

STATE OF NEW YORK SUPREME COURT
COUNTY OF BROOME

Index No.

Plaintiff,

- against -

Defendant.

STATEMENT OF
NET WORTH
(Section 236 DRL)

Action Commencement
Date:

STATE OF NEW YORK COUNTY OF BROOME ss.:

, the Plaintiff/Defendant herein, being duly sworn, deposes and says that the following is an accurate statement as of _____, 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:

I. FAMILY DATA

- (a) Husband's Age: _____
Date of birth: _____
Social Security No.: _____
- (b) Wife's Age: _____
Date of birth: _____
Social Security No.: _____
- (c) Date Married: _____
- (d) Date of Separation/Divorce: _____
- (e) Number of dependent children under 21 Years: _____
- (f) Names, Ages and Dates of Birth of Children:
_____; Age _____ DOB _____
_____; Age _____ DOB _____
_____; Age _____ DOB _____
_____; Age _____ DOB _____
_____; Age _____ DOB _____
- (g) Custody of Children is with (H/W/J): _____
- (h) Minor Children of Prior Marriage: Husband: _____ Wife: _____

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II. EXPENSES- MONTHLY HOUSEHOLD BUDGET
 (Indicate A-Annual, BW-Biweekly, W-Weekly, H-Hourly, T-Twice per month)

(a) Housing:

- | | | | |
|------------------------------|-------|--------------------------------------|-------|
| 1. Rent | _____ | 4. Condominium charges | _____ |
| 2. Mortgage and amortization | _____ | 5. Cooperative Apartment Maintenance | _____ |
| 3. Real estate taxes | _____ | | |

Total: Housing \$ _____

(b) Utilities:

- | | | | |
|----------------|-------|--------------|-------|
| 1. Fuel oil | _____ | 4. Telephone | _____ |
| 2. Gas | _____ | 5. Water | _____ |
| 3. Electricity | _____ | 6. Other | _____ |

Total: Utilities \$ _____

(c) Food:

- | | | | |
|--------------------|-------|-----------------------|-------|
| 1. Groceries | _____ | 5. Liquor/alcohol | _____ |
| 2. School Lunches | _____ | 6. Home entertainment | _____ |
| 3. Lunches at work | _____ | 7. Other | _____ |
| 4. Dining out | _____ | | |

Total: Food \$ _____

(d) Clothing:

- | | | | |
|------------|-------|-------------|-------|
| 1. Husband | _____ | 3. Children | _____ |
| 2. Wife | _____ | 4. Other | _____ |

Total: Clothing \$ _____

(e) Laundry:

- | | | | |
|--------------------|-------|----------|-------|
| 1. Laundry at home | _____ | 3. Other | _____ |
| 2. Dry cleaning | _____ | | |

Total: Laundry \$ _____

(f) Insurance:

- | | | | |
|-------------------------------|-------|---------------------------|-------|
| 1. Life | _____ | 6. Medical plan | _____ |
| 2. Homeowner's/tenant's | _____ | 7. Dental plan | _____ |
| 3. Fire, theft, and liability | _____ | 8. Optical plan | _____ |
| 4. Automotive | _____ | 9. Disability | _____ |
| 5. Umbrella policy | _____ | 10. Worker's Compensation | _____ |
| | | 11. Other | _____ |

Total: Insurance \$ _____

(g) Unreimbursed medical:

- 1. Medical _____
- 2. Dental: _____
- 3. Optical: _____
- 4. Pharmaceutical: _____

- 5. Surgical, nursing, hospital: _____
- 6. Other _____

Total: Unreimbursed medical \$ _____

(h) Household maintenance

- 1. Repairs _____
- 2. Furniture, furnishings house wares _____
- 3. Cleaning Supplies _____
- 4. Appliances including maintenance _____

- 5. Painting _____
- 6. Sanitation/carting _____
- 7. Gardening/landscape _____
- 8. Snow removal _____
- 9. Extermination _____
- 10. Other _____

