

EXHIBIT "B"

IN THE CHANCERY COURT
OF _____ COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

PLAINTIFF
VS
CAUSE NO. _____

DEFENDANT

RULE 8.05 FINANCIAL STATEMENT

I, (*full legal name*) _____, certify that the following information is true:

SECTION I. GENERAL INFORMATION

- 1. Date of Birth: _____
- 2. Physical Address:

- 3. Mailing Address:

- 4. A. Minor Children (below the age of 21) or a full-time student above the age of 21:

Name	Date of Birth	Child Support Order in effect? (Yes or No)	Amount of Monthly Child Support Order Payment
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B. Adult Children being supported by you

Name	Date of Birth	Child Support Order in effect? (Yes or No)	Amount of Monthly Child Support Order Payment

5. Are you subject to and/or a party in any litigation or other court proceedings? (Bankruptcy, Class Action, Worker's Compensation, Personal Injury, etc.) If yes, please provide the style of the action including cause number and a brief description of the nature thereof.

SECTION II. INCOME

1. My occupation is: _____

2. I am currently: [✓ all that apply]

___ a. **Unemployed**

1. Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: _____

2. Provide a statement of your employment history and earnings from the inception of the marriage, or from the date of divorce, (whichever is applicable) on a separate sheet paper and attach it to this form.

Label the attachment "Employment History".

- _____ b. **Employed by:** _____
1. Address: _____
 2. City, State, Zip Code: _____
 3. Telephone Number: _____
 4. My position is: _____
 5. Pay rate: \$ _____ () every week () every other week () twice a month () monthly

_____ Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this statement.

_____ Check here if you are self-employed, own an interest in a business or farm, receive income from rental property, or if you report income or expenses on Schedule C, Schedule E, or Schedule F of your tax return.

Complete Exhibit 1 attached hereto.

_____ Check here if you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income:

- _____ c. **Retired.** Date of retirement: _____
1. Employer from whom retired: _____
 2. Address: _____
 3. City, State, Zip Code: _____ Telephone Number: _____
 4. Are you receiving retirement pay or benefits from this employer? _____ yes _____ no

_____ d. Is there any information which you think would be helpful for the Court to know about your employment? (If so, give comments here). _____

LAST YEAR'S GROSS INCOME FROM TAX RETURN:

	Your Income	Other Party's Income (if known)
Year _____	\$ _____	\$ _____

LAST YEAR'S ADJUSTED GROSS INCOME FROM TAX RETURN:

	Your Income	Other Party's Income (if known)
Year _____	\$ _____	\$ _____

LAST YEAR'S TAX REFUND FROM TAX RETURN:

	Federal Refund	State Refund
Year _____	\$ _____	\$ _____

OUTSTANDING TAX LIABILITIES FROM TAX RETURN:

	Federal	State
Year _____	\$ _____	\$ _____

Does the IRS or the State of Mississippi currently have a tax lien on any items of

property? _____

If yes, please state the total amount of the tax lien and the items encumbered.

PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

If you are paid on a schedule which is not monthly, you must convert those amounts. Conversion are as follows:

- 1. Paid Weekly, multiply by 4.33
- 2. Paid bi-weekly, multiply by 2.16
- 3. Paid on the 1st and 15th, or on 15th and 30th/31st, multiply by 2
- 4. Paid annually divide by 12

- 1. Monthly gross salary or wages 1.\$ _____
- 2. Bonuses, commissions, allowances, overtime, tips, and similar payments 2. _____
- 3. Average monthly business income for previous 6 months from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.) (● Attach sheet itemizing such income and expenses) 3. _____
- 4. Monthly disability benefits 4. _____
- 5. Monthly Workers' Compensation 5. _____
- 6. Monthly Unemployment Compensation 6. _____
- 7. Monthly pension, retirement, or annuity payments 7. _____
- 8. Monthly Social Security benefits 8. _____
- 9. Monthly alimony actually received
 - 9a. From this case: \$ _____
 - 9b. From other case(s) _____ Add 9a and 9b 9. _____
- 10. Monthly interest and dividends 10. _____
- 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (●Attach sheet itemizing each item and amount) 11. _____
- 12. Monthly income from royalties, trusts, and estates 12. _____

