate statement as of **, 2015**, of my net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), **statement of income from all sources** and statement of assets transferred of whatsoever kind and nature and wherever situated and statement of expenses:

I. FAMILY DATA

	(a)	Plaintiff's date of birth:	
	(b)	Defendant's date of birth:	
	(c)	Date married:	
	(d)	Names and dates of birth of Child(ren) of the marriage:	
	(e)	Minor child(ren) of prior marriage:	
	(f)	Custody of child(ren) of prior marriage:	
	(g)	Plaintiff's present address:	
		Defendant's present address:	
	(h)	Occupation/Employer of Plaintiff:	
		Occupation/Employer of Defendant:	

II. EXPENSES: (List your current expenses on a monthly basis. If there has been any change in these expenses during the recent past please indicate). Items included under “other” should be listed separately with separate dollar amounts.)

(a)		Housing: Monthly	
	1.	Mortgage/Co-op Loan	
	2.	Home Equity Line of Credit/Second Mortgage	
	3.	Real Estate Taxes (if not included in mortgage payment)	
	4.	Homeowners/Renter’s Insurance	
	5.	Homeowner’s Association/Maintenance charges/Condominium Charges	
	6.	Rent	
	7.	Other	
		TOTAL: HOUSING	
(b)		Utilities: Monthly	
	1.	Fuel Oil/Gas	
	2.	Electric	
	3.	Telephone (land line)	
	4.	Mobile Phone	
	5.	Cable/Satellite TV	
	6.	Internet	
	7.	Alarm	
	8.	Water	
	9.	Other	
		TOTAL: UTILITIES	

(c)		Food: Monthly	
	1.	Groceries	
	2.	Dining Out/Take Out	
	3.	Other	
		TOTAL: FOOD	
(d)		Clothing: Monthly	
	1.	Yourself	
	2.	Child(ren)	
	3.	Dry Cleaning	
	4.	Other	
		TOTAL: CLOTHING	
(e)		Insurance: Monthly	
	1.	Life	
	2.	Fire, theft and liability and personal articles policy	
	3.	Automotive	
	4.	Umbrella Policy	
	5.	Medical Plan	
		5A. Medical Plan for yourself (Including name of carrier and name of insured)	
		5B. Medical Plan for children (Including name of carrier and name of insured)	
	6.	Dental Plan	
	7.	Optical Plan	
	8.	Disability	

	9.	Worker's Compensation	
	10.	Long Term Care Insurance	
	11.	Other	
		TOTAL: INSURANCE	
(f)		Unreimbursed Medical: Monthly	
	1.	Medical	
	2.	Dental	
	3.	Optical	
	4.	Pharmaceutical	
	5.	Surgical, Nursing, Hospital	
	6.	Psychotherapy	
	7.	Other	
		TOTAL: UNREIMBURSED MEDICAL	
(g)		Household Maintenance: Monthly	
	1.	Repairs/Maintenance	
	2.	Gardening/landscaping	
	3.	Sanitation/carting	
	4.	Snow Removal	
	5.	Extermination	
	6.	Other	
		TOTAL: HOUSEHOLD MAINTENANCE	
(h)		Household Help: Monthly	
	1.	Domestic (housekeeper, etc.)	
	2.	Nanny/Au Pair/Child Care	
	3.	Babysitter	
	4.	Other	
		TOTAL: HOUSEHOLD HELP	

(i)		Automobile: Monthly (List a date for each car separately)	
		Year:_____ Make:_____ Personal:_____	
		Business:_____	
	1.	Lease or Loan Payments (indicate lease term)	
	2.	Gas and Oil	
	3.	Repairs	
	4.	Car Wash	
	5.	Parking and tolls	
	6.	Other	
		TOTAL: AUTOMOTIVE	
(j)		Education Costs: Monthly	
	1.	Nursery and Pre-school	
	2.	Primary and Secondary	
	3.	College	
	4.	Post-Graduate	
	5.	Religious Instruction	
	6.	School Transportation	
	7.	School Supplies/Books	
	8.	School Lunches	
	9.	Tutoring	
	10.	School Events	
	11.	Child(ren)'s extra-curricular and educational enrichment activities (Dance, Music, Sports, etc.)	
	12.	Other	
		TOTAL: EDUCATION	
(k)		Recreational: Monthly	
	1.	Vacations	
	2.	Movies, Theatre, Ballet, Etc.	

