

STATE OF SOUTH CAROLINA)
)
 COUNTY OF _____)
)
 _____)
 Plaintiff,)
 vs.)
 _____)
 Defendant.)

IN THE FAMILY COURT OF THE
 _____ JUDICIAL CIRCUIT

**FINANCIAL DECLARATION
 OF _____**

Docket No. _____

| HUSBAND/FATHER | | WIFE/MOTHER | |
|------------------|--|------------------|--|
| Address | | Address | |
| Age | | Age | |
| Occupation | | Occupation | |
| Employer | | Employer | |
| Employer Address | | Employer Address | |

| Gross Monthly Income | Husband/Father | Wife/Mother |
|-------------------------------------------------------------|----------------|-------------|
| Principal Earnings from Employment ¹ | | |
| Overtime, Tips, Commission, Bonuses ² | | |
| Pensions, Retirement, and Annuities income | | |
| Additional Employment income | | |
| Social Security Benefits (SSA) and VA Benefits | | |
| Disability and Worker's Compensation Benefits | | |
| Unemployment and AFDC | | |
| Spousal or Child Support (from other marriage/relationship) | | |
| Dividends, Interest, Trust Income, and Capital Gains | | |
| Rental Income and Business Profits | | |
| Other (Specify): | | |
| TOTAL GROSS MONTHLY INCOME | | |

| Payroll Deductions from Monthly Income | Husband/Father | Wife/Mother |
|------------------------------------------------------|----------------|-------------|
| Federal Income Tax ³ | | |
| State Income Tax | | |
| Social Security and Medicare Tax (FICA) | | |
| Self-Employment Tax | | |
| Health and Dental Insurance (Adult) | | |
| Health and Dental Insurance (Child) | | |
| Union Dues | | |
| Voluntary Retirement Contribution (401(k), 457, IRA) | | |
| Mandatory Retirement Contribution | | |
| Savings Plan | | |
| Other (Specify): | | |
| TOTAL MONTHLY DEDUCTIONS | | |
| NET MONTHLY INCOME ⁴ | | |

Estimate monthly expenses: (Specify which party is the custodial parent and list name and relationship of all members of household whose expenses are included. _____)

| MONTHLY EXPENSES ⁵ | Husband/Father | Wife/Mother |
|-----------------------------------------------------------------------------------------------------|-----------------------|--------------------|
| Residential Rent Payment | | |
| Note or Mortgage Payment on Residence(s) | | |
| Food and Household Supplies ⁶ | | |
| Utilities, Water, and Garbage Collection | | |
| Telephone and Cellular Phone | | |
| Medical, Dental and Disability Insurance Premiums (not deducted from paycheck) | | |
| Life Insurance Premiums (not deducted from paycheck) | | |
| Child Support (from other relationship) | | |
| Work Related Day Care | | |
| Spousal Support (from prior marriage) | | |
| Auto Payment | | |
| Auto Insurance, taxes, gasoline, and maintenance ⁷ | | |
| SUBTOTAL: <input style="border: 3px double black; width: 100px; height: 20px;" type="text"/> | | |
| Real Property Tax on Residence(s) | | |
| Maintenance for household ⁸ | | |
| Adult Clothing | | |
| Children's Clothing ⁹ | | |
| Cable Television, Satellite, and Internet/Online Services | | |
| Laundry and Dry Cleaning ¹⁰ | | |
| Medical and Dental Expenses (not paid by insurance) | | |
| Prescriptions, Glasses, and Contacts (not paid by insurance) | | |
| Children's incidental expenses ¹¹ | | |
| School lunches, supplies, field trips, and fees ¹² | | |
| Entertainment ¹³ | | |
| Adult Incidental expenses ¹⁴ | | |
| All Installment payments ¹⁵ | | |
| Other (Specify): | | |
| SUBTOTAL: <input style="border: 3px double black; width: 100px; height: 20px;" type="text"/> | | |
| TOTAL MONTHLY EXPENSES | | |

Installment Loan Payments Section

| Creditor | For | Monthly Payment | Balance | Owed by ¹⁶ |
|-----------------|------------|------------------------|----------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Other Debts and Obligations *not* payable in monthly installments

| Creditor | For | Date Payable | Balance | Owed by ¹⁶ |
|----------|-----|--------------|---------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Are you currently in Bankruptcy? YES NO

Are any obligations listed above, including mortgage and note payments, in arrears? YES NO

If yes, please list the obligations in arrears.

