

III. EXPENSES: (List your current expenses on a monthly basis. If there has been any change in these expenses during the recent past please indicate). Items included under “other” should be listed separately with separate dollar amounts.)

| | | | |
|-----|----|---|--|
| (a) | | Housing: Monthly | |
| | 1. | Mortgage/Co-op Loan | |
| | 2. | Home Equity Line of Credit/Second Mortgage | |
| | 3. | Real Estate Taxes (if not included in mortgage payment) | |
| | 4. | Homeowners/Renter’s Insurance | |
| | 5. | Homeowner’s Association/Maintenance charges/Condominium Charges | |
| | 6. | Rent | |
| | 7. | Other | |
| | | TOTAL: HOUSING | |
| (b) | | Utilities: Monthly | |
| | 1. | Fuel Oil/Gas | |
| | 2. | Electric | |
| | 3. | Telephone (land line) | |
| | 4. | Mobile Phone | |
| | 5. | Cable/Satellite TV | |
| | 6. | Internet | |
| | 7. | Alarm | |
| | 8. | Water | |
| | 9. | Other | |
| | | TOTAL: UTILITIES | |

| | | | |
|-----|----|---|--|
| (c) | | Food: Monthly | |
| | 1. | Groceries | |
| | 2. | Dining Out/Take Out | |
| | 3. | Other | |
| | | TOTAL: FOOD | |
| (d) | | Clothing: Monthly | |
| | 1. | Yourself | |
| | 2. | Child(ren) | |
| | 3. | Dry Cleaning | |
| | 4. | Other | |
| | | TOTAL: CLOTHING | |
| (e) | | Insurance: Monthly | |
| | 1. | Life | |
| | 2. | Fire, theft and liability and personal articles policy | |
| | 3. | Automotive | |
| | 4. | Umbrella Policy | |
| | 5. | Medical Plan | |
| | | 5A. Medical Plan for yourself (Including name of carrier and name of insured) | |
| | | 5B. Medical Plan for children (Including name of carrier and name of insured) | |
| | 6. | Dental Plan | |
| | 7. | Optical Plan | |
| | 8. | Disability | |

| | | | |
|-----|-----|---------------------------------------|--|
| | 9. | Worker's Compensation | |
| | 10. | Long Term Care Insurance | |
| | 11. | Other | |
| | | TOTAL: INSURANCE | |
| (f) | | Unreimbursed Medical: Monthly | |
| | 1. | Medical | |
| | 2. | Dental | |
| | 3. | Optical | |
| | 4. | Pharmaceutical | |
| | 5. | Surgical, Nursing, Hospital | |
| | 6. | Psychotherapy | |
| | 7. | Other | |
| | | TOTAL: UNREIMBURSED MEDICAL | |
| (g) | | Household Maintenance: Monthly | |
| | 1. | Repairs/Maintenance | |
| | 2. | Gardening/landscaping | |
| | 3. | Sanitation/carting | |
| | 4. | Snow Removal | |
| | 5. | Extermination | |
| | 6. | Other | |
| | | TOTAL: HOUSEHOLD MAINTENANCE | |
| (h) | | Household Help: Monthly | |
| | 1. | Domestic (housekeeper, etc.) | |
| | 2. | Nanny/Au Pair/Child Care | |
| | 3. | Babysitter | |
| | 4. | Other | |
| | | TOTAL: HOUSEHOLD HELP | |
| | | | |

| | | | |
|-----|-----|--|--|
| (i) | | Automobile: Monthly (List data for each car separately) | |
| | | Year:_____ Make:_____ Personal:_____ | |
| | | Business:_____ | |
| | 1. | Lease or Loan Payments (indicate lease term) | |
| | 2. | Gas and Oil | |
| | 3. | Repairs | |
| | 4. | Car Wash | |
| | 5. | Parking and tolls | |
| | 6. | Other | |
| | | TOTAL: AUTOMOTIVE | |
| (j) | | Education Costs: Monthly | |
| | 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. | School Lunches | |
| | 9. | Tutoring | |
| | 10. | School Events | |
| | 11. | Child(ren)'s extra-curricular and educational enrichment activities (Dance, Music, Sports, etc.) | |
| | 12. | Other | |
| | | TOTAL: EDUCATION | |
| (k) | | Recreational: Monthly | |
| | 1. | Vacations | |
| | 2. | Movies, Theatre, Ballet, Etc. | |
| | 3. | Music (Digital or Physical Media) | |

