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8 **SUPERIOR COURT OF WASHINGTON**  
**COUNTY OF KING**

9  
10  
11 Petitioner,

12  
13 Respondent.

NO.  
FINANCIAL DECLARATION  
(FNDCLR)

14  
15 Failure to complete this declaration and return it when due, together with attachments, may result in the  
16 imposition of fines or other court-determined penalties. You may attach separate sheets to explain any answer or  
outline special circumstances. (King County Local Family Law Rule 10)

17 **I. SUMMARY OF BASIC INFORMATION**

18 Declarant's Total Monthly Net Income (from § 3.3 below) \$ \_\_\_\_\_  
19 Declarant's Total Monthly Household Expenses (from § 5.9 below) \$ \_\_\_\_\_  
20 Declarant's Total Monthly Debt Expenses (from § 5.11 below) \$ \_\_\_\_\_  
21 Declarant's Total Monthly Expenses (from § 5.12 below) \$ \_\_\_\_\_  
22 Estimate of the other party's gross monthly income (from § 3.1f below) ☐ \$ \_\_\_\_\_  
☐ unknown

23  
24 **II. PERSONAL INFORMATION**

25 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
26 ADDRESS: \_\_\_\_\_  
27 CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
28 (You may list an address that is not your residential address where you agree to accept legal documents.)

FINANCIAL DECLARATION (FNDCLR) -1  
WPF 4D 01.0550 (6/2004) - RCW 26.18.220 (1)  
PT#

DANIEL T. SATTERBERG  
King County Prosecuting Attorney Family Support Division  
516 3<sup>rd</sup> Ave E400  
Seattle, WA 98104  
206-296-9020

1 Your residence type:    ☐ House        ☐ Apartment        ☐ Room only  
2 You are:                    ☐ Renting        ☐ Buying        ☐ Other: \_\_\_\_\_

3 Present marital and residential status:

4 ☐ Single        ☐ Married        ☐ Separated        ☐ Living together

5 List all other persons living with you:

6 NAME                      DOB                      RELATIONSHIP                      MONTHLY INCOME

7  
8 a. \_\_\_\_\_  
9 b. \_\_\_\_\_  
10 c. \_\_\_\_\_  
11 d. \_\_\_\_\_

12 2.1 Occupation:

13 2.2 The highest year of education completed:

14 2.3 Are you presently employed? ☐ Yes ☐ No

15 a. If yes:            (1) Where do you work? \_\_\_\_\_

16                      (2) When did you start work there (month/year)? \_\_\_\_\_

17 b. If no:            (1) When did you last work (month/year)? \_\_\_\_\_

18                      (2) What were your gross monthly earnings?        \$ \_\_\_\_\_

19                      (3) Why are you presently unemployed? \_\_\_\_\_

20                      (4) Past occupation(s): \_\_\_\_\_

21 III. INCOME INFORMATION

22 3.1 GROSS MONTHLY INCOME.

23 If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages  
24 and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice  
25 monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

	SELF	Spouse/S.O.
26 a. Wages and Salaries	\$ _____	\$ _____
27 b. Interest and Dividend Income	\$ _____	\$ _____
28 c. Business Income	\$ _____	\$ _____