13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses such as cars, travel, gas, phone, etc. 13. _____
 (●Attach sheet itemizing each item and amount)
14. Monthly income from property such as CRP payments or subsidies 14. _____
15. Public Assistance (Welfare, AFDC Payments, CHIPS, Etc.) 15. _____
16. Severance Pay 16. _____
17. Monthly Investment Income 17. _____
18. Other: _____ 18. _____
19. Other: _____ 19. _____
20. Other: _____ 20. _____
21. **PRESENT MONTHLY GROSS INCOME** (Add lines 1-20) **TOTAL:** 21. _____

PRESENT MONTHLY DEDUCTIONS:

All amounts must be MONTHLY.

If you have deductions which are not deducted on a monthly basis, you must convert those amounts. Conversion are as follows:

1. Paid Weekly, multiply by 4.33
2. Paid bi-weekly, multiply by 2.16
3. Paid on the 1st and 15th, or on 15th and 30th/31st, multiply by 2

22. Present Monthly Federal Income Tax. 22. _____
- a. Anticipated Filing Status for the Present Year: _____
(e.g. single, head of household, married filing separate, etc)
- b. Filing Status Last Year: _____
- c. Anticipated Number of Dependents claimed for Present Year: _____
- d. Number of Dependents claimed Last Year: _____
- e. Number of Exemptions claimed for the Present Year: _____
- f. Number of Exemptions claimed Last Year: _____
23. Present Monthly State Income Tax 23. _____
- a. Anticipated Filing Status for the Present Year: _____
(e.g. single, head of household, married filing separate, etc.)
- b. Filing Status Last Year: _____
- c. Anticipated Number of Dependents claimed for Present Year: _____
- d. Number of Dependents claimed Last Year: _____
- e. Number of Exemptions claimed for the Present Year: _____
- f. Number of Exemptions claimed Last Year: _____
24. Monthly FICA or self-employment taxes 24. _____
25. Monthly Medicare payment 25. _____
26. Monthly mandatory union dues 26. _____
27. Monthly mandatory retirement payments 27. _____
28. Monthly court-ordered child support actually paid for children from another relationship 28. _____
29. Monthly court-ordered alimony actually paid
- 28a. From this case: \$ _____
- 28b. From other case(s): _____ Add 28a and 28b 29. _____
30. Other Mandatory Monthly Deductions. 30. _____

31. **TOTAL MONTHLY DEDUCTIONS:** (Add lines 22 through 29) 31. _____
32. **PRESENT NET MONTHLY INCOME** (Total Gross Income minus Total Monthly Deductions) 32. _____

SECTION III. MONTHLY EXPENSES

All amounts must be MONTHLY.

For any expenses which are not paid monthly, you must convert those amounts. Conversion are as follows:
 1. Paid Weekly, multiply by 4.33
 2. Paid bi-weekly, multiply by 2.16
 3. Paid on the 1st and 15th, or on 15th and 30th/31st, multiply by 2
 4. Paid annually divide by 12

A. <u>HOUSEHOLD:</u>	PRE-SEPARATION	CURRENT:	PROPOSED/ ESTIMATE EXPENSES:
1. Monthly mortgage or rent payments	1. _____	1. _____	1. _____
2. Monthly property taxes (if not included in mortgage)	2. _____	2. _____	2. _____
3. Monthly insurance on residence (if not included in mortgage)	3. _____	3. _____	3. _____
4. Monthly homeowners' association fees	4. _____	4. _____	4. _____
5. Monthly electricity	5. _____	5. _____	5. _____
6. Monthly water, garbage, and sewer	6. _____	6. _____	6. _____
7. Monthly telephone	7. _____	7. _____	7. _____
a. Land line			
b. Cell phone			
8. Monthly residence gas	8. _____	8. _____	8. _____
9. Monthly repairs and maintenance	9. _____	9. _____	9. _____
10. Monthly lawn care	10. _____	10. _____	10. _____