Total: Household Maintenance \$ _____

(i) Household help

- 1. Babysitter _____
- 2. Domestic (Maid, etc.) _____

- 3. Nurse _____
- 4. Other _____

Total: Household help \$ _____

(j) Automotive

- 1. Year: _____ Make: _____
Model: _____ Personal (Y/N): _____ Business (Y/N): _____
- 2. Year: _____ Make: _____
Model: _____ Personal (Y/N): _____ Business (Y/N): _____
- 3. Year: _____ Make: _____
Model: _____ Personal (Y/N): _____ Business (Y/N): _____
- 4. Year: _____ Make: _____
Model: _____ Personal (Y/N): _____ Business (Y/N): _____
- 5. Year: _____ Make: _____
Model: _____ Personal (Y/N): _____ Business (Y/N): _____

- 1. Payments _____
- 2. Gas and oil _____
- 3. Repairs _____

- 4. Car wash _____
- 5. Registration/license _____
- 6. Parking and Tolls _____
- 7. Other _____

Total: Automotive \$ _____

(k) Educational

- 1. Nursery and pre-school _____
- 2. Primary and secondary _____
- 3. College _____
- 4. Post-graduate _____

- 6. School trans. _____
- 7. School supp./books _____
- 8. Tutoring _____
- 9. School events _____

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5. Religious Instruction _____

10. Other _____

Total: Educational \$ _____

(l) Recreational

- 1. Summer camp _____
- 2. Vacations _____
- 3. Movies _____
- 4. Theatre, ballet, etc. _____
- 5. Video rentals _____
- 6. Tapes, CD's, etc. _____
- 7. Cable television _____
- 8. Team Sports _____

- 9. Country/pool club _____
- 10. Health club _____
- 11. Sporting goods _____
- 12. Hobbies _____
- 13. Music/dance lessons _____
- 14. Sports lessons _____
- 15. Birthday parties _____
- 16. Other _____

Total: Recreational \$ _____

(m) Income Taxes

- 1. Federal _____
- 2. State _____

- 3. City _____
- 4. Social Security and Medicare _____

Total: Taxes \$ _____

(n) Miscellaneous

- 1. Beauty Parlor/Barber _____
- 2. Beauty aids/cosmetics, drug items _____
- 3. Cigarettes/Tobacco _____
- 4. Books, magazines, newspapers _____
- 5. Children's allowances _____
- 6. Gifts _____
- 7. Charitable contribution _____
- 8. Religious organization dues _____

- 9. Union and organization dues _____
- 10. Commutation and transportation _____
- 11. Veterinarian/pet exp. _____
- 12. Child support payments (prior marriage) _____
- 13. Alimony & maintenance payments (prior marriage) _____
- 14. Loan Payments _____
- 15. Unreimbursed business expenses _____

Total: Miscellaneous \$ _____

(o) Other (Specify)

1. _____	3. _____
2. _____	4. _____
_____	_____
Total: Other	
	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

TOTAL ANNUAL EXPENSES: \$ _____

III. GROSS INCOME (Monthly Amounts):

(a) Salary or Wages: (State whether income has changed during the year preceding date of this affidavit _____. If so, set forth name and address of all employers during preceding year and an average weekly wage paid by each. Indicate overtime earnings separately. Attach previous year's W-2 or income tax return)

1. _____	(+)	_____
2. _____	(+)	_____
3. _____	(+)	_____

(b) Monthly Deductions:

Employer 1:

1. Federal Tax	(-)	_____
2. New York State Tax	(-)	_____
3. Local Tax	(-)	_____
4. Social Security	(-)	_____
5. Medicare	(-)	_____

6. Other Payroll Deduction (Specify)

_____	(-)	_____
_____	(-)	_____
_____	(-)	_____
_____	(-)	_____

Employer 2:

1. Federal Tax	(-)	_____
2. New York State Tax	(-)	_____
3. Local Tax	(-)	_____
4. Social Security	(-)	_____
5. Medicare	(-)	_____

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6. Other Payroll Deduction (Specify)

_____	(-)	_____
_____	(-)	_____
_____	(-)	_____
_____	(-)	_____

Employer 3:

1. Federal Tax	(-)	_____
2. New York State Tax	(-)	_____
3. Local Tax	(-)	_____
4. Social Security	(-)	_____
5. Medicare	(-)	_____

6. Other Payroll Deduction (Specify)

_____	(-)	_____
_____	(-)	_____
_____	(-)	_____
_____	(-)	_____

(c) Social Security Number: _____

(d) Number and Names of Dependents:

<input type="checkbox"/>	N/A
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

(e) Bonus, Commissions, Fringe Benefits(use of auto, memberships, etc.)