| | | | |
|-----|----|---|--|
| | 4. | Recreation Clubs and Memberships | |
| | 5. | Activities for yourself | |
| | 6. | Health Club | |
| | 7. | Summer Camp | |
| | 8. | Birthday party costs for your child(ren) | |
| | 9. | Other | |
| | | TOTAL: RECREATIONAL | |
| (l) | | Income Taxes: Monthly | |
| | 1. | Federal | |
| | 2. | State | |
| | 3. | City | |
| | 4. | Social Security and Medicare | |
| | 5. | Number of dependents claimed in prior tax year | |
| | 6. | List any refund received by you for prior tax year | |
| | | TOTAL: INCOME TAXES | |
| (m) | | Miscellaneous: Monthly | |
| | 1. | Beauty parlor/Barber/Spa | |
| | 2. | Toiletries/Non-Prescription Drugs | |
| | 3. | Books, magazines, newspapers | |
| | 4. | Gifts to others | |
| | 5. | Charitable contributions | |
| | 6. | Religious organizations dues | |
| | 7. | Union and organization dues | |
| | 8. | Commutation expenses | |
| | 9. | Veterinarian/pet expenses | |

| | | | |
|-----|-----|--|--|
| | 10. | Child support payments (for Child(ren) of a prior marriage or relationship pursuant to court order or agreement) | |
| | 11. | Alimony and maintenance payments (prior marriage pursuant to court order or agreement) | |
| | 12. | Loan payments | |
| | 13. | Unreimbursed business expenses | |
| | 14. | Safe Deposit Box rental fee | |
| | | TOTAL: MISCELLANEOUS | |
| (n) | | Other: Monthly | |
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | | TOTAL: OTHER | |
| | | TOTAL: MONTHLY EXPENSES | |

| | | | |
|------|-----|---|--|
| III. | | <u>GROSS INCOME INFORMATION:</u> | |
| | (a) | Gross (total) income - as should have been or should be reported in the most recent Federal income tax return. (State whether your income has changed during the year preceding date of this affidavit. If so, please explain.) Attach most recent W-2, 1099s, K1s and income tax returns. List any amount deducted from gross income for retirement benefits or tax deferred savings. | |
| | (b) | To the extent not already included in gross income in (a) above: | |
| | | 1. Investment income, including interest and dividend income, reduced by sums expended in connection with such investment | |
| | | 2. Worker's compensation (indicate percentage of amount due to lost wages) | |
| | | 3. Disability benefits (indicate percentage of amount due to lost wages) | |
| | | 4. Unemployment insurance benefits | |
| | | 5. Social Security benefits | |
| | | 6. Supplemental Security Income | |
| | | 7. Public assistance | |
| | | 8. Food stamps | |
| | | 9. Veterans benefits | |
| | | 10. Pensions and retirement benefits | |
| | | 11. Fellowships and stipends | |
| | | 12. Annuity payments | |
| | (c) | If any child or other member of your household is employed, set forth name and that person's annual income: | |
| | (d) | List any maintenance and/or child support you are receiving pursuant to court order or agreement | |
| | (e) | Other: | |

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. | 1. | Cash Accounts: | |
| | | Cash | |
| | 1.1 | a. Location | |
| | | b. Source of Funds | |
| | | c. Amount as of date of commencement | |
| | | d. Current amount | |
| | | TOTAL: CASH | |
| | 2. | Checking Accounts: | |
| | 2.1 | a. Financial Institution | |
| | | b. Account Number | |
| | | c. Title holder | |
| | | d. Date opened | |
| | | e. Source of Funds | |
| | | f. Balance as of date of commencement | |
| | | g. Current balance | |
| | 2.2 | a. Financial Institution | |
| | | b. Account Number | |
| | | c. Title holder | |
| | | d. Date opened | |
| | | e. Source of Funds | |
| | | f. Balance as of date of commencement | |
| | | g. Current balance | |
| | | TOTAL: Checking Accounts | |

| | | | |
|----|-----|--|----|
| | 3. | Savings Account (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 as of date of commencement | |
| | | h. Current 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 as of date of commencement | |
| | | h. Current balance | |
| | | TOTAL: Savings Accounts | |
| | | TOTAL: Accounts | \$ |
| B. | 4. | Real Estate (Including real property, leaseholds, life estates, etc. at market value – do not deduct any mortgage) | |
| | 4.1 | 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. Estimate current fair market value | |
| | 4.2 | 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. Estimate current fair market value | |
| | | TOTAL: Real Estate | |
| C. | 5. | Retirement Accounts (e.g. IRAs, 401(k)s, 403(b)s, pension, profit sharing plans, deferred compensation plans, etc.) | |
| | 5.1 | a. Description | |
| | | b. Location of assets | |
| | | c. Title owner | |
| | | d. Date of acquisition | |
| | | e. Source of funds | |
| | | f. Amount of unpaid liens | |
| | | g. Value as of date of commencement | |
| | | h. Current value | |
| | 5.2 | a. Description | |
| | | b. Location of assets | |
| | | c. Title owner | |
| | | d. Date of acquisition | |
| | | e. Source of funds | |

