



SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF ERIE

Index No. SF-

SS#:

Plaintiff

Statement of
Net Worth

Vs.

SS#:

Defendant

Action Commenced
/ /

State of New York, County of Erie

ss.:

_____, the Plaintiff/Defendant herein, being duly sworn, deposes and says that the following is an accurate statement as of _____, 20__ 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:

Family Data:

1. Husband's DOB & Age:
2. Wife's DOB & Age:
3. Date Married:
4. Date Separated:
5. Number of dependent children under 21 years:
6. Names, ages and dates of birth of children:
7. Custody of children:
8. Custody of children of prior marriages:
9. Marital residence is occupied by:
10. Husband's address:
11. Wife's address:
12. Occupation of Husband:
13. Occupation of Wife:

14. Husband's Employer:
15. Wife's Employer:
16. Education:
 - A. Husband:
 - B. Wife:
17. Husband's Health:
18. Wife's Health:
19. Child(ren)'s Health:

Monthly Expenses:

Housing

Mortgage:

Taxes:

Home owner's ins:

Home equity loan:

Rent:

Renter's ins.:

Total housing:

Utilities

Gas:

Electricity:

Telephone:

Water:

Cable:

Food

Groceries:

Meals out:

School lunches:

Clothes

Wife:

Husband:

Children:

Laundromat:

Insurance

Life insurance:

Auto insurance:

Health insurance:

Unreimbursed Dental:

Unreimbursed Optical:
Unreimbursed Medical:
Other:

Household Maintenance

Household repairs:
Cleaning supplies:
Other:

Auto

Make/Model:
(use)
Payments:
Gas and oil:
Repairs:
Car wash:
Registration and license:
Parking and tolls:

Recreation

Vacations:
Movies:
Theatre and ballet, etc.:
Tapes, CD's, etc.:
Birthday parties:
Hobbies/crafts:
Other:

Income taxes

Federal:
State:
Social Security:
Medicare:

Misc

Beauty Parlor/Barber:
Drug store items:
Books, magazines, etc.:
Gifts:
Charitable contribution:
Loan payments/credit cards:

Total Monthly Expenses:

Total Annual Expenses:

Gross Income (Monthly):

Salary:

Monthly Deductions

Federal Tax:

NY State Tax:

Social Security:

Medicare:

Other payroll deductions

LTD:

Life Ins.:

401-K:

Social Security No.:

Number of Dependents:

Bonus, Commissions, Fringe Benefits:

Total Monthly Income:

Total Annual Income:

Assets

1. (a) Checking Acct

Bank:

Owner:

Date Opened:

Source of Funds:

Balance:

1. (b) Checking Acct

Bank:

Owner:

Date Opened:

Source of Funds:

Balance:

2. (a) Savings:

Bank:

Owner:

Date Opened:

Source of Funds:

Balance:

2. (b) Savings:

Bank:

Owner:

Date Opened:

Source of Funds:

Balance:

3. (a) Stocks, options, etc.:

Name:

Owner:

Date Opened:

Source of Funds:

Current Value:

3. (b) Stocks, options, etc.:

Name:

Owner:

Date Opened:

Source of Funds:

Current Value:

4. (a) Business Interest:

Name:

Type:

Value:

Date Acquired:

Original price:

Funds to Acquire:

Method of Valuation:

5. (a) Life Ins. Cash Value:

Name:

Name Insured:

Policy No.:

Owner:

Face Amt.:

Type of Policy:

Purchased:

Funds to acquire:

Current Value:

5. (b) Name-

Name:
Name Insured:
Policy No.:
Owner:
Face Amt.:
Type of Policy:
Purchased:
Funds to acquire:
Current Value:

6. (a) Vehicle:

Make/Model:
Owner:
Date purchased:
Price:
Source of funds:
Unpaid lien amount:
Other information:
Fair market value:

6. (b) Vehicle:

Make/Model:
Owner:
Date purchased:
Price:
Source of funds:
Unpaid lien amount:
Other information:
Fair market value:

7. (a) Other Assets

List other personal assets:

8. (a) Real Estate

Description:
Owner:
Date purchased:
Price:
Source of funds:
Mortgage:
Other information:

9. (a) Pensions & Trusts:
Location of Assets:
Owner:
Date acquired:
Source of funds:
Current Value:

9. (b) Pensions & Trusts:
Location of Assets:
Owner:
Date acquired:
Source of funds:
Current Value:

Liabilities

1. (a) Installment/credit card(s)

Owner:
Date debt incurred:
Purpose of debt:
Monthly payment:
Debt balance:
Credit card:
Owner:
Date debt incurred:
Purpose of debt:
Monthly payment:
Debt balance:

1. (b) Installment/credit card(s)

Owner:
Date debt incurred:
Purpose of debt:
Monthly payment:
Debt balance:
Credit card:
Owner:
Date debt incurred:
Purpose of debt:
Monthly payment:
Debt balance:

1. (c) Installment/credit card(s)

Owner:

Date debt incurred:

Purpose of debt:

Monthly payment:

Debt balance:

Credit card:

Owner:

Date debt incurred:

Purpose of debt:

Monthly payment:

Debt balance:

2. (a) Other

NET WORTH

TOTAL ASSETS: \$ _____

TOTAL LIABILITIES: (minus) (\$ _____)

NET WORTH: \$ _____

Assets Transferred

List all assets transferred in any manner during the preceding three (3) 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 this Statement of Net Worth).

- Description of Property:
- To Whom Transferred:
- Relationship to Transferee:
- Date of Transfer:
- Value:

Support Requirements

- 1. (a) Deponent is at present (paying) (receiving) \$ _____ per (week) (month), and prior to separation (paid) (received) \$ _____ per (week) (month) to cover expenses for _____.
- 1. (b) 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).
- 1. (c) Deponent requests for support of each child \$ _____ per (week) (month). Total for children will be \$ _____ per (week) (month) (year).
- 1. (d) Deponent requests for support of self \$ _____ per (week)(month).
- 1. (e) The day of the (week)(month) on which payment should be made is _____.

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.)

Other relevant information

The foregoing statements have been carefully read by the undersigned, who states that they are true and correct.

Sworn to before me this
____th day of 20____

Notary Public, New York State

VERIFICATION

State of New York }
County of Erie } ss.:

_____, being duly sworn, deposes and says: Deponent is the _____ in the within action; that deponent has read the foregoing document and knows the contents thereof; that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes them to be true.

Notary Public, State of New York
Qualified in Erie County

CLIENT CERTIFICATION

I, _____, HERBY CERTIFY, under penalty of perjury, that I have carefully read and reviewed the annexed Affidavit, and that all information contained in that document is true and accurate, in all respects to the best of y knowledge and understanding.

I FURTHER CERTIFY, under penalty of perjury, that neither my attorney, nor anyone acting on my attorney’s behalf, was the source of any of the information contained in the annexed document; that I provided all the information contained in the annexed document to my attorney; and that I understand that my attorney, in executing the Attorney Certification required by 22 NYCRR 202.16 (e), is relying entirely upon the information provided by me and upon my certification that all such information is true and accurate.

I FURTHER CERTIFY that the annexed document includes all information which I provided to my attorney which is relevant to such document and that my attorney has not deleted, omitted or excluded any such information.

Dated: Buffalo, New York

_____, 20__

ATTORNEY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury and as an Officer of the Court that I have no knowledge that the substance of any of the factual submissions contained in this document are false.

PLEASE TAKE FURTHER NOTICE, that this Certification is made by the attorney as an Officer of the Court and is directed solely and exclusively to the Court in accordance with 22 NYCRR 202.16 (e).

Dated: Buffalo, New York

_____, 20__

REBECCA J. TALMUD, ESQ.