(+)	_____
-----	-------

(f) Partnerships, Royalties, Sale of Assets:
(income and installment payments)

(+)	_____
-----	-------

(g) Dividends and Interest:

1. Taxable	(+)	_____
2. Nontaxable	(+)	_____

(h) Real Estate (income only)

(+)	_____
-----	-------

(i) Trust, profit sharing, and annuity
(principal distribution and income)

(+)	_____
-----	-------

(j) Pension (income only)

(+)	_____
-----	-------

(k) Awards, Prizes, Grants:

1. Taxable	(+)	_____
2. Nontaxable	(+)	_____

(l) Income from bequests, legacies and gifts:

(+)	_____
-----	-------

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(m) **Income from all other sources:** (+) _____
 (Including alimony, maintenance, or child support from prior marriage)

(n) **Tax preference items:**

1. Long term capital gain deduction: (-) _____

2. Depreciation amortization or depletion: (-) _____

3. Stock Options - Excess fair market value over amount paid: (-) _____

(o) **Other Household Member's Income:**

[] N/A

[] 1. _____ (+) _____

[] 2. _____ (+) _____

[] 3. _____ (+) _____

(p) **Social Security:** (+) _____

(q) **Disability Benefits:** (+) _____

(r) **Public Assistance:** (+) _____

(s) **Other:** (+) _____

TOTAL MONTHLY INCOME: \$ _____

TOTAL ANNUAL INCOME: \$ _____

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. Cash Accounts

Cash

1.1 a. Location: _____

b. Source of funds: _____

c. Other information: _____

d. Balance: _____ \$ _____

Checking

2.1 a. Financial Institution: _____

b. Account number: _____

c. Title holder: _____

e. Source of funds: _____

f. Other information: _____

g. Balance: _____ \$ _____

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2.2 a. Financial Institution: _____
 b. Account number: _____
 c. Title holder: _____
 d. Date opened: _____
 e. Source of funds: _____
 f. Other information: _____
 g. Balance: _____ \$ _____

2.3 a. Financial Institution: _____
 b. Account number: _____
 c. Title holder: _____
 d. Date opened: _____
 e. Source of funds: _____
 f. Other information: _____
 g. Balance: _____ \$ _____

Savings
 (Individual, joint, totten trusts, CDs, 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. Other information: _____
 h. Balance: _____ \$ _____

3.2 a. Financial Institution: _____
 b. Account number: _____
 c. Title holder: _____
 e. Date opened: _____
 f. Source of funds: _____
 g. Other information: _____
 h. Balance: _____ \$ _____

3.3 a. Financial Institution: _____
 b. Account number: _____
 c. Title holder: _____
 d. Type of Account: _____
 e. Date opened: _____
 f. Source of funds: _____
 g. Other information: _____
 h. Balance: _____ \$ _____

Security deposits (earnest money, etc.)

- 4.1 a. Location: _____
- b. Title owner: _____
- c. Type of Deposit: _____
- d. Source of funds: _____
- e. Date of deposit: _____
- g. Other information: _____
- f. Amount: _____ \$ _____

Other

- 5.1 a. Location: _____
- b. Title owner: _____
- c. Type of account: _____
- d. Source of funds: _____
- e. Date of Deposit: _____
- f. Other information: _____
- g. Amount: _____ \$ _____

B. Securities

Bonds, notes, mortgages

- 1.1 a. Description of Security: _____
- b. Title holder: _____
- c. Location: _____
- d. Date of acquisition: _____
- e. Original price or value: _____
- f. Source of funds to acquire: _____
- g. Other information: _____
- h. Current value: _____ \$ _____

Stocks, options, etc.

