

_____ COURT
COUNTY OF _____ Index No. _____

Plaintiff,
- against -
Defendant.

STATEMENT OF
NET WORTH
(DRL §236)

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 _____
- (b) Wife's age _____
- (c) Date married _____
- (d) Date (separated)(divorced) _____
- (e) Number of dependent children under 21 years _____
- (f) Names and ages of children

- (g) Custody of Children ____Husband ____Wife
- (h) Minor children of prior marriage: ____Husband ____Wife
- (i) (Husband)(Wife) (paying)(receiving) \$_____ as alimony (maintenance) and/or \$_____ child support in connection with prior marriage:
- (j) Custody of children of 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. Attach additional sheet, if needed. Items included under "Other" should be listed separately with separate dollar amounts.)

Expenses listed [] weekly [] monthly

(a) Housing			
1. Rent	_____	4. Condominium charges	_____
2. Mortgage and amortization	_____	5. Cooperative apartment maintenance	_____
3. Real estate taxes	_____		
		Total: Housing	\$ _____
(b) Utilities			
1. Fuel oil	_____	4. Telephone	_____
2. Gas	_____	5. Water	_____
3. Electricity	_____		
		Total: Utilities	\$ _____
(c) Food			
1. Groceries	_____	5. Liquor/alcohol	_____
2. School lunches	_____	6. Home entertainment	_____
3. Lunches at work	_____	7. Other	_____
4. Dining Out	_____		
		Total: Food	\$ _____
(d) Clothing			
1. Husband	_____	3. Children	_____
2. Wife	_____	4. Other	_____
		Total: Clothing	\$ _____
(e) Laundry			
1. Laundry at home	_____	3. Other	_____
2. Dry cleaning	_____		
		Total: Laundry	\$ _____
(f) Insurance			
1. Life	_____	6. Medical plan	_____
2. Homeowner's/tenant's	_____	7. Dental plan	_____
3. Fire, theft and liability	_____	8. Optical plan	_____
4. Automotive	_____	9. Disability	_____
5. Umbrella policy	_____	10. Worker's Compensation	_____
		11. Other	_____
		Total: Insurance	\$ _____
(g) Unreimbursed medical			
1. Medical	_____	5. Surgical, nursing, hospital	_____
2. Dental	_____	6. Other	_____
3. Optical	_____		
4. Pharmaceutical	_____	Total: Unreimbursed medical	\$ _____
(h) Household maintenance			
1. Repairs	_____	5. Painting	_____
2. Furniture, furnishings, housewares	_____	6. Sanitation/carting	_____
3. Cleaning supplies	_____	7. Gardening/landscaping	_____
4. Appliances, including maintenance	_____	8. Snow removal	_____
		9. Extermination	_____
		10. Other	_____
		Total: Household maintenance	\$ _____

(i) Household help
 1. Babysitter _____
 2. Domestic (housekeeper, maid, etc.) _____
 3. Other _____
 Total: Household help \$ _____

(j) Automotive
 Year: _____ Make: _____ Personal: _____ Business: _____
 Year: _____ Make: _____ Personal: _____ Business: _____
 Year: _____ Make: _____ Personal: _____ Business: _____
 1. Payments _____
 2. Gas and oil _____
 3. Repairs _____
 4. Car wash _____
 5. Registration and license _____
 6. Parking and tolls _____
 7. Other _____
 Total: Automotive \$ _____

(k) Educational
 1. Nursery and pre-school _____
 2. Primary and secondary _____
 3. College _____
 4. Post-graduate _____
 5. Religious instruction _____
 6. School transportation _____
 7. School supplies/books _____
 8. Tutoring _____
 9. School events _____
 10. Other _____
 Total: Educational \$ _____

(l) Recreational
 1. Summer camp _____
 2. Vacations _____
 3. Movies _____
 4. Theatre, ballet, etc. _____
 5. Video rentals _____
 6. Tapes, CD's, etc. _____
 7. Cable television _____
 8. Team sports _____
 9. Country club/pool club _____
 10. Health club _____
 11. Sporting goods _____
 12. Hobbies _____
 13. Music/dance lessons _____
 14. Sports lessons _____
 15. Birthday parties _____
 16. Other _____
 Total: Recreational \$ _____

(m) Income taxes
 1. Federal _____
 2. State _____
 3. City _____
 4. Social Security and Medicare _____
 Total: Income taxes \$ _____

(n) Miscellaneous
 1. Beauty parlor/barber _____
 2. Beauty aids/cosmetics, drug items _____
 3. Cigarettes/tobacco _____
 4. Books, magazines, newspapers _____
 5. Children's allowances _____
 6. Gifts _____
 7. Charitable contributions _____
 8. Religious organization dues _____
 9. Union and organization dues _____
 10. Commutation and transportation _____
 11. Veterinarian/pet expenses _____
 12. Child support payments (prior marriage) _____
 13. Alimony and maintenance payments (prior marriage) _____
 14. Loan payments _____
 15. Unreimbursed business expenses _____
 Total: Miscellaneous \$ _____

(o) Other
 1. _____
 2. _____
 3. _____
 4. _____
 Total: Other \$ _____

TOTAL EXPENSES: \$ _____

III. GROSS INCOME: (State source of income and annual amount. Attach additional sheet, if needed).

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

(b) Weekly deductions:

- 1. Federal tax _____
- 2. New York State tax..... _____
- 3. Local tax..... _____
- 4. Social Security..... _____
- 5. Medicare..... _____
- 6. Other payroll deductions (specify)..... _____

(c) Social Security number _____

(d) Number and names of dependents claimed: _____

(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) If any child or other member of your household is employed, set forth name and that person's 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. Attach additional sheets, if needed.)

A. Cash Accounts

Cash

- 1.1 a. Location _____
- b. Source of funds _____
- c. Amount _____

Total: Cash

\$ _____

\$ _____

Checking Accounts

- 2.1 a. Financial institution _____

b. Account number _____
 c. Title holder _____
 d. Date opened _____
 e. Source of Funds _____
 f. Balance _____ \$ _____

2.2 a. Financial institution _____
 b. Account number _____
 c. Title Holder _____
 d. Date opened _____
 e. Source of Funds _____
 f. Balance _____ \$ _____

Total: Checking \$ _____

Savings accounts (including individual, joint, totten trust, certificates of deposit, treasury notes)

3.1 a. Financial institution _____
 b. Account number _____
 c. Title holder _____
 d. Type of account _____
 e. Date opened _____
 f. Source of funds _____
 g. Balance _____ \$ _____

3.2 a. Financial institution _____
 b. Account number _____
 c. Title holder _____
 d. Type of account _____
 e. Date opened _____
 f. Source of funds _____
 g. Balance _____ \$ _____

Total: Savings \$ _____

Security deposits, earnest money, etc.

4.1 a. Location _____
 b. Title owner _____
 c. Type of deposit _____
 e. Source of funds _____
 f. Date of deposit _____
 g. Amount _____ \$ _____

Total: Security Deposits, etc. \$ _____

Other

5.1 a. Location _____
 b. Title owner _____
 c. Type of account _____
 d. Source of funds _____
 e. Date of deposit _____
 f. Amount _____ \$ _____

Total: Other \$ _____

Total: Cash Accounts \$ _____

B. Securities

Bonds, notes, mortgages

1.1 a. Description of security _____

- b. Title holder _____
- c. Location _____
- d. Date of acquisition _____
- e. Original price or value _____
- f. Source of funds to acquire _____
- g. Current value _____

Total: Bonds, notes, etc.

\$ _____ \$ _____

Stocks, options and commodity contracts

- 2.1
- a. Description of security _____
 - b. Title holder _____
 - c. Location _____
 - d. Date of acquisition _____
 - e. Original price or value _____
 - f. Source of funds to acquire _____
 - g. Current value _____

\$ _____

- 2.2
- a. Description of security _____
 - b. Title holder _____
 - c. Location _____
 - d. Date of acquisition _____
 - e. Original price or value _____
 - f. Source of funds to acquire _____
 - g. Current value _____

\$ _____

- 2.3
- a. Description of security _____
 - b. Title holder _____
 - c. Location _____
 - d. Date of acquisition _____
 - e. Original price or value _____
 - f. Source of funds to acquire _____
 - g. Current value _____

\$ _____

Total: Stocks, options, etc.

\$ _____

Broker margin accounts

- 3.1
- a. Name and address of broker _____
 - b. Title holder _____
 - c. Date account opened _____
 - d. Original value of account _____
 - e. Source of funds _____
 - f. Current value _____

\$ _____

Total: Margin accounts

\$ _____

Total value of securities:

\$ _____

C. Loans to others and accounts receivable

- 1.1
- a. Debtor's name and address _____
 - b. Original amount of loan or debt _____
 - c. Source of funds from which loan made or origin of debt _____
 - d. Date payment(s) due _____
 - e. Current amount due _____

\$ _____

- 1.2
- a. Debtor's name and address _____
 - b. Original amount of loan or debt _____
 - c. Source of funds from which loan made or origin of debt _____

d. Date payment(s) due _____
 e. Current amount due _____ \$ _____
 Total: Loans and accounts receivable \$ _____

D. Value of interest in any business

1.1 a. Name and address of business _____
 b. Type of business (corporate, partnership, sole proprietorship or other) _____
 c. Your capital contribution _____
 d. Your percentage of interest _____
 e. Date of acquisition _____
 f. Original price or value _____
 g. Source of funds to acquire _____
 h. Method of valuation _____
 i. Other relevant information _____
 j. Current net worth of business _____ \$ _____
 Total: Value of business interest \$ _____

E. Cash surrender value of life insurance

1.1 a. Insurer's name and address _____
 b. Name of insured _____
 c. Policy number _____
 d. Face amount of policy _____
 e. Policy owner _____
 f. Date of acquisition _____
 g. Source of funding to acquire _____
 h. Current cash surrender value _____ \$ _____
 Total: Value of life insurance \$ _____

F. Vehicles (automobile, boat, plane, truck, camper, etc.)

1.1 a. Description _____
 b. Title owner _____
 c. Date of acquisition _____
 d. Original price _____
 e. Source of funds to acquire _____
 f. Amount of current lien unpaid _____
 g. Current fair market value _____ \$ _____

1.2 a. Description _____
 b. Title owner _____
 c. Date of acquisition _____
 d. Original price _____
 e. Source of funds to acquire _____
 f. Amount of current lien unpaid _____
 g. Current fair market value _____ \$ _____
 Total: Value of Vehicles \$ _____

G. Real estate (including real property, leaseholds, life estates, etc. at market value -- do not deduct any mortgage)

1.1 a. Description _____
 b. Title owner _____
 c. Date of acquisition _____
 d. Original price _____
 e. Source of funds to acquire _____
 f. Amount of mortgage or lien unpaid _____
 g. Estimated current market value _____ \$ _____

1.2 a. Description _____
 b. Title owner _____

- c. Date of acquisition _____
- d. Original price _____
- e. Source of funds to acquire _____
- f. Amount of mortgage or lien unpaid _____
- g. Estimated current market value _____ \$ _____

- 1.3 a. Description _____
- b. Title owner _____
 - c. Date of acquisition _____
 - d. Original price _____
 - e. Source of funds to acquire _____
 - f. Amount of mortgage or lien unpaid _____
 - g. Estimated current market value _____ \$ _____
- Total: Value of real estate \$ _____

H. Vested interests in trusts (pension, profit sharing, legacies, deferred compensation and others)

- 1.1 a. Description of trust _____
- b. Location of assets _____
 - c. Title owner _____
 - d. Date of acquisition _____
 - e. Original investment _____
 - f. Source of funds _____
 - g. Amount of unpaid liens _____
 - h. Current value _____ \$ _____

- 1.2 a. Description of trust _____
- b. Location of assets _____
 - c. Title owner _____
 - d. Date of acquisition _____
 - e. Original investment _____
 - f. Source of funds _____
 - g. Amount of unpaid liens _____
 - h. Current value _____ \$ _____
- Total: Vested interest in trusts \$ _____

I. Contingent interests (stock options, interests subject to life estates, prospective inheritances, etc.)

- 1.1 a. Description _____
- b. Location _____
 - c. Date of vesting _____
 - d. Title owner _____
 - e. Date of acquisition _____
 - f. Original price or value _____
 - g. Source of funds to acquire _____
 - h. Method of valuation _____
 - i. Current value _____ \$ _____
- Total: Contingent interests \$ _____

J. Household furnishings

- 1.1 a. Description _____
- b. Location _____
 - c. Title owner _____
 - d. Original price _____
 - e. Source of funds to acquire _____

f. Amount of lien unpaid _____
 g. Current value _____ \$ _____
 Total: Household furnishings \$ _____

K. Jewelry, art, antiques, precious objects, gold and precious metals (only if valued at more than \$500)

1.1 a. Description _____
 b. Title owner _____
 c. Location _____
 d. Original price or value _____
 e. Source of funds to acquire _____
 f. Amount of lien unpaid _____
 g. Current value _____ \$ _____

1.2 a. Description _____
 b. Title owner _____
 c. Location _____
 d. Original price or value _____
 e. Source of funds to acquire _____
 f. Amount of lien unpaid _____
 g. Current value _____ \$ _____
 Total: Jewelry, art, etc.: \$ _____

L. Other (e.g., tax shelter investments, collections, judgments, causes of action, patents, trademarks, copyrights, and any other asset not hereinabove itemized)

1.1 a. Description _____
 b. Title owner _____
 c. Location _____
 d. Original price or value _____
 e. Source of funds to acquire _____
 f. Amount of lien unpaid _____
 g. Current value _____ \$ _____

1.2 a. Description _____
 b. Title owner _____
 c. Location _____
 d. Original price or value _____
 e. Source of funds to acquire _____
 f. Amount of lien unpaid _____
 g. Current value _____ \$ _____
 Total: Other \$ _____

TOTAL: ASSETS \$ _____

V. LIABILITIES

A. Accounts payable

1.1 a. Name and address of creditor _____
 b. Debtor _____
 c. Amount of original debt _____
 d. Date of incurring debt _____
 e. Purpose _____
 f. Monthly or other periodic payment _____
 g. Amount of current debt _____ \$ _____

1.2 a. Name and address of creditor _____
 b. Debtor _____
 c. Amount of original debt _____
 d. Date of incurring debt _____

e. Purpose _____
 f. Monthly or other periodic payment _____
 g. Amount of current debt _____ \$ _____

1.3 a. Name and address of creditor _____
 b. Debtor _____
 c. Amount of original debt _____
 d. Date of incurring debt _____
 e. Purpose _____
 f. Monthly or other periodic payment _____
 g. Amount of current debt _____ \$ _____

1.4 a. Name and address of creditor _____
 b. Debtor _____
 c. Amount of original debt _____
 d. Date of incurring debt _____
 e. Purpose _____
 f. Monthly or other periodic payment _____
 g. Amount of current debt _____ \$ _____

1.5 a. Name and address of creditor _____
 b. Debtor _____
 c. Amount of original debt _____
 d. Date of incurring debt _____
 e. Purpose _____
 f. Monthly or other periodic payment _____
 g. Amount of current debt _____ \$ _____

Total: Accounts payable \$ _____

B. Notes payable

1.1 a. Name and address of note holder _____
 b. Debtor _____
 c. Amount of original debt _____
 d. Date of incurring debt _____
 e. Purpose _____
 f. Monthly or other periodic payment _____
 g. Amount of current debt _____ \$ _____

1.2 a. Name and address of note holder _____
 b. Debtor _____
 c. Amount of original debt _____
 d. Date of incurring debt _____
 e. Purpose _____
 f. Monthly or other periodic payment _____
 g. Amount of current debt _____ \$ _____

Total: Notes payable \$ _____

C. Installment accounts payable (security agreements, chattel mortgages)

1.1 a. Name and address of creditor _____
 b. Debtor _____
 c. Amount of original debt _____
 d. Date of incurring debt _____
 e. Purpose _____
 f. Monthly or other periodic payment _____
 g. Amount of current debt _____ \$ _____

1.2 a. Name and address of creditor _____
 b. Debtor _____
 c. Amount of original debt _____
 d. Date of incurring debt _____
 e. Purpose _____
 f. Monthly or other periodic payment _____
 g. Amount of current debt _____ \$ _____

Total: Installment accounts \$ _____

D. Brokers' margin accounts

1.1 a. Name and address of broker _____
 b. Amount of original debt _____
 c. Date of incurring debt _____
 d. Purpose _____
 e. Monthly or other periodic payment _____
 f. Amount of current debt _____ \$ _____

Total: Brokers' margin accounts \$ _____

E. Mortgages payable on real estate

1.1 a. Name and address of mortgagee _____
 b. Address of property mortgaged _____
 c. Mortgagor(s) _____
 d. Original debt _____
 e. Date of incurring debt _____
 f. Monthly or other periodic payment _____
 g. Maturity Date _____
 h. Amount of current debt _____ \$ _____

1.2 a. Name and address of mortgagee _____
 b. Address of property mortgaged _____
 c. Mortgagor(s) _____
 d. Original debt _____
 e. Date of incurring debt _____
 f. Monthly or other periodic payment _____
 g. Maturity date _____
 h. Amount of current debt _____ \$ _____

Total: Mortgages payable \$ _____

F. Taxes payable

1.1 a. Description of tax _____
 b. Amount of tax _____
 c. Date due _____

Total: Taxes payable \$ _____

G. Loans on life insurance policies

1.1 a. Name and address of insurer _____
 b. Amount of loan _____
 c. Date incurred _____
 d. Purpose _____
 e. Name of borrower _____
 f. Monthly or other periodic payment _____
 g. Amount of current debt _____ \$ _____

Total: Life insurance loans \$ _____

H. Other liabilities

1.1 a. Description _____
 b. Name and address of creditor _____
 c. Debtor _____
 d. Original amount of debt _____

e. Date incurred _____
f. Purpose _____
g. Monthly or other periodic payment _____
h. Amount of current debt _____ \$ _____

1.2 a. Description _____
b. Name and address of creditor _____
c. Debtor _____
d. Original amount of debt _____
e. Date incurred _____
f. Purpose _____
g. Monthly or other periodic payment _____
h. Amount of current debt _____ \$ _____

Total: Other liabilities \$ _____ \$ _____

TOTAL LIABILITIES: \$ _____

NET WORTH

TOTAL ASSETS: \$ _____

TOTAL LIABILITIES: (minus) (\$ _____)

NET WORTH: \$ _____

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 children \$_____.
- (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 states that they are true and correct.

(Petitioner) (Respondent)
(Plaintiff) (Defendant)

Sworn to before me this
day of _____, 20

SIGNATURE OF ATTORNEY

ATTORNEYS NAME (PRINT OR TYPE)

ATTORNEYS ADDRESS & TELEPHONE NUMBER