| | | | |
|----|-----|---|----|
| | | f. Amount of unpaid liens | |
| | | g. Value as of date of commencement | |
| | | h. Current value | |
| | | TOTAL: Retirement Accounts | |
| D. | 6. | Vehicles (Auto, Boat, Truck, Plane, Camper, Motorcycles, etc.) | |
| | 6.1 | a. Description | |
| | | b. Title owner | |
| | | c. Date of acquisition | |
| | | d. Original price | |
| | | e. Source of funds to acquire | |
| | | f. Amount of lien unpaid | |
| | | g. Current fair market value | |
| | | h. Value as of date of commencement | |
| | 6.2 | a. Description | |
| | | b. Title owner | |
| | | c. Date of acquisition | |
| | | d. Original price | |
| | | e. Source of funds to acquire | |
| | | f. Amount of lien unpaid | |
| | | g. Current fair market value | |
| | | h. Value as of date of commencement | |
| | | TOTAL: Value of Vehicles | \$ |
| E. | 7. | Jewelry, art, antiques, household furnishings, precious objects, gold and precious metals (only if valued at more than \$500) | |
| | 7.1 | a. Description | |
| | | b. Title owner | |

| | | | |
|----|-----|--|----|
| | | c. Location | |
| | | d. Original price or value | |
| | | e. Source of funds to acquire | |
| | | f. Amount of lien unpaid | |
| | | g. Value as of date of commencement | |
| | | h. Estimate Current Value | |
| | | | |
| | 7.2 | a. Description | |
| | | b. Title Owner | |
| | | c. Location | |
| | | d. Original price or value | |
| | | e. Source of funds to acquire | |
| | | f. Amount of lien unpaid | |
| | | g. Value as of date of commencement | |
| | | h. Estimate Current Value | |
| | | | |
| | | TOTAL Value of Jewelry, Art, Antiques, etc. | \$ |
| | | IF YOU HAVE NO OTHER ASSETS OR BUSINESS INTERESTS, GO TO THE LIABILITIES SECTION ON PAGE 17 | |
| F. | 8. | Interest in any Business | |
| | 8.1 | a. Name and Address of Business | |
| | | b. Type of Business (corporate, partnership, sole proprietorship or other) | |
| | | c. Your percentage of interest | |
| | | d. Date of acquisition | |
| | | e. Original price or value | |

| | | | |
|----|-----|---|--|
| | | f. Source of funds to acquire | |
| | | g. Net worth of business and date of such valuation | |
| | | h. Other relevant information | |
| | | TOTAL: Value of Business Interests | |
| G. | 9. | Cash Surrender Value of Life Insurance | |
| | 9.1 | 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 funds | |
| | | h. Cash surrender value as of date of commencement | |
| | | i. Current cash surrender value | |
| | 9.2 | 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 funds | |
| | | h. Cash surrender value as of date of commencement | |
| | | i. Current cash surrender value | |
| | | Total: Cash Surrender Value of Life Insurance | |

| | | | |
|----|------|---|----|
| H. | 10. | Investment Accounts/Securities/Stock Options/Commodities/Broker Margin Accounts | |
| | 10.1 | a. Description | |
| | | b. Title holder | |
| | | c. Location | |
| | | d. Date of acquisition | |
| | | e. Source of funds | |
| | | f. Value as of date of commencement | |
| | | g. Current value | |
| | 10.2 | a. Description | |
| | | b. Title holder | |
| | | c. Location | |
| | | d. Date of acquisition | |
| | | e. Source of funds | |
| | | f. Value as of date of commencement | |
| | | g. Current Value | |
| | | TOTAL: Investment Accounts/Securities/Stock Options/Commodities/Broker Margin Accounts | |
| | | TOTAL: Value of Securities | \$ |
| I. | 11. | Loans to Others and Accounts Receivable | |
| | 11.1 | 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. Amount due as of date of commencement | |
| | | f. Current amount due | |
| | | TOTAL: Loans to Others and Accounts Receivable | |

| | | | |
|----|-----|---|----|
| J. | 12. | Contingent Interests (stock options, interests subject to life estates, prospective inheritances) | |
| | | 12.1 a. Description | |
| | | b. Location | |
| | | c. Date of vesting | |
| | | d. Title owner | |
| | | e. Date of acquisition | |
| | | f. Original price or value | |
| | | g. Source of acquisition to acquire | |
| | | h. Method of valuation | |
| | | i. Value as of date of commencement | |
| | | j. Current value | \$ |
| | | TOTAL: Contingent Interests | \$ |
| K. | 13. | Other Assets (e.g., tax shelter investments, collections, judgments, causes of action, patents, trademarks, copyrights, and any other asset not hereinabove itemized) | |
| | | 13.1 a. Description | |
| | | b. Title owner | |
| | | c. Location | |
| | | d. Original Price or value | |
| | | e. Source of funds to acquire | |
| | | f. Amount of lien unpaid | |
| | | g. Value as of date of commencement | |
| | | h. Current value | |
| | | TOTAL: Other Assets | \$ |
| | | TOTAL ASSETS: | \$ |