- 2.1 a. Description of Security: _____
- b. Title owner: _____
- c. Location: _____
- d. Date of acquisition: _____
- e. Original price or value: _____
- f. Source of funds to acquire: _____
- g. Other information: _____
- h. Current value: _____ \$ _____

2.2 a. Description of Security:
b. Title owner: _____
c. Location: _____
d. Date of acquisition: _____
e. Original price or value: _____
f. Source of funds to acquire: _____
g. Other information: _____
h. Current value: _____ \$ _____

2.3 a. Description of Security:
b. Title owner: _____
c. Location: _____
d. Date of acquisition: _____
e. Original price or value: _____
f. Source of funds to acquire: _____
g. Other information: _____
h. Current value: _____ \$ _____

2.4 a. Description of Security:
b. Title owner: _____
c. Location: _____
d. Date of acquisition: _____
e. Original price or value: _____
f. Source of funds to acquire: _____
g. Other information: _____
h. Current value: _____ \$ _____

2.5 a. Description of Security:
b. Title owner: _____
c. Location: _____
d. Date of acquisition: _____
e. Original price or value: _____
f. Source of funds to acquire: _____
g. Other information: _____
h. Current value: _____ \$ _____

2.6 a. Description of Security:
b. Title owner: _____
c. Location: _____
d. Date of acquisition: _____
e. Original price or value: _____
f. Source of funds to acquire: _____
g. Other information: _____
h. Current value: _____ \$ _____

2.7 a. Description of Security: _____
 b. Title owner: _____
 c. Location: _____
 d. Date of acquisition: _____
 e. Original price or value: _____
 f. Source of funds to acquire: _____
 g. Other information: _____
 h. Current value: _____ \$ _____

2.8 a. Description of Security: _____
 b. Title owner: _____
 c. Location: _____
 d. Date of acquisition: _____
 e. Original price or value: _____
 f. Source of funds to acquire: _____
 g. Other information: _____
 h. Current value: _____ \$ _____

Broker Margin Accounts

3.1 a. Name and address of Broker: _____

 b. Title holder: _____
 c. Date account opened: _____
 d. Original value of account: _____
 e. Source of funds: _____
 f. Other information: _____
 g. Current Value: _____ \$ _____

C. Loans & Accts Receivable

1.1 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. Other information: _____
f. Current amount due: _____ \$ _____

1.2 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. Other information: _____
f. Current amount due: _____ \$ _____

D. Business Interests

1.1 a. Business name and address: _____

b. Type of business (corporate, partnership, sole proprietorship or other): _____
c. Your capital contribution: _____
d. Your percentage of interest: _____
e. Date of acquisition: _____
f. Original price or value: _____
g. Source of funds to acquire: _____
h. Method of valuation: _____
i. Other relevant information: _____
j. Current net worth of business: _____ \$ _____

1.2 a. Business name and address: _____

b. Type of business (corporate,
partnership, sole proprietorship or other):

c. Your capital contribution: _____

d. Your percentage of interest: _____

e. Date of acquisition: _____

f. Original price or value: _____

g. Source of funds to acquire: _____

h. Method of valuation: _____

i. Other relevant information: _____

j. Current net worth of business: _____ \$ _____

E. Life Ins. Cash Value

1.1 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 to acquire: _____

h. Other information: _____

i. Current cash surrender value: _____ \$ _____

1.2 . 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 to acquire: _____

h. Other information: _____

i. Current cash surrender value: _____ \$ _____

F. Vehicles (automobile, boat, plane, truck, camper etc.)

1.1 a. Description: _____
b. Title owner: _____
c. Date of acquisition: _____
d. Original price: _____
e. Source of funds to acquire: _____
f. Amount current lien unpaid: _____
g. Other information: _____
h. Current fair market value: _____ \$ _____

1.2 a. Description: _____
b. Title owner: _____
c. Date of acquisition: _____
d. Original price: _____
e. Source of funds to acquire: _____
f. Amount current lien unpaid: _____
g. Other information: _____
h. Current fair market value: _____ \$ _____

1.3 a. Description: _____
b. Title owner: _____
c. Date of acquisition: _____
d. Original price: _____
e. Source of funds to acquire: _____
f. Amount current lien unpaid: _____
g. Other information: _____
h. Current fair market value: _____ \$ _____

G. Real Estate
(including real property, leaseholds, life estates, etc.
at market value--do not deduct any mortgage)

1.1 a. Description: _____
b. Title owner: _____
c. Date of acquisition: _____
d. Original price: _____
e. Source of funds to acquire: _____
f. Amount current mortgage unpaid: _____
g. Other information: _____
h. Current fair market value: _____ \$ _____