11.	Monthly pest control	11. _____	11. _____	11. _____
12.	Monthly misc. household supplies	12. _____	12. _____	12. _____
13.	Monthly food	13. _____	13. _____	13. _____
14.	Monthly meals outside home	14. _____	14. _____	14. _____
15.	Monthly cable t.v.	15. _____	15. _____	15. _____
16.	Monthly internet service	16. _____	16. _____	16. _____
17.	Monthly alarm service contract	17. _____	17. _____	17. _____
18.	Monthly service contracts on appliances	18. _____	18. _____	18. _____
19.	Monthly maid service	19. _____	19. _____	19. _____
20.	Monthly dry cleaning and laundry	20. _____	20. _____	20. _____
21.	Monthly clothing	21. _____	21. _____	21. _____
22.	Monthly medical, dental, and prescription (only those not covered by insurance or otherwise reimbursed)	22. _____	22. _____	22. _____
23.	Monthly psychiatric, psychological, or counselor (only those not covered by insurance or otherwise reimbursed)	23. _____	23. _____	23. _____
24.	Monthly nonprescription medications, cosmetics, toiletries, and sundries	24. _____	24. _____	24. _____
25.	Monthly grooming	25. _____	25. _____	25. _____
26.	Monthly gifts	26. _____	26. _____	26. _____
27.	Monthly pet expenses	27. _____	27. _____	27. _____
28.	Monthly club dues and membership	28. _____	28. _____	28. _____
29.	Monthly sports and hobbies	29. _____	29. _____	29. _____
30.	Monthly entertainment	30. _____	30. _____	30. _____
31.	Monthly tolls and parking	31. _____	31. _____	31. _____
32.	Monthly periodicals/newspapers/ magazines/books/tapes/CDs	32. _____	32. _____	32. _____
33.	Monthly vacations	33. _____	33. _____	33. _____
34.	Monthly education expenses	34. _____	34. _____	34. _____
35.	SUBTOTAL	35. _____	35. _____	35. _____

B. VEHICLES AND BOATS

36.	Monthly gasoline and oil	36. _____	36. _____	36. _____
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37.	Monthly repairs	37. _____	37. _____	37. _____
38.	Monthly tags	38. _____	38. _____	38. _____
39.	Monthly insurance for each vehicle	39. _____	39. _____	39. _____
	a. _____			
	b. _____			
	c. _____			
40.	Monthly payments (lease or financing)	40. _____	40. _____	40. _____
41.	Monthly alternative transportation (bus, rail, car pool, etc.)	41. _____	41. _____	41. _____
42.	Monthly tolls and parking	42. _____	42. _____	42. _____
43.	Other: _____	43. _____	43. _____	43. _____
44.	SUBTOTAL	44. _____	44. _____	44. _____

C. MONTHLY EXPENSES FOR CHILDREN

(In addition to the amount please indicate with "M" or "F" if the expense is normally paid by Mother or Father.)

