

COURT

COUNTY OF

Index No.

Plaintiff,

- against -

STATEMENT OF NET WORTH
(DRL §236)

Defendant.

Date of commencement of action

Complete all items, marking "NONE," "INAPPLICABLE" AND "UNKNOWN," if appropriate

STATE OF

COUNTY OF

SS.:

_____, the (Petitioner) (Respondent) (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 _____ (c) Date married _____
- (b) Wife's age _____ (d) Date (separated) (divorced) _____
- (e) Number of dependent children under 21 years _____
- (f) Names of children _____ Ages _____

- (g) Custody of Children _____ Husband _____ Wife _____ Joint
- (h) Minor children of prior marriage: _____ Husband _____ Wife
- (i) Husband (paying) (receiving) \$ _____ as alimony (maintenance) and/or \$ _____ child support.
 Wife (paying) (receiving) \$ _____ as alimony (maintenance) and/or \$ _____ child support.
- (j) Custody of children of Husband's prior marriage: _____ Custody of children of Wife's prior marriage:
 Name _____
 Address _____
- (k) Is marital residence occupied by _____ Husband _____ Wife _____ Both
- (l) Husband's present address _____

 Wife's present address _____

- (m) Occupation of Husband _____
 Occupation of Wife _____
- (n) Husband's employer _____
- (o) Wife's employer _____
- (p) Education, training and skills (Include dates of attainment of degrees, etc.)
 Husband _____
 Wife _____
- (q) Husband's health _____
- (r) Wife's health _____
- (s) Children's health _____

II. EXPENSES: (You may elect to list all expenses on a weekly basis or all expenses on a monthly basis, however, you must be consistent. If any items are paid on a monthly basis, divide by 4.3 to obtain weekly payments; if any items are paid on a weekly basis, multiply by 4.3 to obtain monthly payment. Items included under "Other" should be listed separately with separate dollar amounts.)

Expenses listed: Weekly Monthly

Type of Expense	Description	Amount
(a) Housing	Rent	
	Mortgage and amortization	
	Real estate taxes	
	Condominium charges	
	Cooperative apartment maintenance	
	Other	
	Housing Total	

Type of Expense	Description	Amount
(b) Utilities	Fuel oil	
	Gas	
	Electricity	
	Telephone	
	Water	
	Other	
	Utilities Total	

Type of Expense	Description	Amount
(c) Food	Groceries	
	School lunches	
	Lunches at work	
	Liquor/alcohol	
	Home entertainment	
	Other	
	Food Total	

Number of dependents including self: _____

Type of Expense	Description	Amount
(d) Clothing	Husband	
	Wife	
	Children	
	Other	
	Clothing Total	

Number of dependents including self: _____

Type of Expense	Description	Amount
(e) Laundry	Laundry at home	
	Dry cleaning	
	Other	
	Laundry Total	

Number of dependents including self: _____

Type of Expense	Description	Amount
(f) Insurance	Life	
	Homeowner's/tenant's	
	Fire, theft and liability	
	Umbrella policy	
	Medical plan	
	Dental plan	
	Optical plan	
	Disability	
	Workers' Compensation	
	Other	
		Insurance Total

Type of Expense	Description	Amount
(g) Unreimbursed Medical	Medical	
	Dental	
	Optical	
	Pharmaceutical	
	Surgical, nursing, hospital	
	Other	
		Unreimbursed Medical Total

Type of Expense	Description	Amount
(h) Household Maintenance	Repairs	
	Furniture, furnishings, housewares	
	Cleaning supplies	
	Appliances, including maintenance	
	Painting	
	Sanitation/carting	
	Gardening/landscaping	
	Snow removal	
	Extermination	
	Other	
	Household Maintenance Total	

Type of Expense	Description	Amount
(i) Household Help	Babysitter	
	Domestic (housekeeper, maid, etc.)	
	Nurse	
	Other	
		Household Help Total

Type of Expense	Description	Amount	
(j) Automotive	Payments		
	Vehicle # 1	Gas and oil	
	Year: _____	Repairs	
	Make: _____	Car wash	
		Registration and license	
	Personal: _____	Parking and tolls	
	Business: _____	Insurance	
		Other	
	Vehicle # 2	Payments	
	Year: _____	Gas and oil	
	Make: _____	Repairs	
		Car wash	
	Registration and license		
Personal: _____	Parking and tolls		
Business: _____	Insurance		
	Other		
	Automotive Total		