1.2 a. Description: _____
 b. Title owner: _____
 c. Date of acquisition: _____
 d. Original price: _____
 e. Source of funds to acquire: _____
 f. Amount current mortgage unpaid: _____
 g. Other information: _____
 h. Current fair market value: _____ \$ _____

1.3 a. Description: _____
 b. Title owner: _____
 c. Date of acquisition: _____
 d. Original price: _____
 e. Source of funds to acquire: _____
 f. Amount current mortgage unpaid: _____
 g. Other information: _____
 h. Current fair market value: _____ \$ _____

1.4 a. Description: _____
 b. Title owner: _____
 c. Date of acquisition: _____
 d. Original price: _____
 e. Source of funds to acquire: _____
 f. Amount current mortgage unpaid: _____
 g. Other information: _____
 h. Current fair market value: _____ \$ _____

H. Pensions & Trusts
 (pension, profit sharing, legacies, deferred compensation, etc.)

1.1 a. Description of trust: _____
 b. Location of assets: _____
 b. Location of assets: _____
 c. Title owner: _____
 d. Date of acquisition: _____
 e. Original investment: _____
 f. Source of funds: _____
 g. Amount of unpaid liens: _____
 h. Other information: _____
 i. Current value: _____ \$ _____

1.2 a. Description of trust: _____
 b. Location of assets: _____
 b. Location of assets: _____
 c. Title owner: _____

d. Date of acquisition: _____
 e. Original investment: _____
 f. Source of funds: _____
 g. Amount of unpaid liens: _____
 h. Other information: _____
 i. Current value: _____ \$ _____

I. Contingent Interests
 (stock options, interests subject to
 life estates, prospective inheritances, etc.)

1.1 a. Description: _____
 b. Location: _____
 c. Date of vesting: _____
 d. Title owner: _____
 e. Date of acquisition: _____
 f. Original price or value: _____
 g. Source of funds to acquire: _____
 h. Method of valuation: _____
 i. Other information: _____
 j. Current Value: _____ \$ _____

J. Household Furnishings

1.1 a. Description: _____
 b. Location: _____
 c. Title owner: _____
 d. Original price: _____
 e. Source of funds to acquire: _____
 f. Amount of lien unpaid: _____
 g. Other information: _____
 h. Current Value: _____ \$ _____

K. Jewelry/Art/Antiques
 (only if valued at more that \$500)

1.1 a. Description: _____
 b. Location: _____
 c. Title owner: _____
 d. Original price: _____
 e. Source of funds to acquire: _____
 f. Amount of lien unpaid: _____
 g. Other information: _____
 h. Current Value: _____ \$ _____

1.2 a. Description: _____
 b. Location: _____
 c. Title owner: _____
 d. Original price: _____
 e. Source of funds to acquire: _____
 f. Amount of lien unpaid: _____
 g. Other information: _____
 h. Current Value: _____ \$ _____

1.3 a. Description: _____
 b. Location: _____
 c. Title owner: _____
 d. Original price: _____
 e. Source of funds to acquire: _____
 f. Amount of lien unpaid: _____
 g. Other information: _____
 h. Current Value: _____ \$ _____

L. Other Assets
 (tax shelter investments, collections, judgments,
 causes of action, patents, trademarks, copyrights, and
 any other asset not hereinabove itemized)

1.1 a. Description: _____
 b. Title owner: _____
 c. Location: _____
 d. Original price or value: _____
 e. Source of funds to acquire: _____
 f. Amount of lien unpaid: _____
 g. Other information: _____
 h. Current value: _____ \$ _____

1.2 a. Description: _____
 b. Title owner: _____
 c. Location: _____
 d. Original price or value: _____
 e. Source of funds to acquire: _____
 f. Amount of lien unpaid: _____
 g. Other information: _____
 h. Current value: _____ \$ _____

V. LIABILITIES

A. 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/other periodic pmt: _____
g. Other information: _____
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/other periodic pmt: _____
g. Other information: _____
h. Amount of current Debt: _____ \$ _____

1.3 a. Name and Address of Creditor: _____

b. Debtor: _____
c. Amount of original Debt: _____
d. Date of incurring Debt: _____
e. Purpose: _____
f. Monthly/other periodic pmt: _____
g. Other information: _____
h. Amount of current Debt: _____ \$ _____