All Marital Property Known to Parties

| Assets | Husband/Father | Wife/Mother | Joint |
|---------------------------------------------------------------------------|----------------|-------------|-------|
| Cash and Money in Checking Account(s) | | | |
| Money in Savings Account(s), Credit Union, Money Market, or Cert. of Dep. | | | |
| Value of Voluntary Retirement Account(s) | | | |
| Value of Pension Account | | | |
| Value of Publicly Held Stocks, Bonds, Securities, Mutual Funds | | | |
| Value of Privately Held Stocks and Other Business | | | |
| Value of Real Estate – Net of Mortgage Balances | | | |
| Value of All Other Property ¹⁷ | | | |
| TOTAL ASSETS | | | |

Any Non Marital Property Known to Parties

| Description of Asset | Title Owner | Date of Acquisition | Source of Funds to Acquirer | Estimate Present market Value |
|----------------------|-------------|---------------------|-----------------------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If total assets are less than \$300,000.00, sign and have notarized.

If total assets are greater than \$300,000.00, itemize assets by completing additional sections below and sign and have notarized.

Financial Accounts Section¹⁸

| Owner | Name of Institution | Type of Account | Balance |
|-------|---------------------|-----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Voluntary Retirement Accounts and Pension Accounts Section

| Type of Account | Value |
|-----------------|-------|
| | |
| | |
| | |
| | |

Publicly Held Stocks, Bonds, Securities, Mutual Funds Section (Non-Retirement)¹⁹

| Name of Company | Number of Shares/Type of Account | Value |
|-----------------|----------------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

Real Estate Section²⁰

| Owner | Address | Value | Mortgage Balance | Mortgage Equity |
|-------|---------|-------|------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Other Property Section¹⁷

| Owner | Description of Asset | Value | Loan Balance | Equity |
|-------|----------------------|-------|--------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature

Sworn to before me this _____ day
of _____, 20_____.

(SEAL)

Notary Public for South Carolina
My commission expires: _____

Custodial Parent (if applicable): _____

-
1. A recent paystub should be attached to the Financial Declaration. To compute Principal Earnings from Employment, first determine whether you are paid semi-monthly, biweekly, or weekly. If you are paid semi-monthly, multiply the gross amount of your pay check by two. If you are paid biweekly, multiply the gross amount of your pay check by 26 and then divide by 12. If you are paid weekly, multiply the amount of your paycheck by 52 and divide by twelve. Round to the nearest whole dollar.
 2. To compute Overtime, Tips, Commission, and/or Bonuses, take an average of your monthly earnings from overtime, tips, commission, bonuses, etc. from the past three years or the length of employment if employed less than three years (including this year).
 3. To compute State, Local, and Social Security Tax deductions, use the same formula used to compute principal earnings in endnote 1 above, or consult or have your attorney consult an accountant.
 4. Net monthly Income is equal to Total Gross Monthly Income minus Total Monthly Deductions.
 5. Do not include any expense in the Monthly Expenses section that has already been included in the Deductions from Gross Monthly Income on page one of the Declaration.
 6. Food Expense is to include the cost of groceries, toiletries, cleaning supplies, and casual eating out.
 7. Auto Expenses are to include gasoline, oil changes, tune-ups, tire replacement, maintenance, and related items.
 8. Maintenance for Household is to include appliance and household repairs, landscaping, house cleaning, pest control, pool service, alarm service, and other related items.
 9. Clothing Expense is to include shoes and clothing purchases, clothing repair and alterations, and related items.
 10. Laundry Expense is to include the cost of laundry service, dry cleaning, and related items.
 11. Children's Incidental Expenses are to include allowance, summer camp, baby sitters, lessons, activities, participatory sports, and related items.
 12. School Expense is to include tuition, supplies, field trips, dues, tutors, locker rentals, school lunches, and other related items.
 13. Entertainment is to include movies, theater, vacations, sporting events, compact discs, digital video discs, and related items.
 14. Adult Incidental Expenses are to include cosmetics, hair and nail care, books, magazines, newspapers, business dues, memberships, pets, charity, religious dues or tithes, gifts, bank charges, hobbies, and related items.
 15. All Installment Loan Payments is the total amount itemized in Installment Loan Payments Section, which should include all loan payments not already listed as a monthly expense. Examples: home equity loan, credit cards, etc.
 16. Indicate which spouse legally owes the payment (husband, wife, or joint).
 17. Other property is to include automobiles (minus loan balance), boats (minus loan balance), furniture, furnishings, china, silver, jewelry, collectibles, and other personal property.
 18. Itemize Financial Accounts such as checking, savings, credit union, money market, or certificate of deposit accounts in the Financial Accounts Section.
 19. Itemize Publicly Held Stocks, Bonds, Securities, Stock Options and Mutual Funds (excluding retirement accounts) in the Publicly Held Stocks, Bonds, Securities, Mutual Funds Section.
 20. Itemize each parcel of Real Estate in the Real Estate Section.