45.	Monthly nursery, babysitting, or day care	45. _____	45. _____	45. _____
46.	Monthly school tuition	46. _____	46. _____	46. _____
47.	Monthly school supplies, books, fees and field trips	47. _____	47. _____	47. _____
48.	Monthly after school activities (School sponsored: Math, Drama, etc.)	48. _____	48. _____	48. _____
49.	Monthly lunch money	49. _____	49. _____	49. _____
50.	Monthly private lessons or tutoring (music, dance, tennis, etc.)	50. _____	50. _____	50. _____
51.	Monthly allowances (spending money, gas money, etc.)	51. _____	51. _____	51. _____
52.	Monthly clothing and uniforms	52. _____	52. _____	52. _____
53.	Monthly entertainment (movies, parties, etc.)	53. _____	53. _____	53. _____
54.	Monthly medical dental, prescriptions (nonreimbursed only)	54. _____	54. _____	54. _____
55.	Monthly psychiatric/psychological/counselor	55. _____	55. _____	55. _____
56.	Monthly orthodontic	56. _____	56. _____	56. _____
57.	Monthly beauty parlor/barber shop	57. _____	57. _____	57. _____
58.	Monthly nonprescription medication	58. _____	58. _____	58. _____
59.	Monthly cosmetics, toiletries, and sundries	59. _____	59. _____	59. _____
60.	Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)	60. _____	60. _____	60. _____
61.	Monthly cost of annual gifts to children (Christmas, Birthday, etc.)	61. _____	61. _____	61. _____
62.	Monthly camp or summer activities	62. _____	62. _____	62. _____
63.	Monthly clubs (4-H, Girl Scouts/Boy Scouts, etc.)	63. _____	63. _____	63. _____
64.	Monthly travel expenses for visitation with minor children	64. _____	64. _____	64. _____
65.	Other: _____	65. _____	65. _____	65. _____
66.	Other: _____	66. _____	66. _____	66. _____

67. **SUBTOTAL** 67. _____ 67. _____ 67. _____

**D. MONTHLY EXPENSES FOR CHILD(REN)
FROM ANOTHER RELATIONSHIP:**

(other than court-ordered child support)

68. _____ 68. _____ 68. _____ 68. _____

69. _____ 69. _____ 69. _____ 69. _____

70. _____ 70. _____ 70. _____ 70. _____

71. **SUBTOTAL** 71. _____ 71. _____ 71. _____

E. MONTHLY INSURANCE:

72. Health/ Medical Insurance 72. _____ 72. _____ 72. _____

a. Insured Premium \$ _____

b. Insured plus spouse Premium \$ _____

c. Family Premium \$ _____

73. Monthly Life Insurance Premiums 73. _____ 73. _____ 73. _____

74. Dental Insurance 74. _____ 74. _____ 74. _____

a. Insured Premium \$ _____

b. Insured plus Spouse Premium \$ _____

c. Family Premium \$ _____

75. Disability Insurance Premiums 75. _____ 75. _____ 75. _____

76. Optical Insurance Premiums 76. _____ 76. _____ 76. _____

77. Other: _____ 77. _____ 77. _____ 77. _____

78. **SUBTOTAL** 78. _____ 78. _____ 78. _____

**F. OTHER MONTHLY EXPENSES NOT
LISTED ABOVE:**

79. Other: _____ 79. _____ 79. _____ 79. _____

80. Other: _____ 80. _____ 80. _____ 80. _____

81. Other: _____ 81. _____ 81. _____ 81. _____

82. Other: _____ 82. _____ 82. _____ 82. _____

83. **SUBTOTAL** 83. _____ 83. _____ 83. _____

84. TOTAL MONTHLY EXPENSES: 84. _____ 84. _____ 84. _____
 (Add all expense Subtotals plus the monthly payments due on any liabilities that are listed in Section V., A. Liabilities, that you have not listed in 1-84)

SUMMARY:

85. TOTAL PRESENT MONTHLY NET INCOME
 (from line 32 of SECTION I. INCOME) 85. \$ _____ 85. \$ _____ 85. \$ _____

86. TOTAL MONTHLY EXPENSES (from line 84 above) 86. \$ _____ 86. \$ _____ 86. \$ _____

87. SURPLUS (If line 85 is more than line 86, subtract line 86 from line 85. This is the amount of your surplus. Enter that amount here.) 87. \$ _____ 87. \$ _____ 87. \$ _____

88. (DEFICIT) (If line 86 is more than line 85, subtract line 85 from line 86. This is the amount of your deficit. Enter that amount here.) 88. (\$ _____) 88. (\$ _____) 88. (\$ _____)

SECTION IV. ASSETS

A. REAL ESTATE The value of the real estate may be an estimate or a recent appraisal. If values are acquired from an appraisal, attach to this 8.05 Financial Statement Affidavit a copy of the appraisal. Attach additional sheets if necessary.