1.4 a. Name and Address of Creditor: _____

b. Debtor: _____
c. Amount of original Debt: _____
d. Date of incurring Debt: _____
e. Purpose: _____
f. Monthly/other periodic pmt: _____
g. Other information: _____
h. Amount of current Debt: _____ \$ _____

1.5 a. Name and Address of Creditor: _____

b. Debtor: _____

c. Amount of original Debt: _____

d. Date of incurring Debt: _____

e. Purpose: _____

f. Monthly/other periodic pmt: _____

g. Other information: _____

h. Amount of current Debt: _____ \$ _____

1.6 a. Name and Address of Creditor: _____

b. Debtor: _____

c. Amount of original Debt: _____

d. Date of incurring Debt: _____

e. Purpose: _____

f. Monthly/other periodic pmt: _____

g. Other information: _____

h. Amount of current Debt: _____ \$ _____

1.7 a. Name and Address of Creditor: _____

b. Debtor: _____

c. Amount of original Debt: _____

d. Date of incurring Debt: _____

e. Purpose: _____

f. Monthly/other periodic pmt: _____

g. Other information: _____

h. Amount of current Debt: _____ \$ _____

1.8 a. Name and Address of Creditor: _____

b. Debtor: _____

c. Amount of original Debt: _____

d. Date of incurring Debt: _____

e. Purpose: _____

f. Monthly/other periodic pmt: _____

g. Other information: _____

h. Amount of current Debt: _____ \$ _____

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B. Notes Payable

1.1 a. Name and Address note holder: _____

b. Debtor: _____

c. Amount of original Debt: _____

d. Date of incurring Debt: _____

e. Purpose: _____

f. Monthly/other periodic pmt: _____

g. Other information: _____

h. Amount of current Debt: _____ \$ _____

1.2 a. Name and Address note holder: _____

b. Debtor: _____

c. Amount of original Debt: _____

d. Date of incurring Debt: _____

e. Purpose: _____

f. Monthly/other periodic pmt: _____

g. Other information: _____

h. Amount of current Debt: _____ \$ _____

C. Installment Acct Payable
(security agreements, chattel mortgages)

1.1 a. Name and Address of creditor: _____

b. Debtor: _____

c. Amount of original Debt: _____

d. Date of incurring Debt: _____

e. Purpose: _____

f. Monthly/other periodic pmt: _____

g. Other information: _____

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/other periodic pmt: _____

g. Other information: _____

h. Amount of current Debt: _____ \$ _____

D. Brokers Margin Accounts

- 1.1 a. Name and Address of broker: _____
- b. Debtor: _____
- c. Amount of original Debt: _____
- d. Date of incurring Debt: _____
- e. Purpose: _____
- f. Monthly/other periodic pmt: _____
- g. Other information: _____
- h. Amount of current Debt: _____ \$ _____

E. Mortgages on Real Estate

- 1.1 a. Name and Address of mortgagee: _____
- b. Address of property mortgaged: _____
- c. Mortgagor: _____
- d. Original Debt: _____
- e. Date of incurring Debt: _____
- f. Monthly/other periodic pmt: _____
- g. Maturity Date: _____
- h. Other information: _____
- i. Amount of current Debt: _____ \$ _____

- 1.2 a. Name and Address of mortgagee: _____
- b. Address of property mortgaged: _____
- c. Mortgagor: _____
- d. Original Debt: _____
- e. Date of incurring Debt: _____
- f. Monthly/other periodic pmt: _____
- g. Maturity Date: _____
- h. Other information: _____
- i. Amount of current Debt: _____ \$ _____

- 1.3 a. Name and Address of mortgagee: _____
- b. Address of property mortgaged: _____
- c. Mortgagor: _____
- d. Original Debt: _____
- e. Date of incurring Debt: _____
- f. Monthly/other periodic pmt: _____

g. Maturity Date: _____
h. Other information: _____
i. Amount of current Debt: _____ \$ _____

F. Taxes Payable

1.1 a. Description of tax: _____
b. Amount of Tax: _____ \$ _____
c. Date Due: _____
d. Other information: _____

