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| Enter the name of the county in which this case is filed.  *Escriba el nombre del condado en el que se presenta este caso.* | **STATE OF WISCONSIN, CIRCUIT COURT,**  ***ESTADO DE WISCONSIN, TRIBUNAL DE PRIMERA INSTANCIA***  **COUNTY**  ***CONDADO DE*** |  |
| Enter the name of the Petitioner/Joint Petitioner A.  *Escriba el nombre de la Parte Demandante/ Solicitante Conjunta A.* | In RE: / *Referente al/a la:*  **Petitioner/Joint Petitioner A**  ***Parte Demandante Solicitante Conjunta A***    Name (First, Middle and Last) *Nombre* (*Nombre, Segundo Nombre, y Apellido)*    and / *y* |
| On the far right, check Petitioner/Joint Petitioner A **or** Respondent/Joint Petitioner B.  *En el extremo derecho marque la casilla para indicar si se trata la Parte Demandante/Solicitante Conjunta A* ***o*** *la Parte Demandada/Solicitante Conjunta B.* |
| **Financial Disclosure Statement of**  ***Declaración de divulgación financiera de la***  **Petitioner/Joint Petitioner A**  ***Parte Demandante/Solicitante Conjunta A***  **Respondent/Joint Petitioner B**  ***Parte Demandada/Solicitante Conjunta B***  Case No.  *Causa no.* |
| Enter the name of the Respondent/Joint Petitioner B.  *Escriba el nombre de la Parte Demandada/Solicitante Conjunta B.* | **Respondent/Joint Petitioner B**  ***Parte Demandada/Solicitante Conjunta B***    Name (First, Middle and Last) *Nombre* (*Nombre, Segundo Nombre, y Apellido)* |
| Enter the case number.  *Escriba el número de caso.* |

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| This form does not replace the need for an interpreter, any colloquies mandated by law, or the responsibility of court and counsel to ensure that persons with limited English proficiency fully comprehend their rights and obligations. This form must be completed in the English language.  *Este documento no sustituye el uso de un intérprete, ni los coloquios judiciales exigidos por la ley. Tampoco sustituye la responsabilidad del tribunal y los abogados de asegurarse de que las personas cuya comprensión del idioma inglés sea limitada entiendan por completo sus derechos y obligaciones.* *Este formulario debe llenarse en inglés.* | | | | | |
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| This form must be filed with the court within the time period set by the court but no later than 90 DAYS after the service of the **Summons** and **Petition** on the Respondent/Joint Petitioner B or the filing of a **Joint Petition**. Failure by either party to complete and file this form or attachments as required will authorize the court to accept the statement of the other party as the basis for its decisions. **Deliberate failure to provide complete disclosure is perjury.** | | | | | |
| *Se deberá presentar este formulario ante el tribunal dentro del plazo establecido por el tribunal, pero a más tardar 90 DÍAS después de la entrega de la* ***Citación*** *y* ***Petición*** *a la parte demandada (cónyuge) o de la presentación de una* ***Petición Conjunta****. Si alguna de las partes no completa y presenta este formulario o anexos tal como se requiere, el tribunal tendrá la autorización de aceptar la declaración de la otra parte como base para sus decisiones.* ***Abstenerse deliberadamente de proveer una declaración completa constituye perjurio.*** | | | | | |
|  | | | | | |
| **1.** | **PROOF OF INCOME / *COMPROBANTE DE INGRESOS*** | | | | |
|  | * Attach a statement reflecting income earned to date for the current year. | | | | |
|  | *Adjunte un estado de cuenta que muestre los ingresos obtenidos a la fecha para el año actual.* | | | | |
|  | * Attach most recent W-2 Statement. | | | | |
|  | *Adjunte el formulario W-2 más reciente.* | | | | |
| **2.** | **GENERAL INFORMATION / *INFORMACIÓN GENERAL*** | | | | |
|  | **Name / *Nombre*** | | | | |
|  | Address / *Dirección* | | | | |
|  | Address / *Dirección* | | | | |
|  | City / *Ciudad*       State       Zip | | | | |
|  | *Estado Código Postal* | | | | |
|  | Phone [Day]       Phone [Evening] | | | | |
|  | *Teléfono [de día] Teléfono [de noche]* | | | | |
|  | Alternative Phone:       Social Security Number | | | | |
|  | *Teléfono alternativo Número de Seguro Social* | | | | |
|  | Occupation | | | | |
|  | *Ocupación* | | | | |
|  | **Employer** | | | | |
|  | ***Empleador*** | | | | |
|  | Address / *Dirección* | | | | |
|  | Address / *Dirección* | | | | |
|  | City / *Ciudad*       State       Zip | | | | |
|  | *Estado Código Postal* | | | | |
|  | Phone / *Teléfono*       Fax | | | | |
|  | **Payroll Office  Same as employer** | | | | |
|  | ***Oficina de nómina La misma del empleador*** | | | | |
|  | Address / *Dirección* | | | | |
|  | Address / *Dirección* | | | | |
|  | City / *Ciudad*       State       Zip | | | | |
|  | *Estado Código Postal* | | | | |
|  | Phone / *Teléfono*       Fax | | | | |
| **3.** | **MEMBERS OF YOUR HOUSEHOLD / *MIEMBROS DE SU GRUPO FAMILIAR*** | | | | |
|  | ***Enter the name and relationship*** *of all people living in your household.* ***Check yes or no*** *to identify if they contribute to payment of household expenses.* | | | | |
|  | **Escriba el nombre y la relación** de todas las personas que vivan en su grupo familiar. **Marque sí o no** para identificar si la persona contribuye al pago de los gastos del grupo familiar. | | | | |
|  | I live alone / Vivo solo(a) | | | | |
|  | **Name / *Nombre*** | **Relationship / *Relación*** | | **This person helps pay expenses**  ***Esta persona ayuda a pagar los gastos*** | |
| **Yes / *Sí*** | **No** |
| 1. |  |  | |  |  |
| 2. |  |  | |  |  |
| 3. |  |  | |  |  |
| 4. |  |  | |  |  |
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| 7. |  |  | |  |  |
| 8. |  |  | |  |  |
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| **4.** | **MONTHLY INCOME / *INGRESOS MENSUALES*** | | | | |
|  | **Income** from wages / salary is received: (check one) */ Los* ***ingresos*** *de sueldos / salario se perciben (marque uno):* | | | | |
|  | **To calculate monthly gross income** **use the multiplier shown:** | | | | |
|  | ***Para calcular el ingreso mensual bruto use el factor de multiplicación que se indica:*** | | | | |
|  | weekly-multiply weekly income by 4.33 | | every other week (bi-weekly) multiply bi-weekly income by 2.17 | | |
|  | *semanalmente–multiplique el ingreso semanal por 4,33.* | | *cada dos semanas (quincenalmente) multiplique el ingreso quincenal por 2,17.* | | |
|  | monthly | | twice a month-multiply semi-monthly income by 2 | | |
|  | *mensualmente* | | *dos veces al mes–multiplique el ingreso bimensual por 2* | | |

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| **MONTHLY GROSS INCOME / INGRESO BRUTO MENSUAL** | | |
| 1. | 1 Gross **monthly** income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime. (See above how to calculate.)  *Ingreso bruto* ***mensual*** *(antes de impuestos y deducciones) de salarios y sueldos, inclusive comisiones, subvenciones y horas extras. (Vea arriba cómo se calcula).* |  |
| 2. | Pensions and retirement funds received / *Pensiones y fondos de jubilación recibidos* |  |
| 3. | Social Security benefits received / *Beneficios de seguro social recibidos* |  |
| 4. | Disability and Unemployment Insurance received  *Seguro de discapacidad y de desempleo recibido* |  |
| 5. | Public Assistance Funds received / *Fondos de asistencia pública recibidos* |  |
| 6. | Interest and Dividends received / *Intereses y dividendos recibidos* |  |
| 7. | 7 Child Support and maintenance (spousal support) received from any prior marriage/relationship  *Manutención de menores y mantenimiento (pensión alimenticia del cónyuge) recibido de cualquier matrimonio/relación anterior.* |  |
| 8. | Rental payments received (from property you rent to others)  *Pagos de alquiler recibidos (de propiedades que usted alquila a otras personas).* |  |
| 9. | Bonuses received / *Bonos recibidos* |  |
| 10. | Other sources of income received: (please specify)  *Otras fuentes de ingresos recibidos: (especifique, por favor)* |  |
| 11. |  |  |
| 12. |  |  |
| **13.** | **Total Gross Income (add lines 1-12)**  ***Ingreso bruto total (sume las cantidades de las líneas 1 a 12)*** |  |
| **MONTHLY DEDUCTIONS / *DEDUCCIONES MENSUALES*** | | |
| 14. | Number of tax exemptions claimed  *Cantidad de exenciones reclamadas* |  |
| 15. | Monthly federal income tax withheld / *Impuestos federales retenidos mensualmente* |  |
| 16. | Monthly state income tax withheld / *Impuestos estatales retenidos mensualmente* |  |
| 17. | Social Security / *Seguro Social* |  |
| 18. | Medicare |  |
| 19. | Medical insurance / *Seguro médico* |  |
| 20. | Other insurances / *Otros seguros* |  |
| 21. | Union or other dues / *Cuotas sindicales u otras cuotas* |  |
| 22. | Retirement or pension fund / *Fondos de jubilación o de pensión* |  |
| 23. | Savings plan / *Plan de ahorros* |  |
| 24. | Credit union / *Cooperativa de crédito* |  |
| 25. | Child support or spousal support payments  *Pagos de manutención de menores o de mantenimiento para el excónyuge* |  |
| 26. | Other deductions: (please specify)  *Otras deducciones: (especifique, por favor)* |  |
| 27. |  |  |
| **28.** | **Total Monthly Deductions (add lines 14 – 27)**  ***Total de deducciones mensuales (sume las cantidades de las líneas 14 a 27)*** |  |
| **MONTHLY NET INCOME (subtract line 28 from line 13)**  ***INGRESO MENSUAL NETO (reste la cantidad de la línea 28 de la cantidad de la línea 13)*** | |  |

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| **5. ANTICIPATED MONTHLY EXPENSES / *GASTOS MENSUALES PREVISTOS*** | | |
| **My Monthly Expenses / *Mis gastos mensuales*** | | |
| 1. | Rent or mortgage payment (primary residence)  *Pago de alquiler o de hipoteca (residencia principal)* |  |
| 2. | Real Estate Property taxes (residence)  *Impuestos a la propiedad inmobiliaria (residencia)* |  |
| 3. | Repairs and maintenance (including maintenance of appliances and furnishings)  *Reparaciones y mantenimiento (inclusive mantenimiento de electrodomésticos y de mobiliario)* |  |
| 4. | Food (include eating out) and household supplies  *Alimentos (inclusive los de comer fuera de casa) y suministros domésticos* |  |
| 5. | Utilities (electricity, heat, water, sewage, trash)  *Servicios públicos (electricidad, calefacción, agua, alcantarillado, recolección de basura)* |  |
| 6. | Telephone (local, long distance & cellular) / *Teléfono (local, de larga distancia y celular)* |  |
| 7. | Cable and Internet Services / *Servicios de cable y de Internet* |  |
| 8. | Laundry and dry cleaning / *Lavado de ropa y tintorería* |  |
| 9. | Clothing and shoes / *Ropa y calzado* |  |
| 10. | Medical, dental and prescription drug expenses (not covered by insurance)  *Gastos médicos, dentales y de medicamentos recetados (no cubiertos por seguro)* |  |
| 11. | Insurance (life, health, accident, auto, liability, disability, homeowner’s or renter’s-excluding insurance that is paid through payroll deductions)  *Seguro (de vida, médico, de accidentes, de automóvil, contra terceros, de discapacidad, de propietarios o de inquilino – excepto seguro pagado por medio de deducciones del sueldo)* |  |
| 12. | Childcare (babysitting and day care)  *Cuidado infantil (cuidado de niños y guardería infantil)* |  |
| 13. | Child support or spousal support payments (due to previous marriage or relationship) (Exclude payments made through payroll deductions)  *Pagos de manutención de menores o mantenimiento para el excónyuge (debido a matrimonio o relación anteriores) (Excluya pagos hechos por medio de deducciones del sueldo)* |  |
| 14. | School expenses (child and adult education)  *Gastos escolares (educación infantil y de adultos)* |  |
| 15. | Entertainment (include clubs, social obligations, travel, recreation)  *Diversión (incluya clubes, obligaciones sociales, viajes, recreación)* |  |
| 16. | Incidentals (grooming, tobacco, alcohol, gifts, holidays and special occasions)  *Incidentales (aseo personal, tabaco, alcohol, regalos, días feriados y ocasiones especiales)* |  |
| 17. | Transportation (other than automobile) / *Transporte (que no sea en automóvil)* |  |
| 18. | Auto payments (loans/leases) / *Pagos de automóvil (préstamos / arrendamiento)* |  |
| 19. | Auto expenses (gas, oil, repairs, maintenance)  *Gastos de automóvil (gasolina, aceite, reparaciones, mantenimiento)* |  |
| 20. | Newspapers, magazines, books / *Periódicos, revistas, libros* |  |
| 21. | Care and maintenance of pets (food, vet, grooming)  *Cuidado y mantenimiento de mascotas (alimentos, veterinario, aseo)* |  |
| 22. | Payments to any dependents not living in your home and not included in a category above (including college age children)  *Pagos a cualquier persona dependiente que no viva en su hogar y que no esté incluida en una categoría arriba mencionada (incluyendo hijos de edad universitaria)* |  |
| 23. | Hobbies / *Pasatiempos* |  |
| 24. | Other taxes than those listed above (exclude payroll deductions)  *Otros impuestos no mencionados arriba (excluya deducciones de sueldo)* |  |
| 25. | Other expenses (include expenses of other real properties owned, professional services such as counseling and tax/legal advice, etc)  *Otros gastos (incluya gastos de otra propiedad mobiliaria suya, de servicios profesionales como consejería y asesoramiento fiscal /legal, etc.)* |  |
|  | Other Monthly installment payments: / *Otros pagos a plazos mensuales:* |  |
| 26. | Mortgage (other than primary mortgage)  *Hipoteca (aparte de la hipoteca principal)* |  |
| 27. | Other vehicle payments / *Otros pagos de vehículos* |  |
| 28. | Credit card debt (total minimum monthly payments)  *Deuda de tarjetas de crédito (total de pagos mensuales mínimos)* |  |
| 29. | Court ordered obligations / *Obligaciones ordenadas por un tribunal* |  |
| 30. | Student loans / *Préstamos estudiantiles* |  |
| 31. | Personal loans / *Préstamos personales* |  |
|  |  |  |
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|  | TOTAL Monthly Expenses (Add lines 1-31) ***TOTAL DE GASTOS MENSUALES******(Sume las cantidades de las líneas 1 a 31)*** |  |

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| **6. ASSETS: List *ALL* assets that you own individually and together with the other party without regard to how they have been or will be divided later.** | | | | | | | | | | | | | | | | | | | | | | | | |
| ***BIENES: Enumere TODOS los bienes que sean de su propiedad individual o en conjunto con la otra parte, sin tomar en consideración cómo han sido divididos o cómo van a dividirse más adelante.*** | | | | | | | | | | | | | | | | | | | | | | | | |
| If you do not have assets in an asset category, write “none” under the heading and enter “zero” in the estimated value column. If you need more space, please attach additional sheets. | | | | | | | | | | | | | | | | | | | | | | | | |
| *Si no tiene ningún bien en una de las categorías de bienes, escriba “ninguno” debajo del título y escriba “cero” en la columna de valor estimado. Si necesita más espacio, adjunte hojas adicionales, por favor.* | | | | | | | | | | | | | | | | | | | | | | | | |
| A = Joint Petitioner A  *A = Solicitante Conjunta A*  B = Joint Petitioner B T = Together  *B = Solicitante Conjunta B* ***C =*** *Conjunto* | | | **Ownership or Title Held by**  ***Propiedad o titularidad de*** | | | | | | | | | | | | | | **Current Possession**  ***Posesión efectiva actual*** | | | | | |  | **Estimated Value Today**  ***Valor estimado al día de hoy*** |
| **Household Items**  ***Artículos domésticos*** | | | **A** | | | | | | **B** | | | | **T / C** | | | | A | | | **B** | **T / C** | | **Amount Owed**  ***Monto que se adeuda*** |
| Household furniture & accessories  *Mobiliario y accesorios del hogar* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Household appliances  *Electrodomésticos* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Kitchen equipment / *Equipo de cocina* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| China, silver, crystal  *Vajilla, platería, cristalería* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Jewelry / *Joyas* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Clothing / *Vestimenta* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Antiques / *Antigüedades* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Art / *Obras de arte* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Electronic equipment  *Equipos electrónicos* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Sports equipment  *Equipos deportivos* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Recreational vehicles, boats  *Botes, vehículos recreativos* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Tools / *Herramientas* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Other / *Otro* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| Other / *Otro* | | |  | | | | | |  | | | |  | | | |  | | |  |  | |  |  |
| **Automobiles:**  Year, Make, Model  ***Automóviles:***  *Año, marca, modelo* | | | **A** | | | | | | **B** | | | | **T / *C*** | | | | A | | | **B** | **T / *C*** | | **Amount Owed**  ***Monto que se adeuda*** | **Estimated Value Today**  ***Valor estimado al día de hoy*** |
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| **Life Insurance**  Name of Company & Policy #  ***Seguro de vida***  *Nombre de la compañía y N° de póliza* | | | **A** | | | | | **B** | | | | **T / C** | | | **Beneficiary**  ***Beneficiario(a)*** | | | | | | | | **Face Amount**  ***Valor nominal*** | **Cash Value Today**  ***Valor efectivo al día de hoy*** |
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| **Business Interests** Name of Business & Address **Intereses empresariales** *Nombre y dirección de la empresa* | | | **A** | | | | | **B** | | | | **T / C** | | | **Type of Business**  ***Tipo de empresa*** | | | | | | | | **% of Ownership**  ***% de propiedad*** | **Value minus Indebtedness**  ***Valor MENOS***  ***adeudo*** |
|  | | |  | | | | |  | | | |  | | |  | | | | | | | |  |  |
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| **Securities: *Stocks, Bonds, Mutual Funds, Commodity Accounts***  Name of Company & # of shares  ***Instrumentos bursátiles: acciones, valores, fondos mutuos, cuentas de activos***  *Nombre de la compañía y cantidad de acciones* | Ownership or Title held by  *Propiedad o titularidad de*  A = Joint Petitioner A  *A = Solicitante Conjunta A*  B = Joint Petitioner B T = Together  *B = Solicitante Conjunta B* ***C****=Conjunto* | | | | | | | | | | | | | | | | | | | | |  | | Value Today ***Valor al día actual*** |
| **A** | | | **B** | | | | | | **T / C** | | | | | |  | | | | | |
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| **Pension, Retirement Accounts,  Deferred Compensation, 401K Plans, IRAs, Profit Sharing, etc.**  Name of Company & Type of Plan  ***Pensión, cuentas de jubilación, remuneración diferida, planes 401K, IRAs (arreglos individuales de jubilación), participación en beneficios, etc.***  *Nombre de la compañía y tipo de plan* | | **A** | | | | **B** | | | | **T / C** | | | | | | **% Vested**  if known  ***% Adquirido***  *si se sabe* | | | | | | **Date of Valuation**  ***Fecha de tasación*** | | **Value Today**  ***Valor al día actual*** |
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| **Cash and Deposit Accounts****(Savings and Checking)**  Name of Bank or Financial Institution **Cuentas de dinero en efectivo y de depósitos** ***(caja de ahorro y cuenta corriente)***  *Nombre del banco o de la institución financiera* | | **A** | | | | **B** | | | | **T / C** | | | | | | **Type of Account**  ***Tipo de cuenta*** | | | | | **Account #**  Last 4 digits  ***N° de cuenta***  *4 últimas cifras* | | | **Balance Today**  ***Balance al día actual*** |
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| **Other Personal Property** Description of Asset **Otro bien mueble** *Descripción del bien* | | **A** | | | | | | **B** | | | **T / C** | | | | | **Type of Property**  ***Tipo de bien*** | | | | |  | | | **Value**  ***Valor*** |
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| **Assets Acquired**  Description of Asset  ***Bienes adquiridos***  *Descripción del bien* | | Ownership  ***Propiedad*** | | | | | | | | | | | | **Acquired by**  ***Fecha de adquisición*** | | | | | | | **Date Acquired**  ***Fecha de adquisición*** | | | **Value Today**  ***Valor al día actual*** |
| A = Joint Petitioner A  *A = Solicitante Conjunta A*  B = Joint Petitioner B *B* *= Solicitante Conjunta B*  **T =** Together  ***C*** = *Conjunto* | | | | | | | | | | | | **G -** Gift  **I -** Inherited  **B -** Before Marriage  ***R*** *– Regalo*  ***H*** *– Heredado*  ***A*** *– Antes de matrimonio* | | | | | | |
| **A** | | | | **B** | | | | **T / *C*** | | | | **G / *R*** | | | | **I / *H*** | **B / *A*** | |
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| **Real Estate / Inmuebles** | | **Parcel 1 / *Parcela 1*** | | | | | **Parcel 2 / *Parcela 2*** | | | | | | | **Parcel 3 / *Parcela 3*** | | |
| Type of Property  *Tipo de propiedad* | |  | | | | |  | | | | | | |  | | |
| Address: Street, City, State / *Dirección: calle, ciudad, estado* | |  | | | | |  | | | | | | |  | | |
| Ownership/Title  *Propiedad/Titularidad* | | A  B  T / *C* | | | | | A  B  T / *C* | | | | | | | A  B  T / *C* | | |
| Current Fair Market Value  *Valor actual y justo de mercado* | |  | | | | |  | | | | | | |  | | |
| Current Mortgage Balance  *Saldo actual de la hipoteca* | |  | | | | |  | | | | | | |  | | |
| Other Liens *Otros gravámenes* | |  | | | | |  | | | | | | |  | | |
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| **7. MEDICAL, HOMEOWNERS/RENTERS, AUTOMOBILE, OTHER INSURANCE** | | | | | | | | | | | | | | | | |
| ***SEGURO MÉDICO, DE PROPIETARIOS / INQUILINOS, DE AUTOMÓVIL Y OTROS*** | | | | | | | | | | | | | | | | |
| **What type of insurance policies do you have?**  ***¿Qué tipo de pólizas de seguro tiene usted?*** | | | | | | | | | | | | | | | | |
| Name of Company, Group # & Policy # ***Nombre de la compañía, N° de grupo y N° de póliza*** | | | **A** | | **B** | **T / C** | | **Type of Insurance**  ***Tipo de seguro*** | | | | | | | **Date Issued**  ***Fecha de emisión*** | |
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| **8.** **DEBTS: List *ALL* debts that you owe individually and together with the other party without regard to who will be responsible for payment later.** | | | | | | | | | | | | | | | | |
| **DEUDAS: *Enumere TODAS las deudas que Ud. tenga individualmente o en conjunto con la otra parte sin tomar en consideración quién va a asumir la responsabilidad de pagarlas más adelante.*** | | | | | | | | | | | | | | | | |
| If there are additional DEBTS, please attach a separate sheet of paper with the creditor’s name and address, the type of obligation, who pays (A, B, T) and the current balance. | | | | | | | | | | | | | | | | |
| *Si existe alguna DEUDA adicional, por favor adjunte una hoja separada con el nombre y la dirección del acreedor, el tipo de obligación, quién paga (A, B, T/C) y el saldo actual.* | | | | | | | | | | | | | | | | |
| **Creditor’s Name & Address** ***Nombre y dirección del acreedor*** | | | **Type of Obligation**  ***Tipo de obligación*** | | | | | | **Who Currently Pays**  ***Quién paga en la actualidad*** | | | **Monthly Payment**  ***Pago Mensual*** | | | | **Current Balance**  ***Saldo actual*** |
| **A** | **B** | **T / C** |
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| **9. DISPOSAL OF ASSETS / *ENAJENACIÓN DE BIENES*** | | | | | | | | | | | | | | | | |
| Did you dispose of any assets (sold, given away, or destroyed) in the 12 months before the case was filed? | | | | | | | | | | | | | | | | |
| *¿Enajenó usted algún bien (lo vendió, lo regaló o lo destruyó) durante el año anterior a la presentación de este caso?* | | | | | | | | | | | | | | | | |
| **Yes / *Sí*  No** | | | | | | | | | | | | | | | | |
| **If** **yes, complete chart below: / *Si lo hizo, complete el cuadro a continuación:*** | | | | | | | | | | | | | | | | |
|  | **Property / Asset**  ***Propiedad / Bien*** | | | **Date of Disposal**  ***Fecha de enajenación*** | | | | | | | | | **Fair Market Value on Date of Disposal**  ***Valor justo de mercado a la fecha de enajenación*** | | | |
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| **10.** | **CURRENT LITIGATION / *LITIGIO ACTUAL*** | | |
|  | Are you a party in any other lawsuit or litigation? **Yes / *Sí*   No** | | |
|  | *¿Es usted parte en cualquier otra demanda o litigio?* | | |
|  | **If yes,** identify the lawsuit or litigation. | | |
|  | ***Si lo es****, identifique la demanda o el litigio.* | | |
| **11.** | **BANKRUPTCY / *QUIEBRA*** | | |
|  | Have you ever filed for bankruptcy?  **Yes / *Sí*   No** | | |
|  | *¿Alguna vez se ha declarado en quiebra?* | | |
|  | **If yes**, identify the following: / ***Si contestó que sí****, identifique lo siguiente:* | | |
|  | Type of filing | | |
|  | *Tipo de caso* | | |
|  | Date of filing | | |
|  | *Fecha de declararse en quiebra* | | |
|  | Current status | | |
|  | *Situación actual* | | |
| **12.** | **DECLARATION / *DECLARACIÓN*** | | |
|  | I declare under the penalty of perjury that the above, including all attachments, are complete, true, and correct. | | |
|  | *Declaro bajo pena de perjurio que lo antedicho, incluyendo todos los anexos, es verdadero y correcto.* | | |
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| Sign and print your name.  *Firme y escriba en letra de molde su nombre.*  Enter the date on which you signed your name.  *Escriba la fecha cuando usted firmó.*  **Note:** This signature does not need to be notarized.  ***Nota:*** *No es necesario notarizar esta firma.* | |  | ►  Signature / *Firma*    Name Printed or Typed / *Nombre escrito en letra de molde o a maquina*    Address / *Dirección*    Email Address Telephone Number  *Dirección de correo electrónico Teléfono*    Date / *Fecha* State Bar No (if any)  *Número de inscripción en el Colegio de Abogados (si algo)* |