	3.	Music (Digital or Physical Media)	
	4.	Recreation Clubs and Memberships	
	5.	Activities for yourself	
	6.	Health Club	
	7.	Summer Camp	
	8.	Birthday party costs for your child(ren)	
	9.	Other	
		TOTAL: RECREATIONAL	
(l)		Income Taxes: Monthly	
	1.	Federal	
	2.	State	
	3.	City	
	4.	Social Security and Medicare	
	5.	Number of dependents claimed in prior tax year	
	6.	List any refund received by you for prior tax year	
		TOTAL: INCOME TAXES	
(m)		Miscellaneous: Monthly	
	1.	Beauty parlor/barber/Spa	
	2.	Toiletries/Non-Prescription Drugs	
	3.	Books, magazines, newspapers	
	4.	Gifts to others	
	5.	Charitable contributions	
	6.	Religious organizations dues	
	7.	Union and organization dues	
	8.	Commutation expenses	
	9.	Veterinarian/pet expenses	

	10.	Child support payments (for Child(ren) of a prior marriage or relationship pursuant to court order or agreement)	
	11.	Alimony and maintenance payments (prior marriage pursuant to court order or agreement)	
	12.	Loan payments	
	13.	Unreimbursed business expenses	
	14.	Safe Deposit Box rental fee	
		TOTAL: MISCELLANEOUS	
(n)		Other: Monthly	
	1.		
	2.		
	3.		
		TOTAL: OTHER	
		TOTAL: MONTHLY EXPENSES	

III.		<u>GROSS INCOME INFORMATION:</u>	
	(a)	Gross (total) income - as should have been or should be reported in the most recent Federal income tax return. (State whether your income has changed during the year preceding date of this affidavit. If so, please explain.) Attach most recent W-2, 1099s, K1s and income tax returns. List any amount deducted from gross income for retirement benefits or tax deferred savings.	
	(b)	To the extent not already included in gross income in (a) above:	
		1. Investment income, including interest and dividend income, reduced by sums expended in connection with such investment	
		2. Worker's compensation (indicate percentage of amount due to lost wages)	
		3. Disability benefits (indicate percentage of amount due to lost wages)	
		4. Unemployment insurance benefits	
		5. Social Security benefits	
		6. Supplemental Security Income	
		7. Public assistance	
		8. Food stamps	
		9. Veterans benefits	
		10. Pensions and retirement benefits	
		11. Fellowships and stipends	
		12. Annuity payments	
	(c)	If any child or other member of your household is employed, set forth name and that person's annual income:	
	(d)	List any maintenance and/or child support you are receiving pursuant to court order or agreement	
	(e)	Other:	

IV. ASSETS *(If any asset is held jointly with spouse or another, so state, and set forth your respective shares. Attach additional sheets, if needed)*

A.	1.	Cash Accounts:	
		Cash	
	1.1	a. Location	
		b. Source of Funds	
		c. Amount as of date of commencement	
		d. Current amount	
		TOTAL: CASH	
	2.	Checking Accounts:	
	2.1	a. Financial Institution	
		b. Account Number	
		c. Title holder	
		d. Date opened	
		e. Source of Funds	
		f. Balance as of date of commencement	
		g. Current balance	
	2.2	a. Financial Institution	
		b. Account Number	
		c. Title holder	
		d. Date opened	
		e. Source of Funds	
		f. Balance as of date of commencement	
		g. Current balance	
		TOTAL: Checking	

	3.	Savings Account (including individual, joint, totten trust, certificates of deposit, treasury notes)	
	3.1	a. Financial Institution	
		b. Account Number	
		c. Title holder	
		d. Type of account	
		e. Date opened	
		f. Source of Funds	
		g. Balance as of date of commencement	
		h. Current balance	
	3.2	a. Financial Institution	
		b. Account Number	
		c. Title holder	
		d. Type of account	
		e. Date opened	
		f. Source of Funds	
		g. Balance as of date of commencement	
		h. Current balance	
		TOTAL: Savings	
		TOTAL: Accounts	\$
B.	4.	Real Estate (Including real property, leaseholds, life estates, etc. at market value – do not deduct any mortgage)	
	4.1	a. Description	
		b. Title owner	
		c. Date of acquisition	
		d. Original price	

		e. Source of funds to acquire	
		f. Amount of mortgage or lien unpaid	
		g. Estimate current fair market value	
	4.2	a. Description	
		b. Title owner	
		c. Date of acquisition	
		d. Original price	
		e. Source of funds to acquire	
		f. Amount of mortgage or lien unpaid	
		g. Estimate current fair market value	
		TOTAL: Real Estate	
C.	5.	Retirement Accounts (e.g. IRAs, 401(k)s, 403(b)s, pension, profit sharing plans, deferred compensation plans, etc.)	
	5.1	a. Description	
		b. Location of assets	
		c. Title Owner	
		d. Date of acquisition	
		e. Source of funds	
		f. Amount of unpaid liens	
		g. Value as of date of commencement	
		h. Current value	
	5.2	a. Description	
		b. Location of assets	
		c. Title Owner	
		d. Date of acquisition	
		e. Source of funds	