1. Address/Description: _____
 Primary Use (Example: primary residence, rental property, etc.): _____
 Date Acquired: _____
 Original Cost: \$ _____
 County Assessed Value (County Tax Appraisal): \$ _____
 Current Fair Market Value: \$ _____
 Appraisal _____ yes _____ no

Appraisal Attached? _____ yes _____ no

Estimate: _____ yes _____ no

Mortgage Balance: \$ _____

Equity (Fair Market Value minus Mortgage Balance) \$ _____

Titled in the Name of: _____

Comments: _____

2. Address/Description: _____

Primary Use (Example: primary residence, rental property, etc.): _____

Date Acquired: _____

Original Cost: \$ _____

County Assessed Value (County Tax Appraisal) \$ _____

Current Fair Market Value: \$ _____

Appraisal _____ yes _____ no

Appraisal Attached? _____ yes _____ no

Estimate: _____ yes _____ no

Mortgage Balance: \$ _____

Equity (Fair Market Value minus Mortgage Balance) \$ _____

Titled in the Name of: _____

Comments: _____

3. Address/Description: _____

Primary Use (Example: primary residence, rental property, etc.): _____

Date Acquired: _____

Original Cost: \$ _____

County Assessed Value (County Tax Appraisal) \$ _____

Current Fair Market Value: \$ _____

Appraisal _____ yes _____ no

Appraisal Attached? _____ yes _____ no

Estimate: _____ yes _____ no

Mortgage Balance: \$ _____

Equity (Fair Market Value minus Mortgage Balance) \$ _____

Titled in the Name of: _____

Comments: _____

TOTAL EQUITY: _____

B. MODULAR/ MOBILE HOMES.

1. Where is the Modular/ Mobile Home located? _____
Primary Use (Example: primary residence, rental property, etc.): _____
Registered in the name of: _____
Year: Model: _____
Value: \$ _____
Loan Balance: \$ _____
Equity: \$ _____
Comments: _____

C. MOTOR VEHICLES (Cars, Trucks, RV's, Boats, Tractors, 4-Wheelers, Motorcycles, etc.) The appropriate value for motor vehicles is the NADA value or a value from a similar source such as Kelly's Blue Book (www.kbb.com) or Edmond's Blue Book (www.edmonds.com). If values are acquired from these or similar sources, attach to this 8.05 Financial Statement Affidavit a copy of the printout of the assessment. Attach additional sheets if necessary.

1. Registered in the name of: _____
Year: Model: Mileage: _____
How Cost Paid: _____
Value: \$ _____
Loan Balance: \$ _____
Equity: \$ _____
Printout Attached? _____ Yes _____ No
2. Registered in the name of: _____
Year: Model: Mileage: _____
How Cost Paid: _____
Value: \$ _____
Loan Balance: \$ _____
Equity: \$ _____
Printout Attached? _____ Yes _____ No
3. Registered in the name of: _____
Year: Model: Mileage: _____
How Cost Paid: _____
Value: \$ _____

Loan Balance: \$ _____
Equity: \$ _____
 Printout Attached? _____ Yes _____ No

4. Registered in the name of: _____
 Year: Model: Mileage: _____
 How Cost Paid: _____
 Value: \$ _____
 Loan Balance: \$ _____
Equity: \$ _____
 Printout Attached? _____ Yes _____ No

TOTAL EQUITY: _____

D. OTHER PERSONAL PROPERTY The value of personal property should be the fair market value. Fair market value is the price at which the item could be sold to a willing buyer, under no compulsion to buy. When valuing an item consider the present condition (wear and tear, etc.) Examples of fair market value may be obtained from flea markets, garage sales, pawn shops, etc. **Fair market value is not the replacement value or purchase price.** Attach additional sheets if necessary.

