STATE OF MINNESOTA **DISTRICT COURT**

COUNTY OF ANOKA **TENTH JUDICIAL DISTRICT**

_____,
Petitioner,
and

_____,
Respondent.

STATEMENT OF ASSETS, DEBTS, AND INCOME FOR EARLY NEUTRAL EVALUATION

Court File No. _____

INSTRUCTIONS:
Fill out this form promptly. Mail, email, or personally deliver the completed form to your Financial Early Neutral Evaluator at least one week before the date of your Financial Early Neutral Evaluation (FENE). Provide a copy to the other party at the same time. If needed, attach additional pages to completely list your assets, debts, and income.
DO NOT FILE THIS FORM WITH THE COURT.

1. I, _____(*your full name*), own or have an interest in the following property:
(Examples: real estate, vehicles, bank accounts, retirement accounts, stocks, valuable collectibles, etc.)

Item	Estimate of Value	How Value Determined

2. The list above is a complete and accurate list of any interests I have in property and I have not made any significant changes to any of my property interests during the last 18 months except as follows: _____
_____
_____
_____
_____
_____
_____
_____

3. I have the following debts (liabilities):
   (Examples: credit cards, car loans, student loans, mortgages, personal loans, medical bills, etc.)

Creditor	Balance Owed	Monthly Payment

4. The list above is a complete and accurate list of my debts and there have been no significant changes to my debts during the last 18 months except as follows:
   _____
   _____
   _____
   _____
   _____

5. My current gross income is $_____ per month and my gross annual income was $_____ for 20_____. This income comes from (*check all that apply*):

   ☐ Job/wages ☐ Unemployment ☐ Social Security
   ☐ Spousal support ☐ Trust income ☐ Other:_____

6. I understand that my failure to honestly, accurately, and completely disclose income, assets, or debts may be a fraudulent misrepresentation that would be cause for a redistribution of assets and/or a redetermination of my child support and spousal maintenance obligations after the dissolution.

Dated: _____

_____
Signature

Print Name_____

Address_____

City/State/Zip_____

Telephone_____