



IN THE TULALIP TRIBAL COURT  
TULALIP INDIAN RESERVATION  
TULALIP, WASHINGTON

**Petitioner:**

\_\_\_\_\_

and

**Respondent:**

\_\_\_\_\_

**Case No.** \_\_\_\_\_

**FINANCIAL DECLARATION OF**  
*(check one):*

**PETITIONER**

**RESPONDENT**

**I. YOUR PERSONAL INFORMATION**

Name: \_\_\_\_\_

Highest year of education you completed: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you currently employed? *(check one)*:  Yes.  No.

If *Yes*: List the date you were hired (month/year): \_\_\_\_\_

List the name and address of your employer: \_\_\_\_\_

\_\_\_\_\_

If *No*: List the last date you worked(month/year): \_\_\_\_\_

List your gross earnings: \_\_\_\_\_

**II. SUMMARY OF FINANCIAL INFORMATION**

*(Complete this section after filling out the rest of this form.)*

<b>Total Monthly Net Income</b> (copy total from <b>3.3(c)</b> below)	\$
<b>Total Monthly Household Expenses</b> (copy total from <b>5.9</b> below)	\$
<b>Total Monthly Debt Expenses</b> (copy total from <b>5.11</b> )	\$
<b>Total Monthly Expenses</b> (copy total from <b>5.12</b> )	\$
<b>Estimate of the Other Party's Gross Monthly Income</b> (from <b>3.1(f)</b> below)	\$



### III. INCOME INFORMATION

List monthly income and deduction below for you and the other person in your case. If your case involves child support, this same information is required on your Child Support Worksheets. If you do not know the other person's financial information, give an estimate.

*Tip: If you do not get paid once a month, calculate your monthly income wages and salaries like this: If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages and salaries (monthly income = weekly gross x 4.3). If you are paid every two weeks, multiply your gross pay by 2.15 (monthly income = 2-week x 2.15). Finally, if you are paid twice monthly, multiply your gross pay by 2 (monthly income = twice a month pay x 2).*

<b>3.1 GROSS MONTHLY INCOME</b> (before taxes, deductions, or retirement contributions)		
	<b>You</b>	<b>Other Party</b>
a. Wages & Salaries	\$	\$
b. Interest & Dividend Income	\$	\$
c. Business Income	\$	\$
d. Spousal Maintenance from Other Relationships	\$	\$
e. Other Income	\$	\$
<b>f. Total Gross Monthly Income</b> (add all lines above)	<b>\$</b>	<b>\$</b>
g. Actual Gross Income for (year-to-date)	\$	\$

<b>3.2 MONTHLY DEDUCTIONS FROM GROSS INCOME</b>		
	<b>You</b>	<b>Other Party</b>
a. Income Taxes (federal and state)	\$	\$
B. FICA (Soc.Sec. + Medicare) or Self-Employment Taxes	\$	\$
c. State Industrial Insurance Deductions	\$	\$
d. <b>Mandatory</b> Union/Professional Dues	\$	\$
e. Pension Plan Payment	\$	\$
f. Spousal Maintenance <b>Paid</b>	\$	\$
g. Normal Business Expenses	\$	\$
<b>h. Total Deductions from Gross Income</b> (add all lines above)	<b>\$</b>	<b>\$</b>



<b>3.3 NET MONTHLY INCOME</b>		
	<b>You</b>	<b>Other Party</b>
a. Total Gross Monthly Income (from 3.1(f) above)	\$	\$
b. Total Monthly Deductions (from 3.2(h) above)	\$	\$
<b>c. Net Monthly Income</b> (3.3(a) minus 3.3(b))	<b>\$</b>	<b>\$</b>

<b>3.4 MISCELLANEOUS INCOME</b> (Do not repeat income you already listed above.)		
<i>(Provide source of other income)</i>	<b>You</b>	<b>Other Party</b>
a. Child Support Received from Other Relationships	\$	\$
b. Other Income (from: _____)	\$	\$
c. Other Income (from: _____)	\$	\$
d. Other Income (from: _____)	\$	\$
e. Other Income (from: _____)	\$	\$
<b>f. Total Miscellaneous Income</b> (add all lines above)	<b>\$</b>	<b>\$</b>

<b>3.5 HOUSEHOLD INCOME</b> (Monthly income of other adults living in the home)		
	<b>Your Home</b>	<b>Other Party's Home</b>
a. Other Adult's Gross Income (Name: _____)	\$	\$
b. Other Adult's Gross Income (Name: _____)	\$	\$
c. Other Adult's Gross Income (Name: _____)	\$	\$
<b>d. Total Household Income of Other Adults in the Home</b> (add all lines above)	<b>\$</b>	<b>\$</b>

**3.6 DISPUTED INCOME** – If you disagree with the other party's statements about anyone's income, explain why the other party's statements are not correct and explain why your statements are correct. (State monthly income you believe is correct and explain.)