ITEM	VALUE
Furniture and Household Furnishings	
Tools	
Collectibles (art, coins, dolls, cars, etc.)	
Crystal, Silver, China, Gold	
Jewelry	
Sporting Equipment (guns, skis, golf clubs, etc.)	
Entertainment Equipment (televisions, stereo, pool table, etc.)	
Electronics (computers, digital cameras, printers, etc.)	
Lawn equipment	
Musical Instruments	
Other:	
Other:	

TOTAL VALUE

\$ _____

E. **FINANCIAL ACCOUNTS:** List all checking accounts, savings accounts, money market accounts, passbook accounts, credit union accounts, etc. in which you have an interest.

NAME(S) ON ACCOUNT	FINANCIAL INSTITUTION OR BANK NAME	TYPE OF ACCOUNT	LAST FOUR(4) DIGITS ON THE ACCOUNT	BALANCE 90 DAYS PRIOR TO DATE OF COMPLAINT FILED	CURRENT BALANCE AS OF __/__/__
TOTAL CHECKING/ SAVINGS					\$ _____

F. **OTHER INVESTMENTS** List all IRAs, stocks, CD's, mutual funds, pension plans, bonds, 401(k), PERS, Deferred Compensation, etc.

NAME(S) ON INVESTMENT	NAME OF FINANCIAL INSTITUTION, BROKERAGE FIRM, ETC.	TYPE OF INVESTMENT	LAST FOUR (4) DIGITS ON THE ACCOUNT	BALANCE 90 DAYS PRIOR TO DATE OF COMPLAINT FILED	CURRENT BALANCE AS OF __/__/__

TOTAL OTHER INVESTMENTS	\$ _____
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G. CASH/CASH EQUIVALENTS AND OTHER ITEMS OF VALUE

	AMOUNT
Money in your possession (on hand)	
Money in banks, deposit boxes, etc. not listed above	
Money in personal or business safes, lock boxes, etc.	
Money being held for you by a third person or entity	
Other Cash:	
Other Cash:	
TOTAL CASH	\$ _____

H. LIFE INSURANCE

PERSON INSURED	OWNER OF POLICY	COMPANY	COVERAGE AMOUNT	LOANS	CASH VALUE	LAST FOUR (4) DIGITS OF POLICY	BENEFICIARY
	TOTAL CASH VALUE				\$		

I. FUTURE ASSETS If you have the right to receive assets or income in the future, such as accrued vacation, sick leave, bonus, income from a trust(s), etc. you must list them here.

FUTURE ASSETS	Possible Value
TOTAL FUTURE ASSETS	\$ _____

J. ALL OTHER ASSETS (You are required to list all assets of value in which you have an interest, that you have not listed elsewhere on this form)

DESCRIPTION OF ASSET	VALUE
Notes (Money owed to you in writing)	
Loans (Money owed to you not evidenced by a writing)	
Business Interest	
Patents, Copyrights, etc.	
Oil and Gas Interests	
Country Club and other Membership Interests (Hunting Clubs, etc.)	
Timber Rights	
Gold, Precious Metals	
Other:	
Other:	
TOTAL OTHER ASSETS	\$ _____

SUMMARY

TOTAL ASSETS: \$ _____

(ADD Total from previous Sections A through J).

SECTION V. LIABILITIES

A. LIABILITIES List all creditors including creditors of your spouse. Include all mortgage(s), car loans, credit cards, personal loans, medical providers, credit union loans, judgments, charge accounts, etc.

	CREDITOR	LAST FOUR (4) DIGITS OF ACCOUNT	PURPOSE/ REASON FOR DEBT	WHOSE NAME IS LISTED ON THE DEBT	CURRENT BALANCE DUE	MONTHLY PAYMENT DUE	WHO PAYS
1							
2							
3							
4							
5							
6							
7							
8							
9							
TOTAL LIABILITIES					\$ _____	\$ _____	

B. CONTINGENT LIABILITIES If you have any future liabilities such as tax payments, judgments, pending lawsuits, etc. you must list them here.