G. Loans on Life Insurance

1.1 a. Name and Address of insurer: _____
b. Amount of Loan: _____
c. Date incurred: _____
d. Purpose: _____
e. Borrower: _____
f. Monthly/other periodic pmt: _____
g. Other information: _____
h. Amount of current Debt: _____ \$ _____

H. Other Liabilities

1.1 a. Description: _____
b. Name and Address of Creditor: _____
c. Debtor: _____
d. Amount of original Debt: _____
e. Date incurred: _____
f. Purpose: _____
g. Monthly/other periodic pmt: _____
h. Other information: _____
i. Amount of current Debt: _____ \$ _____

1.2 a. Description: _____
b. Name and Address of Creditor: _____
c. Debtor: _____
d. Amount of original Debt: _____
e. Date incurred: _____
f. Purpose: _____
g. Monthly/other periodic pmt: _____
h. Other information: _____

i. Amount of current Debt: \$ _____

NET WORTH

TOTAL ASSETS: \$ _____

TOTAL LIABILITIES: (Minus) \$ _____

NET WORTH: \$ _____

VI. ASSETS TRANSFERRED:

List all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter (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 identified in the statement of net worth).

DESCRIPTION OF PROPERTY TRANSFERRED	TO WHOM TRANSFERRED & RELATIONSHIP	DATE OF TRANSFER	VALUE
-------------------------------------	------------------------------------	------------------	-------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VII. SUPPORT REQUIREMENTS

[] At this time, deponent is not paying or receiving support.

[] Deponent is at present (paying/receiving) _____ \$ _____ per (week/month) _____, and prior to separation (paid/received) _____ \$ _____ per (week/month) _____ to cover expenses for

These payments are being made (voluntarily) (pursuant to court order or judgment, and there are) (no) arrears outstanding (in the sum of \$_____ to date).

- Deponent requests for the support of each child \$_____ per (week/month)_____. Total for all children is \$_____.
- Deponent requests for self \$_____ per (week/month)_____.
- The day of the (week/month) _____ on which payments should be made is _____.

VIII. COUNSEL FEE REQUIREMENTS

- Deponent requests no counsel fees or disbursements at this time.
- Deponent requests for counsel fees and disbursements the sum of \$_____.
- Deponent has paid counsel the sum _____ and has agreed with counsel concerning fees as follows:

- There is (not) a retainer agreement or written agreement relating to payment of legal fees.
(A copy of any such agreement must be annexed.)

IX. ACCOUNTANT AND APPRAISAL FEE REQUIREMENTS

- Deponent requests no expert fees at this time.
- Deponent requests for accountant's fees and disbursements the sum of \$_____ based on a (hourly) (flat rate) fee.
- Deponent requests for appraisal fees and disbursements the sum of \$_____ based on a (hourly) (flat rate) fee.
- Deponent requires the services of an accountant for the following reasons:

[] Deponent requires the services of an appraiser for the following reasons:

X. OTHER DATA

Other Data Regarding the Financial Circumstances of the Parties that Should be Brought to the Attention of the Court:

The foregoing statements have been carefully read by the undersigned who states that they are true and correct.

Name:

Sworn to before me this
day of

NOTARY PUBLIC

CLIENT CERTIFICATION

I, _____, HEREBY CERTIFY, under penalty of perjury, that I have carefully read and reviewed the annexed document and that all information contained in that document is true and accurate in all respects to the best of my knowledge and understanding.

I FURTHER CERTIFY, under penalty of perjury, that neither my attorney, nor anyone acting on my attorney's behalf, was the source of any of the information contained in the annexed document; that I provided all of the information contained in the annexed document to my attorney; and that I understand that my attorney, in executing the Attorney Certification required by 22 NYCRR Section 202.16(e), is relying entirely upon the information provided by me and upon my certification that all such information is true and accurate.

I FURTHER CERTIFY that the annexed document includes all information which I provided to my attorney which is relevant to such document and that my attorney has not deleted, omitted or excluded any such information.

Dated: _____

Name

ATTORNEY CERTIFICATION

I, _____, certify that to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, certify that the presentation of the foregoing paper or the contentions therein are not frivolous as defined in subsection (c) of section 130-1.1 of the Rules of the Chief Administrator of the Courts.

Dated: _____

Name: