

COURT
COUNTY OF

Index No.

- against -
Plaintiff,
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 _____ | 3. Other _____ |
| 2. Domestic (housekeeper, maid, etc.) _____ | |

Total: Household help

\$ _____

(j) Automotive

Year: _____ Make: _____ Personal: ___ Business: ___

Year: _____ Make: _____ Personal: ___ Business: ___

Year: _____ Make: _____ Personal: ___ Business: ___

- | | |
|----------------------|-----------------------------------|
| 1. Payments _____ | 4. Car wash _____ |
| 2. Gas and oil _____ | 5. Registration and license _____ |
| 3. Repairs _____ | 6. Parking and tolls _____ |
| 7. Other _____ | |

Total: Automotive

\$ _____

(k) Educational

- | | |
|---------------------------------|--------------------------------|
| 1. Nursery and pre-school _____ | 6. School transportation _____ |
| 2. Primary and secondary _____ | 7. School supplies/books _____ |
| 3. College _____ | 8. Tutoring _____ |
| 4. Post-graduate _____ | 9. School events _____ |
| 5. Religious instruction _____ | 10. Other _____ |

Total: Educational

\$ _____

(l) Recreational

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

Total: Recreational

\$ _____

(m) Income taxes

- | | |
|------------------|---------------------------------------|
| 1. Federal _____ | 3. City _____ |
| 2. State _____ | 4. Social Security and Medicare _____ |

Total: Income taxes

\$ _____

(n) Miscellaneous

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

Total: Miscellaneous

\$ _____

(o) Other

- 1. _____ 3. _____
- 2. _____ 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 , 19

SIGNATURE OF ATTORNEY

ATTORNEY'S NAME (PRINT OR TYPE)

ATTORNEY'S ADDRESS & TELEPHONE NUMBER