DESCRIPTION OF CONTINGENT LIABILITIES	Contingent Amount Owed

DESCRIPTION OF CONTINGENT LIABILITIES	Contingent Amount Owed
TOTAL CONTINGENT LIABILITIES	\$ _____

SUMMARY

TOTAL LIABILITIES: \$ _____

(ADD Total from previous Sections A through B).

SECTION VI. SEPARATE PROPERTY and SEPARATE LIABILITIES

Please list any assets including real estate, modular/mobile homes, motor vehicles, personal property, financial accounts, other investments, cash/cash equivalents and other items of value, life insurance, future assets and all other assets which you believe are separate property and should not be divided or equitably distributed in a divorce proceeding and explain your reasons in the comments section.

Separate Asset	Comments:

Please list any liabilities including credit cards, judgments, tax liabilities, etc which you believe should not be divided or equitably distributed in a divorce proceeding and explain your reasons in

the comments section.

Separate Liability	Comments:

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing Exhibit "B" including attachments, is true and correct and that this declaration was executed on the _____ day of _____, 20 __,

Party's Signature

CERTIFICATE OF COMPLIANCE

I, _____, do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules, and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED, this _____ day of _____, 20 __.

Exhibit 1

If you are self-employed, own an interest in a business or farm, receive income from rental property, or report income or expenses on Schedule C, Schedule E, or Schedule F of your tax return, please complete the following. Use additional pages if necessary.

1. Please describe the business activity: _____

2. Do you actively work in the business? YES or NO (circle appropriate response).
If yes, please indicate the average number of hours worked per week: _____ hours.

3. Does the business provide a vehicle for your personal use? YES or NO (circle appropriate response). If yes, please provide a description of the vehicle: _____

4. Does the business provide a vehicle for the use of any members of your immediate family? YES or NO (circle appropriate response). If yes, please provide a description of each vehicle and indicate the family member that drives the vehicle: _____

5. Do any members of your immediate family work in the business? YES or NO (circle appropriate response).
If yes, please list each family member, the duties of their position, number of hours worked per week, and the rate of pay.

Name	Duties/ Job Description	Hours Worked Per Week	Pay Per Week

6. Does the business pay any expenses on your behalf or on behalf of your immediate family? YES or NO (circle the appropriate response). If yes, please describe each expense and provide the cost of the expense.

(Examples: Credit Cards, Utilities, Auto Repairs, Fuel, Insurance, Cell Phone, School Tuition, Oil Changes, Medical Expenses, Pet Expenses, Meals, etc.)

Description of the Expense	Amount of Expense Paid by the Business

7. Does the business provide you with anything of value or a tax benefit or any “perks”?
YES or NO (circle appropriate response). If yes, please describe each item of value, each tax benefit and every “perk” and provide the cost or monetary value of the same. (Examples: Hunting Leases, Country Club (dues, stock or expenses), Sporting Event Tickets, Vacations, etc.)

Description of item of value, tax benefit or “perk”	Cost or Monetary Value

8. Does the business own any assets that are not necessary for its operation?
YES or NO (circle appropriate response)
If yes, please describe the asset.
(Example: Land or Art held for investment, boats, condominiums, vehicles, etc.)

8.05 FINANCIAL DECLARATION DOCUMENT PRODUCTION REQUEST

You, _____(name of party) must produce to _____ (name of opposing party or his/her attorney) within 30 days, the documents checked below if you have them in your possession or control, or if you can secure copies upon reasonable request.

- _____ 1. Copies of your past three (3) year's Federal and State Income Tax returns, in full form as filed.
- _____ 2. A copy of your most recent Social Security Earnings Statement or a completed Form SSA-7050-F4.
- _____ 3. Your most recent pay check stub.
- _____ 4. Your most recent W-2's.
- _____ 5. All 1099's received by you in the past year.
- _____ 6. All K-1's received by you in the past year.
- _____ 7. Copies of the past three (3) year's Federal and State Tax Income Tax returns, in full form as filed, for any partnership, limited liability company, corporation or limited partnership in which you own or have an interest
- _____ 8. Copies of your checking and saving account statements for the past twelve (12) months.
- _____ 9. Copies of your investment and brokerage account statements for the past twelve (12) months.
- _____ 10. Copies of your Certificates of Deposit, Bonds, or Stock.
- _____ 11. Copies of your IRA, 401(K), SEP, PERS, Pension, Deferred Compensation and any other retirement account for the past twelve (12) months.

- _____ 12. Copies of the declaration sheet for all life insurance policies owned by you or on which you have been a beneficiary for the past twelve (12) months.

- _____ 13. Copies of all credit card statements on which you have made charges for the past six (6) months.

- _____ 14. Copies of all loans, mortgages, promissory notes, or other documents showing debts owned by you, or debts owed to you by others.

- _____ 15. Copies of all deeds to real property.

- _____ 16. Copies of all certificates of title. (Example: Boats, Vehicles, Campers, etc.)

- _____ 17. Copies of all appraisals.

- _____ 18. Copies of all documents referenced or used to complete the 8.05 Financial Statement Form.

Requested by () mail () fax or () hand delivery on this the _____ day of _____, 20__.

(Signature, address and telephone number of requesting party or his/her attorney)

8.05 FINANCIAL DECLARATION DOCUMENT PRODUCTION RESPONSE

Pursuant to the 8.05 Financial Declaration Document Production Request form dated _____ and requested by _____ (name of opposing party or his/her attorney) I, _____ (name of party or attorney) certify that I have produced the following documents (check all that are produced). For those not produced, I certify that I do not have copies in my possession or control, nor are copies available to me upon reasonable request. If I have failed to produce documents for any other reason, those reasons are set forth below and correspond to each numbered request; and I certify that those reasons are true and correct.

- _____ 1. Copies of my past three (3) year's Federal and State Income Tax returns, in full form as filed.

- _____ 2. A copy of your most recent Social Security Earnings Statement or a completed Form SSA-7050-F4.

- _____ 3. My most recent pay check stub.

- _____ 4. My most recent W-2's.

- _____ 5. All 1099's received by me in the past year.

- _____ 6. All K-1's received by me in the past year.

- _____ 7. Copies of the past three (3) year's Federal and State Tax Income Tax returns, in full form as filed, for any partnership, limited liability company, corporation or limited partnership in which I own or have an interest

- _____ 8. Copies of my checking and saving account statements for the past twelve (12) months.

- _____ 9. Copies of my investment and brokerage account statements for the past twelve (12) months.

- _____ 10. Copies of my Certificates of Deposit, Bonds, or Stock.

- _____ 11. Copies of my IRA, 401(K), SEP, PERS, Pension, Deferred Compensation and any other retirement account for the past twelve (12) months.
- _____ 12. Copies of the declaration sheet for all life insurance policies owned by me or on which I have been a beneficiary for the past twelve (12) months.
- _____ 13. Copies of all credit card statements on which I have made charges for the past six (6) months.
- _____ 14. Copies of all loans, mortgages, promissory notes, or other documents showing debts owned by me, or debts owed to me by others.
- _____ 15. Copies of all deeds to real property.
- _____ 16. Copies of all certificates of title. (Example: Boats, Vehicles, Campers, etc.)
- _____ 17. Copies of all appraisals.
- _____ 18. Copies of all documents referenced or used to complete the 8.05 Financial Statement Form.

Reason(s) for failure to produce documents requested in _____ (insert request number): _____

Reason(s) for failure to produce documents requested in _____ (insert request number): _____

So CERTIFIED and PRODUCED by () mail, () fax, or () hand delivered to:
 _____ (other party or his/her attorney including full

name, address and fax number) on this the _____ day of _____, 20__.

**(Signature, address and telephone number of producing party
or his/her attorney)**