		f. Amount of unpaid liens	
		g. Value as of date of commencement	
		h. Current value	
		TOTAL: Retirement Accounts	
D.	6.	Vehicles (Auto, Boat, Truck, Plane, Camper, Motorcycles, etc.)	
	6.1	a. Description	
		b. Title owner	
		c. Date of acquisition	
		d. Original price	
		e. Source of funds to acquire	
		f. Amount of lien unpaid	
		g. Current fair market value	
		h. Value as of date of commencement	
	6.2	a. Description	
		b. Title owner	
		c. Date of acquisition	
		d. Original price	
		e. Source of funds to acquire	
		f. Amount of lien unpaid	
		g. Current fair market value	
		h. Value as of date of commencement	
		TOTAL: Value of Vehicles	\$
E.	7.	Jewelry, art, antiques, household furnishings, precious objects, gold and precious metals (only if valued at more than \$500)	
	7.1	a. Description	
		b. Title Owner	

		c. Location	
		d. Original price or value	
		e. Source of funds to acquire	
		f. Amount of lien unpaid	
		g. Value as of date of commencement	
		h. Estimate Current Value	
		i. Value as of date of commencement	
	7.2	a. Description	
		b. Title Owner	
		c. Location	
		d. Original price or value	
		e. Source of funds to acquire	
		f. Amount of lien unpaid	
		g. Value as of date of commencement	
		h. Estimate Current Value	
		i. Value as of date of commencement	
		TOTAL:	\$
		IF YOU HAVE NO OTHER ASSETS OR BUSINESS INTERESTS, GO TO THE LIABILITIES SECTION ON PAGE 16	
F.	8.	Interest in any Business	
	8.1	a. Name and Address of Business	
		b. Type of Business (corporate, partnership, sole proprietorship or other)	
		c. Your percentage of interest	
		d. Date of acquisition	
		e. Original price or value	

		f. Source of funds to acquire	
		g. Net worth of business and date of such valuation	
		h. Other relevant information	
		TOTAL: Value of Business Interest	
G.	9.	Cash Surrender Value of Life Insurance	
	9.1	a. Insurer's name and address	
		b. Name of insured	
		c. Policy number	
		d. Face amount of policy	
		e. Policy owner	
		f. Date of acquisition	
		g. Source of funds	
		h. Cash surrender value as of date of commencement	
		i. Current cash surrender value	
	9.2	a. Insurer's name and address	
		b. Name of insured	
		c. Policy number	
		d. Face amount of policy	
		e. Policy owner	
		f. Date of acquisition	
		g. Source of funds	
		h. Cash surrender value as of date of commencement	
		i. Current cash surrender value	

H.	10.	Investment Accounts/Securities/Stock Options/Commodities/Broker Margin Accounts	
		10.1 a. Description	
		b. Title holder	
		c. Location	
		d. Date of acquisition	
		e. Source of funds	
		f. Value as of date of commencement	
		g. Current value	
		10.2 a. Description	
		b. Title holder	
		c. Location	
		d. Date of acquisition	
		e. Source of funds	
		f. Value as of date of commencement	
		g. Current Value	
		TOTAL: Investment Accounts/Securities/Stock Options/Commodities/Broker Margin Accounts	
		TOTAL Value of Securities	\$
I.	11.	Loans to Others and Accounts Receivable	
		11.1 a. Debtor's Name and Address	
		b. Original amount of loan or debt	
		c. Source of funds from which loan made or origin of debt	
		d. Date payment(s) due	
		e. Amount due as of date of commencement	
		f. Current amount due	
		TOTAL: Loans to Others and Accounts Receivable	

J.	12.	Contingent Interests (stock options, interests subject to life estates, prospective inheritances)	
		12.1 a. Description	
		b. Location	
		c. Date of vesting	
		d. Title owner	
		e. Date of acquisition	
		f. Original price or value	
		g. Source of acquisition to acquire	
		h. Method of valuation	
		i. Value as of date of commencement	
		j. Current value	\$
		TOTAL: Contingent Interests	\$
K.	13.	Other Assets (e.g., tax shelter investments, collections, judgments, causes of action, patents, trademarks, copyrights, and any other asset not hereinabove itemized)	
		13.1 a. Description	
		b. Title owner	
		c. Location	
		d. Original Price or value	
		e. Source of funds to acquire	
		f. Amount of lien unpaid	
		g. Value as of date of commencement	
		h. Current value	
		TOTAL: Other Assets	\$
		TOTAL ASSETS:	\$

