_____
Name

_____
Address

_____
City   State   Zip Code

_____
Phone Number
WIFE, PETITIONER PRO SE

_____
Name

_____
Address

_____
City   State   Zip Code

_____
Phone Number
HUSBAND, PETITIONER PRO SE

MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY

In re the Marriage of:	Cause No.: _____
_____, Petitioner, and _____, Petitioner.	**[ ] Wife's/[ ] Husband's** **Final Declaration of Disclosure of** **Assets, Debts, Income, and Expenses**

Warning: Montana law requires the full disclosure of all assets, debts, income, and expenses. Failure of either party to file a complete financial disclosure statement shall authorize the Court to accept the statement of the other party as accurate. Any deliberately false statement made hereon or on any schedules or attachments may subject you to the penalty of perjury or other appropriate relief and may be considered a fraud upon the Court.

If you need additional space on which to list your assets, debts, income, or expenses, please attach additional sheets of paper as necessary. Do not write in the margins or on the reverse sides of the pages of this document.

1.   Disclosure of Assets

   a.   Real Estate

Description	Estimated. Value	Name(s) on Title
Address: _____ Legal Description:_____ _____ Is there a secured debt on the property? [ ] Yes [ ] No If yes, amount owed: _____ As of: __/__/__ Lender: _____		
Address: _____ Legal Description:_____ _____ Is there a secured debt on the property? [ ] Yes [ ] No If yes, amount owed: _____ As of: __/__/__ Lender: _____		

   b.   Vehicle(s)

Description	Estimated Value	Name(s) on Title
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? [ ] Yes [ ] No If yes, amount owed: _____ As of: __/__/__ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? [ ] Yes [ ] No If yes, amount owed: _____		

Description	Estimated Value	Name(s) on Title
As of: ___/___/___ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? [ ] Yes [ ] No If yes, amount owed: _____ As of: ___/___/___ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? [ ] Yes [ ] No If yes, amount owed: _____ As of: ___/___/___ Lender: _____		

      c.   **Bank Accounts and Cash**

Description (include name of bank and account number)	Balance as of ___/___/___	Name(s) on Account
Cash		XXXXXXXX

d. **Pensions/Retirement Accounts; Life Insurance (Cash Value); Stocks, Bonds, Secured Notes, Mutual Funds**

Description	Estimated Value	Name(s) on Account

e. **Personal Property** (including appliances, furniture, jewelry, art, guns, etc.)

Description	Estimated Value

Description	Estimated Value

f.   **Business Interests** (including equipment, tools, livestock, etc.)

Description	Estimated Value	Name(s) on Title

g.   **Other Assets**

Description	Estimated Value	Name(s) on Title

2.   Disclosure of Debts

Description	Creditor	Amount Owed	Name on Debt
Secured Debt on Real Property	*(See 1(a) above)*	*XXXXX*	*XXXXXXXXX*

Description	Creditor	Amount Owed	Name on Debt
Vehicle Loan(s)	*(See 1(b) above)*	*XXXXX*	*XXXXXXXXX*
Utility Bill(s):			
Credit Card(s):			
Student Loan(s):			
Medical Expenses:			
Other Liabilities:			

3.   Disclosure of Income

The [ ]Wife/ [ ]Husband has the following income:

Source of Income	Amount per Month
Gross Wages, Salary, Commissions	
Rents, Interests, Dividends	

Source of Income	Amount per Month
Self Employment Earnings	
Unemployment or Worker's Compensation	
Social Security Benefits, including SSI	
Public Assistance	
Food Stamps	
Pension, Retirement	
Child Support	
Dependent's Benefits	
Other Income (*describe*):	

4.   Disclosure of Expenses

The [ ] Wife/[ ] Husband has the following expenses:

Description of Expense	Amount per Month
Taxes and other money withheld from income	
Retirement	
Health Insurance (self and children)	
Medical Expenses	
Housing (rent or mortgage payment)	
Property Taxes	
Property Insurance	
Transportation	
Car Insurance	
Student Loans	

Description of Expense	Amount per Month
Utilities	
Telephone	
Clothing	
Food and Household Supplies	
Child Care	
Child Support Payments	
Other Expenses (*describe*):	

DATED this _____ day of _____, 20___.

_____
Signature

_____
Print Name
[ ] Wife/ [ ] Husband, Petitioner Pro Se

STATE OF MONTANA   )
) ss.
COUNTY OF _____   )

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

_____

(Seal)

Name *(printed)*: _____
Notary Public for the State of Montana
Residing at _____
My commission expires _____