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**EIGHTH JUDICIAL DISTRICT COURT
CLARK COUNTY, NEVADA**

_____) Case No.
Plaintiff,)
vs.) Dept. No.
)
_____)
Defendant.)
_____)

GENERAL FINANCIAL DISCLOSURE FORM

The judge uses this form to understand the financial position of the Plaintiff and the Defendant. You must fill this form out completely and truthfully.

A. Personal Information:

1. What is your full name? *(first, middle, last)* _____
2. How old are you? _____
3. What is your date of birth? _____
4. What is your occupation? _____
5. What is your highest level of education? _____

B. Employment Information: (check one)

1. Are you currently employed?
 No
 Yes If yes, what is the name of your employer? _____
What date were you hired on? *(mm/dd/yy)* _____

2. Are you disabled? (check one)
 No
 Yes If yes, what is the level of your disability? _____
What agency certified you disabled? _____
What is the nature of your disability? _____

C. Attorney Information: Complete the following sentences :

1. An Attorney *(has/has not)* _____ been retained on my behalf for this case.
2. As of today, the attorney has been paid a total of _____ on my behalf.
3. I have a credit with my attorney in the amount of _____.
4. I currently owe my attorney a total of _____.
5. I owe my prior attorney a total of _____.

Section 1: Personal Income

Before you can complete the next section you need to figure out your pay frequency. Your pay frequency is determined by the number of time you are paid each month.

Pay Frequency Table 1.00 = Paid one time per month 2.00 = Paid two times per month 2.17 = Paid every two weeks 4.00 = Paid every week

A. Fill in the line that applies to you. Only complete line 1 OR line 2.

Line #	Income Question	Amount Earned		Number of Hours Worked per Week		Pay Frequency (1.00, 2.00, 2.17, or 4.00)		Monthly Income
1	I am paid a hourly wage in the amount of		x		x		=	
2	I am paid a base salary in the amount of		x				=	

B. Fill in the amount of money you receive each month for the following types of income:

Line #	Income Question	Amount Received Monthly
3	I regularly work overtime and each month earn an average of	
4	I receive bonuses, commissions, or tips in the amount of	
5	I receive a car, gas, housing, or other allowance in the amount of	
6	I receive spousal support in the amount of	
7	I receive social security in the amount of	
8	I receive social security disability in the amount of	
9	I receive workman's compensation benefits in the amount of	
10	I receive unemployment benefits in the amount of	
11	I receive pension or retirement income in the amount of	
12	I receive net rental income in the amount of	
13	I receive income from other sources in the amount of	
14	Total Income Received (add lines 3-13)	

C. Total monthly income from all sources:

Line #		
15	Total from Line 1 OR 2	
16	Total from Line 14	
17	Total Gross Monthly Income (Add lines 15-16)	

Section 2: Personal Deductions

A. Fill in the amount of money that is taken out of every paycheck for each of the following deductions:

Line #	Name of Deduction	Amount Deducted Monthly
18	Court Ordered Child Support is deducted from every paycheck in the amount of	
19	Federal Income Tax is deducted from every paycheck in the amount of	
20	Social Security Tax is deducted from every paycheck in the amount of	
21	Medicare is deducted from every paycheck in the amount of	
22	Union Dues are deducted from every paycheck in the amount of	
23	Health Insurance Cost is deducted from every paycheck in the amount of	
24	Life, Disability, or Other Insurance Premiums are deducted from every paycheck in the amount of	
25	Federal Health Savings Plan contribution is deducted from every paycheck in the amount of	
26	Retirement, Pension, IRA, or 401(k) contributions are deducted from every paycheck in the amount of	
27	Savings are deducted from every paycheck in the amount of	
28	Other:	
29	Other:	
30	Total Monthly Deductions (add lines 18-29)	

Section 3: Income Summary

Line #		
31	Total from Line 17	
32	Total from Line 30	
	Net Monthly Income (subtract line 32 from line 31)	

Section 4: Child Information

A. Fill in the table below with the name and date of birth of each of your children, parent the child is living with, and whether the child is from this marriage or relationship:

	Child's Name:	Child's Date of Birth	Whom is child living with? (Mom, Dad, or Both)	Is this child from this marriage / relationship? (Yes or No)
1st				
2nd				
3rd				
4th				
5th				

B. Fill in the table below with the amount of money you spend each month on the following expenses for the children:

	Children's Expenses	1st Child	2nd Child	3rd Child	4th Child	5th Child
1	Clothes, Shoes and Accessories					
2	Unreimbursed Medical Expenses					
3	Telephone and Internet					
4	Entertainment					
5	Food					
6	Insurance (other than health)					
7	Education Related Expenses					
8	Summer Camp/Programs					
9	Vehicle					
10	Transportation Cost for Visitation					
11	Total Monthly Expenses for Children (add lines 1-11)					

Section 5: Household Information

A. I live with (*number*) _____ other adults, including children over the age of eighteen, who contribute to or pay the household expenses in the amount of \$ _____.

Section 6: Personal Expenses

Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount of Expense	For Me	For the Other Party	For Both
Home				
Mortgage/Rent/Lease				
Property Taxes				
HOA				
Home Owner's Insurance				
Lawn Care				
Pest Control				
Pool Service				
Security				
Other				
Utilities				
Water				
Electric				
Gas				
Sewer				
Home Phone				
Internet/Cable				
Other				
Medical				
Health Insurance				
Unreimbursed Medical Expenses				
Other				
Transportation				
Car Loan/Lease Payment				
Fuel				
Auto Insurance				
Other				
Personal				
Food (groceries and restaurants)				
Pets				
Cell phone				
Membership Fees				
Clothing, Shoes, etc.				
Dry Cleaning				
Other				
Debts				
Credit Card Payments				
Child Support				
Alimony/Spousal Support				
Student Loans				
Other				
Total Monthly Expenses				

Section 7: Asset and debt Chart

Complete the chart below by listed all assets and debts, the value of each, the amount owed on each, and whose name the asset or debt is under (You, the Other Party, or Both).

Line #	Description of Asset or Debt	Gross Value		Amount Owed		Net Value	Whose Name is on the Account? (Me, the Other Party or Both)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total Value of Assets (add lines 1-20)							

IMPORTANT: Read the following paragraph carefully.

I am the (*check one*) Plaintiff / Defendant in the above action. I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

Your Signature

Date