Type of Expense	Description	Amount
(k) Educational	Nursery and pre-school	
	Primary and secondary	
	College	
	Post-graduate	
	Religious instruction	
	School transportation	
	School supplies/books	
	Tutoring	
	School events	
	Other	
		Educational Total

Type of Expense	Description	Amount
(l) Recreational	Summer camp	
	Vacations	
	Movies	
	Theatre, ballet, etc.	
	Video rentals	
	Tapes, CD's, etc.	
	Cable television	
	Team sports	
	Dining out	
	Country club/pool club	
	Health club	
	Sporting goods	
	Hobbies	
(continued on next page)	Music/dance lessons	

Type of Expense	Description	Amount
(l) Recreational (Continued)	Sports lessons	
	Birthday parties	
	Other	
	Recreational Total	

Type of Expense	Description	Amount
(m) Income Taxes	Federal	
	State	
	City	
	Social Security and Medicare	
	Income Taxes Total	

Type of Expense	Description	Amount
(n) Miscellaneous	Beauty parlor/barber	
	Beauty aids/cosmetics, drug items	
	Cigarettes/tobacco	
	Books, magazines, newspapers	
	Children's allowances	
	Gifts	
	Charitable contributions	
	Religious organization dues	
	Sunday School	
	Diaper service	
	Union and organization dues	
	Commutation and transportation	
	Veterinarian/pet expenses	
	Child support payments (prior marriage)	
	Alimony and maintenance payments (prior marriage)	
	Loan payments	
	Unreimbursed business expenses	
	Miscellaneous Total	

Type of Expense	Description	Amount
(o) Other		
	Other Total	

Total Expenses: _____

III. GROSS INCOME: (State source of income and annual amount)

(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 average gross weekly wage paid by each.
Indicate overtime earnings separately. Attach previous year's W-2 or income tax return.)

Employer Name and Address	Average Weekly Wage	Overtime Earnings

(b) Weekly Deductions (For all employers listed in (a) above)	Amount
Federal tax	_____
New York State tax	_____
Local tax	_____
Social Security	_____
Medicare	_____
Other payroll deductions	_____

(c) Social Security number _____ Annual Adjusted Income: _____

(d) Names of Dependents Claimed	Social Security Numbers
_____	_____
_____	_____

Enter (e) through (s) as annual amounts.

- (e) Bonus, commissions, fringe benefits (use of auto, memberships, etc.) _____
- (f) Partnership, royalties, sale of assets (income and installment payments) _____
- (g) Dividends and interest (state whether taxable or not) _____
- (h) Real estate (income only) _____
- (i) Trust, profit sharing and annuities (principal distribution and income) _____
- (j) Pension (income only) _____
- (k) Awards, prizes, grants (state whether taxable) _____
- (l) Bequests, legacies and gifts _____
- (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 of fair market value over amount paid _____

(o) Name of Child or Other Member of Household Who is Employed	Annual Income
_____	_____
_____	_____

- (p) Social Security _____
- (q) Disability benefits _____
- (r) Public assistance _____
- (s) Other _____

Total Income: _____

IV. ASSETS: (If any asset is held jointly with spouse or another, so state, and set forth your respective shares.)

Type of Asset	Description	Amount
(a) Cash Jointly held _____ Your share _____ Other share _____	Location	
	Source of funds	
	Cash Total	

Type of Asset	Description	Amount
(b) Checking Accounts Account # 1 _____ Jointly held _____ Your share _____ Other share _____	Financial institution	
	Address	
	Account number	
	Title holder	
	Date opened	
	Source of funds	
	Balance	
Account # 2 _____ Jointly held _____ Your share _____ Other share _____	Financial institution	
	Address	
	Account number	
	Title holder	
	Date opened	
	Source of funds	
	Balance	
	Checking Accounts Total	

Type of Asset	Description	Amount
(c) Savings Accounts (including individual, joint, totten trust, certificates of deposit, treasury notes, etc.) Account # 1 _____ Jointly held _____ Your share _____ Other share _____	Financial institution	
	Address	
	Account number	
	Title holder	
	Type of account	
	Date opened	
	Source of funds	
	Balance	
	Account # 2 _____ Jointly held _____ Your share _____ Other share _____	Financial institution
Address		
Account number		
Title holder		
Type of account		
Date opened		
Source of funds		
Balance		
Savings Accounts Total		

Type of Asset	Description	Amount	
(d) Security Deposits, Earnest Money, etc.	Location		
	Address		
	Account # 1 Jointly held _____ Your share _____ Other share _____		Title owner
	Type of deposit		
	Source of funds		
	Date of deposit		
	Amount		
	Security Deposits, etc. Total		