1	d.	Spousal Maintenance received from _____	\$ _____	\$ _____
2	e.	Overtime	\$ _____	\$ _____
3	f.	Social Security	\$ _____	\$ _____
4	g.	Welfare/Unemployment Compensation	\$ _____	\$ _____
5	h.	Retirement	\$ _____	\$ _____
6	i.	Disability Benefits	\$ _____	\$ _____
7	j.	Other (rental, bonuses, commissions, dividends, profit sharing, etc.)	\$ _____	\$ _____
8	k.	Total Gross Monthly Income (add lines 3.1a through 3.1e)		
9			\$ _____	\$ _____
10	l.	Actual Gross Income (Year to date)	\$ _____	\$ _____
11	3.2	MONTHLY DEDUCTIONS FROM GROSS INCOME.		
12	a.	Income Taxes	\$ _____	\$ _____
13	b.	FICA/Self-employment Taxes	\$ _____	\$ _____
14	c.	State Industrial Insurance Deductions	\$ _____	\$ _____
15	d.	MANDATORY Union/Professional Dues	\$ _____	\$ _____
16	e.	Pension Plan Payments	\$ _____	\$ _____
17	f.	Spousal Maintenance Paid	\$ _____	\$ _____
18	g.	Normal Business Expenses	\$ _____	\$ _____
19	h.	Total Deductions from Gross Income (add lines 3.2a through 3.2g)	\$ _____	\$ _____
20	3.3	MONTHLY NET INCOME. (Line 3.1f minus line 3.2h or line 3 from the Child Support Worksheet(s).)	\$ _____	\$ _____
21	3.4	MISCELLANEOUS INCOME.		
22	a.	Child support received from other relationships	\$ _____	\$ _____
23	b.	Other miscellaneous income (list source and amounts)	\$ _____	\$ _____
24		_____	\$ _____	\$ _____
25		_____	\$ _____	\$ _____
26		_____	\$ _____	\$ _____
27	c.	Total Miscellaneous Income (add lines 3.4a through 3.4b)	\$ _____	\$ _____
28			\$ _____	\$ _____

1 3.6 If the income of either party is disputed, state monthly income you believe is correct and explain below:  
2  
3  
4  
5  
6

7 IV. AVAILABLE ASSETS  
8

9 4.1 Do you own Real Estate? [ ] Yes [ ] No

10 Addresses: \_\_\_\_\_  
11

12 4.2 Cash on hand \$ \_\_\_\_\_

13 4.3 On deposit in banks \$ \_\_\_\_\_

14 4.4 Stocks, bonds, or similar securities  
15 (attach a list if necessary; identify securities by name,  
and show number of shares owed and value per share) \$ \_\_\_\_\_

16 4.5 Life insurance policies; list owner, insured, face amount,  
17 policy no. and present cash surrender value each policy  
18 (check table in policy for values) \$ \_\_\_\_\_

19 4.6 Automobiles (year and make) \_\_\_\_\_ \$ \_\_\_\_\_  
20 \_\_\_\_\_ \$ \_\_\_\_\_

21 4.7 Other assets (specify): \$ \_\_\_\_\_

22 TOTAL ASSETS \$ \_\_\_\_\_  
23

24 V. MONTHLY EXPENSE INFORMATION

25 Monthly expenses for myself and \_\_\_\_\_ dependents are:

26 5.1 HOUSING.

27 Rent, 1st mortgage or contract payments \$ \_\_\_\_\_

28 Installment payments for other mortgages or encumbrances \$ \_\_\_\_\_

1 Taxes & insurance (if not in monthly payment)

\$ \_\_\_\_\_

2 Total Housing

\$ \_\_\_\_\_

3  
4 5.2 UTILITIES.

5 Heat (gas & oil)

\$ \_\_\_\_\_

6 Electricity

\$ \_\_\_\_\_

7 Water, sewer, garbage

\$ \_\_\_\_\_

8 Telephone

\$ \_\_\_\_\_

9 Cable

\$ \_\_\_\_\_

10 Other

\$ \_\_\_\_\_

11 Total Utilities

\$ \_\_\_\_\_

12 5.3 FOOD AND SUPPLIES.

13 Food for \_\_\_\_\_ persons

\$ \_\_\_\_\_

14 Supplies (paper, tobacco, pets)

\$ \_\_\_\_\_

15 Meals eaten out

\$ \_\_\_\_\_

16 Other

\$ \_\_\_\_\_

17 Total Food Supplies

\$ \_\_\_\_\_

18 5.4 CHILDREN: List name and ages of all CHILDREN who reside with you or whom you support. PLEASE  
19 INDICATE RELATIONSHIP OF EACH CHILD TO YOU (i.e. Stepchild, grandchild, bio-  
20 child):