| | | | |
|-----------|----|--|----|
| V. | | <u>LIABILITIES</u> | |
| A. | 1. | 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 debt as of date of commencement | |
| | | h. 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 debt as of date of commencement | |
| | | h. Amount of current debt | |
| | | TOTAL: Accounts Payable | \$ |
| B. | | Credit Card Debt | |
| | 2. | 2.1 a. Debtor | |
| | | b. Amount of original debt | |
| | | c. Date of incurring debt | |
| | | d. Purpose | |
| | | e. Monthly or other periodic payment | |
| | | f. Amount of debt as of date of commencement | |
| | | g. Amount of current debt | |
| | | 2.2 a. Debtor | |

| | | | |
|----|----|--|----|
| | | b. Amount of original debt | |
| | | c. Date of incurring debt | |
| | | d. Purpose | |
| | | e. Monthly or other periodic payment | |
| | | f. Amount of debt as of date of commencement | \$ |
| | | g. Amount of current debt | \$ |
| | | TOTAL: Credit Card Debt | \$ |
| C. | 3. | Mortgages Payable on Real Estate | |
| | | 3.1 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 debt as of date of commencement | |
| | | i. Amount of current debt | |
| | | 3.2 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 debt as of date of commencement | |
| | | i. Amount of current debt | |
| | | TOTAL: Mortgages Payable | |
| D. | 4. | Home Equity and Other Lines of Credit | |
| | | 4.1 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 debt at date of commencement | |
| | | i. Amount of current debt | |
| | | TOTAL: Home Equity and Other Lines of Credit | \$ |
| E. | 5. | Notes Payable | |
| | | 5.1 a. Name and address of noteholder | |
| | | b. Debtor | |
| | | c. Amount of original debt | |
| | | d. Date of incurring debt | |
| | | e. Purpose | |
| | | f. Monthly or other periodic payment | |
| | | g. Amount of debt as of date of commencement | |
| | | h. Amount of current debt | |
| | | TOTAL: Notes Payable | \$ |
| F. | 6. | Brokers Margin Accounts | |
| | | 6.1 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 debt as of date of commencement | |
| | | g. Amount of current debt | |
| | | TOTAL: Broker's Margin Accounts | |
| G. | 7. | Taxes Payable | |
| | 7.1 | a. Description of Tax | |
| | | b. Amount of Tax | |
| | | c. Date Due | |
| | | TOTAL: Taxes Payable | \$ |
| H. | 8. | Loans on Life Insurance Policies | |
| | 8.1 | 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 debt as of date of commencement | |
| | | h. Amount of current debt | |
| | | TOTAL: Loans on Life Insurance | |
| I. | 9. | Installment accounts payable (security agreements, chattel mortgages) | |
| | 9.1 | 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 debt as of date of commencement | |
| | | h. Amount of current debt | |
| | | TOTAL: Installment Accounts | \$ |
| J. | 10. | Other Liabilities | |
| | | 10.1 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 debt as of date of commencement | |
| | | i. Amount of current debt | |
| | | 10.2 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 debt as of date of commencement | |
| | | i. Amount of current debt | |
| | | TOTAL: Other Liabilities | \$ |
| | | TOTAL LIABILITIES | \$ |

VI. ASSETS TRANSFERRED

List all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter. Note: 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. LEGAL & EXPERT FEES

Please state the amount you have paid to all lawyers and experts retained in connection with your marital dissolution, including name of professional, amounts and dates paid, and source of funds. Attach retainer agreement for your present attorney.

VIII. 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 a part hereof, have been carefully read by the undersigned who states that they are true and correct and states same, under oath, subject to the penalties of perjury.

*Sworn to before me this
day of _____, 20__

Notary Public

This is the _____ Statement of Net Worth
I have filed in this proceeding.

Attorney Certification:

* Despite amendment of CPLR 2106 to permit civil litigants to file affirmations instead of affidavits, this form should still be signed before a notary public to comply with DRL 236(B)(4) (Sworn Statement of Net Worth), which statute remains in effect.

REQUIRED ATTACHMENTS:

- Retainer Agreement**
- Most recent W-2, 1099s, K1s and Income Tax Returns**