

AOC-238.1 Doc. Code DSPV  
 AOC-239.1 Doc. Code DSFV  
Rev. 1-15  
Page 1 of 5  
Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
FCRPP 2 and FCRPP 3



**SIMPLIFIED**  
 PRELIMINARY  FINAL VERIFIED  
**DISCLOSURE STATEMENT\***

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

**\*FOR PARTIES WITH COMBINED INCOME LESS THAN \$100,000 AND COMBINED ASSETS LESS THAN \$100,000**

IN RE THE MARRIAGE OF:

\_\_\_\_\_

PETITIONER

and

\_\_\_\_\_

RESPONDENT

Petitioner  Respondent submits under oath the following Verified Disclosure Statement pursuant to FCRPP 2 **OR** FCRPP 3, which requires full and prompt disclosure of the following information:

**NOTE: A response of "see attached" is not appropriate for any portion of this statement. Attach documents requested herein only.**

**I. IDENTIFYING INFORMATION OF BOTH PARTIES**

Petitioner

Respondent

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_ Phone #: \_\_\_\_\_

Age: \_\_\_\_ Phone #: \_\_\_\_\_

**II. INCOME AND EMPLOYMENT INFORMATION OF BOTH PARTIES** *(If self-employed name of company and adjusted gross monthly income)*

Petitioner

Respondent

Employer Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

**III. MARRIAGE INFORMATION**

Date of Marriage: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Place of Marriage (city, county & state): \_\_\_\_\_

**IV. CHILDREN'S INFORMATION** (If more than 3 children, continue on a separate sheet)

A. Minor children born to parties (number \_\_\_\_\_)

More CHILDREN attached?

Name	Current Age

B. Monthly child care/day care expenses: Cost \$ \_\_\_\_\_ Paid by \_\_\_\_\_

C. Monthly medical, dental and vision insurance for children: Cost \$ \_\_\_\_\_ Paid by \_\_\_\_\_

D. Either party court-ordered to pay child support for a child born before the children born of this marriage?  Yes  No

Paying party \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Children: (List names and ages) \_\_\_\_\_

**V. SUMMARY OF ASSETS & DEBTS**

Do you own any real estate? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you own any vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you have any bank accounts or savings? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you have assets in a safety deposit box? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you have any stocks, bonds, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you have any retirement account, IRA, 401k? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you have any cash value in life insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you own any interest in a business? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Are there any other assets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Are there assets held for another person, including children Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Have you and your spouse already divided your household goods and personal property? Yes \_\_\_\_\_ No \_\_\_\_\_

Item 1:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Item 2:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Item 3:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Item 4:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No *If yes, please complete the following:* Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Item 5:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No *If yes, please complete the following:* Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

**More OTHER ASSETS attached?**  Yes  No

**Total Values:** \_\_\_\_\_

Do you owe any debts?  Yes  No *If yes, put information below.*

Creditor 1:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 2:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 3:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 4:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 5:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

**More DEBTS attached?**  Yes  No

**Total Debt Balances:** \_\_\_\_\_

Are you claiming a right to maintenance?  Yes  No If yes, complete this expense list:

<b>A. COMMON EXPENSES FOR FAMILY</b> (Party and any children of the marriage)	
FOOD/GROCERIES FOR FAMILY (Non-entertainment)	
<b>HOUSING</b>	
Cable	
Garbage collection	
Electric, gas, propane & oil utilities	
Home maintenance & repairs	
Homeowner's insurance	
Household supplies	
Maid service	
Property taxes	
Rent or 1st mortgage	
2nd mortgage/home equity loan	
Telephone	
Mobile phone	
Vet/pet supplies	
Yard expense/maintenance	
Water/sewage	
<b>TRANSPORTATION</b>	
Gas and oil	
Liability insurance	
License/taxes/tag	
Payment/loan	
Repairs/maintenance	
Other – bus, taxi, tolls & parking	
<b>OTHER FAMILY EXPENSES (list):</b>	
Sub-total from attached other family expenses, if needed <input type="checkbox"/> Attached	
<b>SUBTOTAL (Column A)</b>	

<b>B. YOUR PERSONAL EXPENSES</b> ( <u>not</u> including any children's expenses)	
Church and charitable donations	
Clothing	
Cosmetics, hygiene & toiletries	
Disability insurance	
Dry cleaning & laundry	
Entertainment, including restaurants & movies	
Hair care (barber, salon, etc.)	
Internet access	
Life insurance (whole life or term)	
Manicures & pedicures	
Newspapers, magazines & books	
Professional dues or uniforms	
Sports, exercise, hobbies, crafts, etc.	
Travel (monthly average)	
<b>MEDICAL</b>	
Dental (including orthodontics)	
Eyeglasses, contacts & hearing aids, exams and testing	
Insurance (hospitalization)	
Medical doctor(s)	
Prescription medication	
<b>OTHER PERSONAL EXPENSES (list):</b>	
Sub-total from attached other personal expenses, if needed <input type="checkbox"/> Attached	
<b>SUBTOTAL FROM COLUMN B</b>	
<b>SUBTOTAL FROM COLUMN A</b>	
<b>SUBTOTAL FROM CHILDREN'S EXPENSE LIST ATTACHMENT</b>	
<b>GRAND TOTAL OF COLUMN A, B, AND ATTACHMENTS</b>	