Type of Asset	Description	Amount	
(e) Other	Location		
	Address		
	Account # 1 Jointly held _____ Your share _____ Other share _____		Title owner
	Type of account		
	Source of funds		
	Date of deposit		
	Amount		
	Other Total		

Cash Accounts Total: _____

Type of Asset	Description	Amount	
(f) Securities - Bonds, Notes, Mortgages	Description of security		
	Title holder		
	Holding # 1 Jointly held _____ Your share _____ Other share _____		Location
	Address		
	Date of acquisition		
	Original price or value		
	Source of funds to acquire		
	Maturity Date _____		Current value
	Bonds, Notes, etc. Total		

Type of Asset	Description	Amount	
(g) Stocks, Options and Commodity Contracts, Other	Description of security		
	Title holder		
	Holding # 1 Jointly held _____ Your share _____ Other share _____		Location
	Address		
	Date of acquisition		
	Original price or value		
	Source of funds to acquire		
	Current value		
Stocks, Options and Commodity Contracts Total			

Total Value of Securities: _____

Type of Asset	Description	Amount	
(h) Brokers' Margin Accounts	Broker name		
	Address		
	Account # 1 Jointly held	Title holder	
	Your share _____	Date account opened	
	Other share _____	Original value of account	
		Source of funds	
		Credit Balance	
		Current value	
		Brokers' Margin Accounts Total	

Type of Asset	Description	Amount	
(i) Loans to Others and Accounts Receivable	Debtor's name		
	Address		
	Account # 1 Jointly held	Original amount of loan or debt	
	Your share _____	Source of funds from which loan made or origin of debt	
	Other share _____		
		Date payment(s) due	
		Current amount due	
		Loans and Accounts Receivable Total	

Type of Asset	Description	Amount	
(j) Value of Interest In Any Business	Business name		
	Address		
	Business # 1 Jointly held	Type of business (corporate, partnership, sole proprietorship or other)	
	Your share _____	Your capital contribution	
	Other share _____	Your percentage of interest	
		Date of acquisition	
		Original price or value	
		Source of funds to acquire	
		Method of valuation	
		Other relevant information	
		Current net worth of business	
		Value of Business Interest Total	

Type of Asset	Description	Amount
(k) Cash Surrender Value of Life Ins.	Insurer's name	
	Address	
	Policy # 1	
	Jointly held	
	Your share _____	
	Other share _____	
	Name of insured	
	Policy number	
	Face amount of policy	
	Policy owner	
Date of acquisition		
Source of funding to acquire		
Current cash surrender value		
	Value of Life Insurance Total	

Type of Asset	Description	Amount	
(l) Vehicles (Auto, boat, plane, truck, camper, etc.)	Description		
	Title owner		
	Vehicle # 1		
	Jointly held		
	Your share _____		
	Other share _____		
	Date of acquisition		
	Original price		
	Source of funds to acquire		
	Amount of current lien unpaid		
Current fair market value			
Vehicle # 2	Description		
Jointly held	Title owner		
Your share _____	Date of acquisition		
Other share _____	Original price		
	Source of funds to acquire		
	Amount of current lien unpaid		
	Current fair market value		
	Value of Vehicles Total		

Type of Asset	Description	Amount	
(m) Real Estate (including real property, leaseholds, life estates, etc., at market value - Do not deduct any mortgage)	Description		
	Title owner		
	Property # 1		
	Jointly held		
	Your share _____		
	Other share _____		
	Date of acquisition		
	Original price		
	Source of funds to acquire		
	Amount of mortgage or lien unpaid		
Estimated current market value			
Property # 2	Description		
Jointly held	Title owner		
Your share _____	Date of acquisition		
Other share _____	Original price		
	Source of funds to acquire		
	Amount of mortgage or lien unpaid		
	Estimated current market value		
	Value of Real Estate Total		

Type of Asset	Description	Amount
(n) Vested Interests in Trusts (pension, profit sharing, legacies, deferred compensation and others)	Description of trust	
	Location of assets	
	Address	
	Interest # 1	
	Jointly held	
	Your share _____	
	Other share _____	
	Title owner	
	Date of acquisition	
	Original investment	
	Source of funds	
	Amount of unpaid liens	
	Current value	
	Interest # 2	
	Jointly held	
	Your share _____	
	Other share _____	
	Title owner	
	Date of acquisition	
Original investment		
Source of funds		
Amount of unpaid liens		
Current value		
Vested Interest in Trusts Total		