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**IV. AVAILABLE ASSETS**

<i>List your liquid assets that can be easily cashed.</i>	
a. Cash on hand	\$
b. Money in all checking & savings accounts	\$
c. Stocks, bonds, CDs, and other liquid financial accounts	\$
d. Cash value of life insurance	\$
e. Other liquid assets (_____)	\$
<b>f. Total Available Assets</b> (add all lines above)	<b>\$</b>

**V. MONTHLY EXPENSES AFTER SEPARATION**

*Tell the court what your monthly expense are (or will be) after separation. If you have dependent children, your expenses must be based on the parenting plan or schedule you expect to have for the children.*

Monthly expenses for myself and (*number of dependents*): \_\_\_\_\_ are:

<b>5.1 HOUSING</b>	
Rent / Mortgage / Contract Payment	\$
Installment payments for other mortgages or encumbrances	\$
Property taxes (if not in monthly mortgage payment)	\$
Homeowner's or Rental Insurance	\$
<b>Total Housing Expenses</b>	<b>\$</b>
<b>5.2 UTILITIES</b>	
Heat (gas & oil)	\$
Electricity	\$
Water, Sewer, & Garbage	\$
Telephone(s)	\$
Cable & Internet	\$
Other ( <i>specify</i> ):	\$
<b>Total Utilities Expenses</b>	<b>\$</b>



<b>5.3 FOOD &amp; HOUSEHOLD SUPPLIES</b>	
Food for ( <i>number of people</i> ): _____	\$
Supplies (paper, cleaning, pets)	\$
Meals eaten out	\$
Other ( <i>specify</i> ):	\$
<b>Total Food &amp; Household Supplies Expenses</b>	<b>\$</b>
<b>5.4 CHILDREN'S EXPENSES</b>	
Childcare / Babysitting	\$
Clothing & Diapers	\$
Tuition ( <i>if any</i> ), After-School Programs, Lessons	\$
Other expenses for children ( <i>specify</i> ):	\$
<b>Total Children's Expenses</b>	<b>\$</b>
<b>5.5 TRANSPORTATION</b>	
Vehicle Payments (loan or lease)	\$
Vehicle Insurance & License Fees	\$
Gas, oil, and vehicle maintenance	\$
Parking, Tolls, & Public Transportation	\$
Other transportation expenses ( <i>specify</i> ):	\$
<b>Total Transportation Expenses</b>	<b>\$</b>
<b>5.6 HEALTH CARE EXPENSES (omit if fully covered)</b>	
Insurance Premium (health, vision, dental)	\$
Uninsured dental, orthodontic, medical, eyecare expenses	\$
Other health expenses not covered by insurance ( <i>specify</i> ):	\$
<b>Total Health Care Expenses</b>	<b>\$</b>



<b>5.7 PERSONAL EXPENSES</b> (not including children)	
Clothing	\$
Hair care / personal care	\$
Recreation & Clubs	\$
Education	\$
Books, Newspapers, Magazines, & Photos	\$
Gifts	\$
Other ( <i>specify</i> ):	\$
<b>Total Personal Expenses</b>	<b>\$</b>

<b>5.8 MISCELLANEOUS EXPENSES</b>	
Life Insurance (if not deducted from income)	\$
Other ( <i>specify</i> ):	\$
Other ( <i>specify</i> ):	\$
Other ( <i>specify</i> ):	\$
<b>Total Miscellaneous Expenses</b>	<b>\$</b>

<b>5.9 TOTAL HOUSEHOLD EXPENSES</b> (add totals from 5.1 through 5.8 above)	<b>\$</b>
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**5.10 INSTALLMENT DEBTS IN MONTHLY EXPENSES** (listed in 5.1 through 5.8 above)

*Describe any debts that you pay in installments that you included above in 5.1 through 5.8.*

<b>Name of Creditor</b> (who you owe)	<b>Description of Debt</b> (mortgage, car loan, etc.)	<b>Balance Remaining</b> (amount you owe now)	<b>Date of Last Monthly Payment made</b>
		\$	Date:
		\$	Date:
		\$	Date:
		\$	Date:

