
Name

Address

City State Zip Code

Phone Number

Email Address

PETITIONER PRO SE

**MONTANA FOURTH JUDICIAL DISTRICT COURT
MISSOULA COUNTY**

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Respondent.</p>	<p>Cause No.: _____ Department No.: _____</p> <p>PETITIONER'S FINAL DECLARATION OF DISCLOSURE OF ASSETS, DEBTS, INCOME, AND EXPENSES</p>
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****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.

**DO NOT FILE THIS DOCUMENT WITH THE CLERK OF COURT.
FILE A "NOTICE OF SERVICE OF FINAL DECLARATION OF
DISCLOSURE."**

DISCLOSURE OF ASSETS

REAL ESTATE	Estimated Value	Name(s) on Title
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No Amount: _____ Lender: _____		
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No Amount: _____ Lender: _____		

VEHICLES / RECREATIONAL VEHICLES	Estimated Value	Name(s) on Title
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		

BANK ACCOUNTS / CASH	Balance as of ____ / ____ / ____	Name(s) on Account
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		

PENSIONS, RETIREMENT, LIFE INSURANCE, STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS	Balance as of ____ / ____ / ____	Name(s) on Account
Description:		
Description:		
Description:		

PERSONAL PROPERTY (including appliances, furniture, jewelry, art, guns, etc.)	Estimated Value

BUSINESS INTERESTS (including equipment, tools, livestock, etc.)	Est. Value

OTHER ASSETS	Est. Value

DISCLOSURE OF DEBTS

Any mortgages or secured debts should be listed with the real estate above.
Any vehicle loans should be listed with the vehicles above.

(List amounts owing for credit cards, utility bills, medical expenses, etc.)

Creditor	Description	Amount	Name on Debt

DISCLOSURE OF INCOME

[] WIFE [] HUSBAND

Source of Income	Amt/Month	Source of Income	Amt/Month
Wages, Salary, Commissions		Food Stamps	
Rents, Interests, Dividends		Pension, Retirement	
Self Employment Earnings		Child Support	
Unemployment / Wk. Comp.		Dependent's Benefits	
Soc. Sec. Benefits / SSI		Other:	
Public Assistance			

DISCLOSURE OF EXPENSES

[] WIFE [] HUSBAND

Description of Expense	Amt/Month	Description of Expense	Amt/Month
Taxes, etc. withheld from income		Property Insurance	
Retirement		Transportation	
Health Insurance		Car Insurance	
Medical Expenses		Student Loans	
Housing (rent or mortgage)		Utilities	
Property Taxes		Telephone	
Clothing		Food/Household Supplies	
Child Care		Child Support Payments	
Other:			

DATED this ____ day of _____, 20____.

Signature of 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: _____