Type of Asset	Description	Amount
(o) Contingent Interests (stock options, interests subject to life estates, prospective inheritances, etc.)	Description	
	Location	
	Address	
	Interest # 1	
	Jointly held	
	Your share _____	
	Other share _____	
	Date of vesting	
	Title owner	
	Date of acquisition	
	Original price or value	
	Source of funds to acquire	
	Method of valuation	
	Current value	
Contingent Interests Total		

Type of Asset	Description	Amount
(p) Household Furnishings	Description	
	Location	
	Item # 1	
	Jointly held	
	Your share _____	
	Other share _____	
	Title owner	
	Original price	
	Source of funds to acquire	
	Amount of lien unpaid	
Current value		
Household Furnishings Total		

Type of Asset	Description	Amount
(q) Jewelry, Art, Antiques Precious Objects, Gold and Precious Metals (if valued at more than \$500)	Description	
	Title owner	
	Location	
	Item # 1	
	Original price or value	
	Jointly held	
	Source of funds to acquire	
	Amount of lien unpaid	
Your share _____	Current value	
Other share _____		
Item # 2	Description	
	Title owner	
	Location	
	Jointly held	
	Original price or value	
	Your share _____	
	Source of funds to acquire	
	Amount of lien unpaid	
Other share _____	Current value	
Jewelry, Art, Antiques, etc. Total		

Type of Asset	Description	Amount
(r) Other (tax shelter investments, collections, hobbies, judgments, causes of action, patents, trademarks, copyrights, and any other asset not hereinabove itemized)	Description	
	Title owner	
	Location	
	Item # 1	
	Original price or value	
	Jointly held	
	Source of funds to acquire	
	Amount of lien unpaid	
Your share _____	Current value	
Other share _____		
Item # 2	Description	
	Title owner	
	Location	
	Jointly held	
	Original price or value	
	Your share _____	
	Source of funds to acquire	
	Amount of lien unpaid	
Other share _____	Current value	
Other Assets Total		

Total Assets: _____

V. LIABILITIES:

Type of Liability	Description	Amount
(a) Accounts Payable Account # 1 Jointly held Your share _____ Other share _____	Creditor Name	
	Address	
	Debtor	
	Amount of original debt	
	Date of incurring debt	
	Purpose	
	Monthly or other periodic payment	
	Amount of current debt	
	Other relevant information	
Account # 2 Jointly held Your share _____ Other share _____	Creditor Name	
	Address	
	Debtor	
	Amount of original debt	
	Date of incurring debt	
	Purpose	
	Monthly or other periodic payment	
	Amount of current debt	
	Other relevant information	
Account # 3 Jointly held Your share _____ Other share _____	Creditor Name	
	Address	
	Debtor	
	Amount of original debt	
	Date of incurring debt	
	Purpose	
	Monthly or other periodic payment	
	Amount of current debt	
	Other relevant information	
Account # 4 Jointly held Your share _____ Other share _____	Creditor Name	
	Address	
	Debtor	
	Amount of original debt	
	Date of incurring debt	
	Purpose	
	Monthly or other periodic payment	
	Amount of current debt	
	Other relevant information	
		Accounts Payable Total

Type of Liability	Description	Amount
(b) Notes Payable	Name of note holder	
	Address	
	Item # 1 Debtor	
	Jointly held Amount of original debt	
	Your share _____ Date of incurring debt	
	Other share _____ Purpose	
	Monthly or other periodic payment	
	Amount of current debt	
	Other relevant information	
Item # 2	Name of note holder	
	Address	
	Debtor	
	Jointly held Amount of original debt	
	Your share _____ Date of incurring debt	
	Other share _____ Purpose	
	Monthly or other periodic payment	
	Amount of current debt	
	Other relevant information	
Notes Payable Total		

Type of Liability	Description	Amount
(c) Installment Accounts Payable (security agreements, chattel mortgages)	Creditor name	
	Address	
	Debtor	
	Account # 1 Amount of original debt	
	Jointly held Date of incurring debt	
	Your share _____ Purpose	
	Other share _____ Monthly or other periodic payment	
	Amount of current debt	
	Other relevant information	
Account # 2	Creditor name	
	Address	
	Debtor	
	Jointly held Amount of original debt	
	Your share _____ Date of incurring debt	
	Other share _____ Purpose	
	Monthly or other periodic payment	
	Amount of current debt	
	Other relevant information	
Installment Accounts Payable Total		

Type of Liability	Description	Amount
(d) Brokers' Margin Accounts	Broker's Name	
	Address	
	Account # 1	
	Jointly held	
	Your share _____	
	Other share _____	
	Amount of original debt	
	Date of incurring debt	
	Purpose	
	Monthly or other periodic payment	
	Amount of current debt	
	Brokers' Margin Accounts Total	