V.		<u>LIABILITIES</u>	
A.	1.	Accounts Payable	
		1.1 a. Name and address of creditor	
		b. Debtor	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		1.2 a. Name and address of creditor	
		b. Debtor	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Accounts Payable	\$
B.		Credit Card Debt	
	2.	2.1 a. Debtor	
		b. Amount of original debt	
		c. Date of incurring debt	
		d. Purpose	
		e. Monthly or other periodic payment	
		f. Amount of debt as of date of commencement	
		g. Amount of current debt	

		2.2 a. Debtor	
		b. Amount of original debt	
		c. Date of incurring debt	
		d. Purpose	
		e. Monthly or other periodic payment	
		f. Amount of debt as of date of commencement	\$
		g. Amount of current debt	\$
		TOTAL: Credit Card Debt	\$
C.	3.	Mortgages Payable on Real Estate	
		3.1 a. Name and address of mortgagee	
		b. Address of property mortgaged	
		c. Mortgagor(s)	
		d. Original debt	
		e. Date of incurring debt	
		f. Monthly or other periodic payment	
		g. Maturity date	
		h. Amount of debt as of date of commencement	
		i. Amount of current debt	
		3.2 a. Name and address of mortgagee	
		b. Address of property mortgaged	
		c. Mortgagor(s)	
		d. Original debt	
		e. Date of incurring debt	
		f. Monthly or other periodic payment	
		g. Maturity date	

		h. Amount of debt as of date of commencement	
		i. Amount of current debt	
		TOTAL: Mortgages Payable	
D.	4.	Home Equity and Other Lines of Credit	
	4.1	a. Name and address of mortgagee	
		b. Address of property mortgaged	
		c. Mortgagor(s)	
		d. Original debt	
		e. Date of incurring debt	
		f. Monthly or other periodic payment	
		g. Maturity date	
		h. Amount of current debt	
		i. Current equity	
E.	6.	Notes Payable	
	6.1	a. Name and address of noteholder	
		b. Debtor	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Notes Payable	\$
F.	7.	Brokers Margin Accounts	
	7.1	a. Name and address of broker	
		b. Amount of original debt	
		c. Date of incurring debt	

		d. Purpose	
		e. Monthly or other periodic payment	
		f. Amount of debt as of date of commencement	
		g. Amount of current debt	
		TOTAL: Broker's Margin Accounts	
G.	8.	Taxes Payable	
		8.1 a. Description of Tax	
		b. Amount of Tax	
		c. Date Due	
		TOTAL: Taxes Payable	\$
H.	9.	Loans on Life Insurance Policies	
		9.1 a. Name and address of insurer	
		b. Amount of loan	
		c. Date incurred	
		d. Purpose	
		e. Name of Borrower	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Loans on Life Insurance	
I.	10.	Installment accounts payable (security agreements, chattel mortgages)	
		10.1 a. Name and address of creditor	
		b. Debtor	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	

		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Installment Accounts	\$
J.	11.	Other Liabilities	
		11.1 a. Description	
		b. Name and address of creditor	
		c. Debtor	
		d. Original amount of debt	
		e. Date incurred	
		f. Purpose	
		g. Monthly or other periodic payment	
		h. Amount of debt as of date of commencement	
		i. Amount of current debt	
		11.2 a. Description	
		b. Name and address of creditor	
		c. Debtor	
		d. Original amount of debt	
		e. Date incurred	
		f. Purpose	
		g. Monthly or other periodic payment	
		h. Amount of debt as of date of commencement	
		i. Amount of current debt	
		TOTAL: Other Liabilities	\$
		TOTAL LIABILITIES	\$

VI. ASSETS TRANSFERRED

List all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter. Note: Transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the Statement of Net Worth.

Description of Property	To Whom Transferred and Relationship to Transferee	Date of Transfer	Value

VII. LEGAL & EXPERT FEES

Please state the amount you have paid to all lawyers and experts retained in connection with your marital dissolution, including name of professional, amounts and dates paid, and source of funds. Attach retainer agreement for your present attorney.

VIII. OTHER DATA CONCERNING THE FINANCIAL CIRCUMSTANCES OF THE PARTIES THAT SHOULD BE BROUGHT TO THE ATTENTION OF THE COURT ARE:

The foregoing statements and a rider consisting of _____ page(s) annexed hereto and made a part hereof, have been carefully read by the undersigned who states that they are true and correct and states same, under oath, subject to the penalties of perjury.

Sworn to before me this
day of _____, 2015

Notary Public

This is the _____ Statement of Net Worth
I have filed in this proceeding.

Attorney Certification:

REQUIRED ATTACHMENTS:

Retainer Agreement

Most recent W-2, 1009s, K1s and Income Tax Returns
