County, Colorado	
Court Address:	
In re:	
☐The Marriage of: ☐Parental Responsibilities concerning:	
Petitioner:	
and	
Co-Petitioner/Respondent:	_Y ▲
Attorney or Party Without Attorney (Name and Address):  Case Number:	
Phone Number: E-mail: FAX Number: Atty, Reg. #: Division Courtroom	n
SWORN FINANCIAL STATEMENT	
I,(full name) □am □am not currently	y employed.
I am employed hours per week. I am paid □weekly □bi-weekly □twice a month □monthly.	
My pay is based on a ☐Monthly Salary ☐Hourly rate of \$ ☐Other:	
Date employment began	
My occupation is: Name of employer:	
Address of employer:	
If unemployed, what date did you last work?	
I am unemployed due to □disability □involuntary layoff at work □other:	
This household consists of adult(s), and minor child(ren).	
I believe the monthly gross income of the other party is \$	
Annual gross income (last tax year) for Petitioner \$,   Co-Petitioner/Respondent \$	
Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly an	mounts.)
Gross Monthly Income (before taxes and \$ Social Security Benefits (SSA) \$	<u> </u>
deductions) from salary and wages, including	
commissions, bonuses, overtime, self- employment, business income, other jobs,	
and monthly reimbursed expenses. $\square$ SSI (supplemental income – need based)	
Unemployment & Veterans' Benefits Disability, Workers' Compensation	
Pension & Retirement Benefits Interest & Dividends	
Public Assistance (TANF) Other -	D.
Total Monthly Income \$	<b>&gt;</b>
Miscellaneous Income  Royalties, Trusts, and Other Investments \$ Contributions from Others \$	t .
Dependent Children's monthly gross All other sources, i.e. personal injury	ν
income. Source of Income: settlement, non-reported income, etc.	
Rental Net Income Expense Accounts	
Child Support from Others Other - Other - Other - Other -	
Spousal Support from Others Other  Total Monthly Miscellaneous Income \$	<b>.</b>
	ν
Total Income   \$	arican LagalNet Inc