Type of Liability	Description	Amount	
(e) Mortgages Payable on Real Estate	Mortgagee Name		
	Address		
	Mortgage # 1		
	Jointly held		
	Your share _____		
	Other share _____		
	Address of property mortgaged		
	Mortgagor(s)		
	Original debt		
	Date of incurring debt		
	Monthly or other periodic payment		
	Maturity date		
Amount of current debt			
Current equity			
Other relevant information			
Mortgage # 2	Mortgagee Name		
	Address		
	Address of property mortgaged		
	Jointly held		
	Your share _____		
	Other share _____		
	Mortgagor(s)		
	Original debt		
	Date of incurring debt		
	Monthly or other periodic payment		
	Maturity date		
	Amount of current debt		
	Current equity		
Other relevant information			
	Mortgages Payable Total		

Type of Liability	Description	Amount
(f) Interest Payable	Description	
	Item # 1	
	Jointly held	
	Your share _____	
	Other share _____	
	Amount of interest	
	Monthly or other periodic payment	
	Date due	
	Other relevant information	
	Interest Payable Total	

Type of Liability	Description	Amount
(g) Taxes Payable	Description of tax	
	Item # 1 Amount of tax	
	Jointly held Date due	
	Your share _____ Other relevant information	
	Other share _____	Taxes Payable Total

Type of Liability	Description	Amount
(h) Loans on Life Insurance Policies	Insurer name	
	Address	
	Amount of loan	
	Loan # 1 Date incurred	
	Jointly held Purpose	
	Your share _____ Borrower name	
	Other share _____ Monthly or other periodic payment	
	Amount of current debt	
	Other relevant information	
		Loans on Life Insurance Policies Total

Type of Liability	Description	Amount
(i) Other Liabilities	Description	
	Creditor name	
	Address	
	Liability # 1 Debtor	
	Jointly held Original amount of debt	
	Your share _____ Date incurred	
	Other share _____ Purpose	
	Monthly or other periodic payment	
	Amount of current debt	
	Other relevant information	
Liability # 2	Description	
	Jointly held Creditor name	
	Your share _____ Address	
	Other share _____ Debtor	
	Original amount of debt	
	Date incurred	
	Purpose	
	Monthly or other periodic payment	
	Amount of current debt	
	Other relevant information	
	Other Liabilities Total	

TOTAL LIABILITIES: _____

TOTAL ASSETS: _____

TOTAL LIABILITIES: _____

NET WORTH: _____
(Assets minus Liabilities)

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 otherwise identified in the statement of net worth]).

Description of Property	To Whom Transferred and Relationship to Transferee	Date of Transfer	Value

VII. SUPPORT REQUIREMENTS:

- (a) 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) (pursuant to separation agreement) and there are (no) arrears outstanding (in the sum of \$ _____ to date).

- (b) Deponent requests for support of each child \$ _____ per (week) (month).
Total for child(ren) \$ _____.
- (c) Deponent requests for support of self \$ _____ per (week) (month).
- (d) The day of the (week) (month) on which payment should be made is _____.

VIII. COUNSEL FEE REQUIREMENTS:

- (a) Deponent requests for counsel fee and disbursements the sum of _____.
- (b) Deponent has paid counsel the sum of \$ _____ and has agreed with counsel concerning fees as follows:
- (c) 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 FEES REQUIREMENTS:

- (a) Deponent requests for accountants' fees and disbursements the sum of \$ _____.
(Include basis for fee, e.g., hourly rate, flat rate.) _____
- (b) Deponent requests for appraisal fees and disbursements the sum of \$ _____.
(Include basis for fee, e.g., hourly rate, flat rate.) _____
- (c) Deponent requires the services of an accountant for the following reasons:
- (d) Deponent requires the services of an appraiser for the following reasons:

X. Other data concerning the financial circumstances of the parties that should be brought to the attention of the Court are:

The foregoing statements and a rider consisting of _____ page(s) annexed hereto and made part hereof, have been carefully read by the undersigned, who state that they are true and correct.

(Petitioner)
(Plaintiff)

(Respondent)
(Defendant)

Sworn to before me this
day of _____,

NOTARY PUBLIC

CERTIFICATION OF ATTORNEY

I hereby certify under penalty of perjury and as an officer of the court that I have no knowledge that the substance of any of the factual submissions contained in this document is false.

Date

(Signature of Attorney)

Attorney's Name (Print or Type)

Attorney's Address & Telephone Number