21 NAME

22 DOB

23 ADDRESS

24 AMT OF SUPPORT

25 RELATIONSHIP

26 a. \_\_\_\_\_  
27 b. \_\_\_\_\_  
28 c. \_\_\_\_\_  
d. \_\_\_\_\_

25 Day Care/Babysitting for children in this case only

\$ \_\_\_\_\_

26 Day Care/Babysitting for other children

\$ \_\_\_\_\_

27 Clothing

\$ \_\_\_\_\_

28 Tuition (if any)

\$ \_\_\_\_\_

1	Other child related expenses	\$ _____
2	Special health care or treatment not included in 5.6	\$ _____
3	Total Expenses Children	\$ _____
4	5.5 TRANSPORTATION.	
5	Vehicle payments or leases	\$ _____
6	Vehicle insurance & license	\$ _____
7	Vehicle gas, oil, ordinary maintenance	\$ _____
8	Parking	\$ _____
9	Other transportation expenses	\$ _____
10	Total Transportation	\$ _____
11	5.6 HEALTH CARE. (Omit if fully covered)	
12	Insurance for children in this case only	\$ _____
13	Other insurance	\$ _____
14	Uninsured dental, orthodontic, medical, eye care expenses	\$ _____
15	Other uninsured health expenses	\$ _____
16	Total Health Care	\$ _____
17	5.7 PERSONAL EXPENSES (Not including children).	
18	Clothing	\$ _____
19	Hair care/personal care expenses	\$ _____
20	Clubs and recreation	\$ _____
21	Education	\$ _____
22	Books, newspapers, magazines, photos	\$ _____
23	Gifts	\$ _____
24	Other	\$ _____
25	Total Personal Expenses	\$ _____
26	5.8 MISCELLANEOUS EXPENSES.	
27	Life insurance (if <u>not</u> deducted from income)	\$ _____
28	Other _____	\$ _____
	Other _____	\$ _____
	Total Miscellaneous Expenses	\$ _____
	5.9 TOTAL HOUSEHOLD EXPENSES (The total of Paragraphs 5.1 through 5.8).	\$ _____

1 -5.10 INSTALLMENT AND OTHER DEBTS

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>

9 5.11 TOTAL EXPENSES \$ \_\_\_\_\_

10 VI. ATTORNEY FEES

12 6.1 Amount paid for attorney fees and costs to date: \$ \_\_\_\_\_

13 6.2 The source of this money was:

14 6.3 Fees and costs incurred to date: \$ \_\_\_\_\_

15 6.4 Arrangements for attorney fees and costs are:

16 6.5 Other:

19 I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

20 Signed at \_\_\_\_\_ on \_\_\_\_\_  
21 (City, State) (Date)

23 Signature \_\_\_\_\_

25 Print or type name \_\_\_\_\_

26 KING COUNTY SUPERIOR COURT LOCAL RULE 10 REQUIRES THAT YOU ATTACH THE FOLLOWING  
27 TO THE "SEALED FINANCIAL SOURCE DOCUMENTS" COVER PAGE SUPPLIED WITH THIS  
28 DECLARATION FORM, AND RETURN THEM TO US ALONG WITH THIS FORM:

FOLLOWING TO THIS FINANCIAL DECLARATION:

1. COPIES OF YOUR INCOME TAX RETURNS FOR THE PAST TWO CALENDAR YEARS, TOGETHER WITH ALL SCHEDULES AND W2'S.
2. COMPLETE PARTNERSHIP AND CORPORATE TAX RETURNS FOR THE PAST TWO YEARS, TOGETHER WITH ALL SCHEDULES AND ATTACHMENTS, FOR ALL PARTNERSHIPS AND CORPORATIONS IN WHICH YOUR INTEREST IS FIVE PERCENT OR GREATER.
3. ALL YOUR PAY STUBS SHOWING INCOME FOR THE PAST SIX MONTHS, OR SINCE JANUARY 1 OF THIS YEAR, WHICHEVER IS GREATER.

DO NOT ATTACH THESE FINANCIAL RECORDS TO THE FINANCIAL DECLARATION. THESE FINANCIAL RECORDS SHOULD BE SERVED ON THE OTHER PARTY AND FILED WITH THE COURT SEPARATELY USING THE SEALED FINANCIAL SOURCE DOCUMENTS COVER SHEET (WPF DRPSCU 09.0220). IF FILED SEPARATELY USING THE COVER SHEET, THE RECORDS WILL BE SEALED TO PROTECT YOUR PRIVACY (ALTHOUGH THEY WILL BE AVAILABLE TO THE OTHER PARTIES IN THE CASE, THEIR ATTORNEYS, AND CERTAIN OTHER INTERESTED PERSONS. SEE GR 22(C)(2)).