

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court Court address: _____ Phone Number: _____ <b>In Re:</b> _____ <b>Petitioner:</b> _____ <b>Respondent/Co-Petitioner:</b> _____		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty.Reg.#: _____		
Case Number: _____ Division _____ Courtroom _____		
<b>Financial Affidavit – Simplified Version</b>		

**\*\*THIS FORM MAY BE USED ONLY FOR CASES WITHOUT CHILDREN OR SPOUSAL SUPPORT\*\***

(USE THE STANDARD AFFIDAVIT WITH RESPECT TO FINANCIAL AFFAIRS FOR ALL OTHER CASES)

Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

I declare under oath that the following is true:

- I am employed as: \_\_\_\_\_
- Employer's name, address and phone number: \_\_\_\_\_
- I am employed \_\_\_\_\_ hours per week. I am paid ☐ weekly ☐ twice a month ☐ monthly.
- The amount of each paycheck is \$ \_\_\_\_\_. (**Attach your last pay stub and last income tax return.**)
- My monthly income is: \$ \_\_\_\_\_ (To figure this out, take each paycheck amount times number of pay periods per year divided by 12.)
- The following amounts are taken out of each paycheck monthly:

Federal Withholding Tax	\$ _____	PERA:	\$ _____
Social Security:	\$ _____	Union Dues:	\$ _____
Medicare:	\$ _____	Charity:	\$ _____
Colorado State Tax:	\$ _____	Stock Purchase:	\$ _____
Life Insurance:	\$ _____	Cafeteria Plan:	\$ _____
Health Insurance:	\$ _____	Credit Union:	\$ _____
401K Plan:	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____		

7. I get income from other sources, in addition to my main employment. The amount per month is:  
\$\_\_\_\_\_ and is from:

☐ Another Job: (\$ \_\_\_\_\_)    ☐ Unemployment compensation: (\$ \_\_\_\_\_)  
☐ SSI: (\$ \_\_\_\_\_)    ☐ Worker's compensation: (\$ \_\_\_\_\_)  
☐ SSDI: (\$ \_\_\_\_\_)    ☐ Interest: (\$ \_\_\_\_\_)  
☐ Pension/Retirement: (\$ \_\_\_\_\_)    ☐ Maintenance: (\$ \_\_\_\_\_)  
☐ Child Support: (\$ \_\_\_\_\_)    ☐ Dividends: (\$ \_\_\_\_\_)  
☐ Other federal or state benefits: (\$ \_\_\_\_\_)

8. My deductions from sources in (7) are (type of deduction and amount):

9. The monthly debts that I am paying are as follows:

Creditor	Unpaid Balance	Monthly Payment

10. The debts acquired during the marriage that I owe, but am not paying on are:

Creditor	Unpaid Balance	Monthly Payment

11. I own the following property :

ASSET DESCRIPTION (Include VIN #s or any ID #s)	FAIR MARKET VALUE	LOAN BALANCE	EQUITY	PURCHASE DATE	NAME TITLED

**I declare under penalty of perjury that I have read this affidavit and the statements contained in it are true and correct.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

STATE OF COLORADO                    )  
\_\_\_\_\_ COUNTY                    )

Signed before me under oath on this date: \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

[Seal]