

\_\_\_\_\_,  
and \_\_\_\_\_, Petitioner,

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

\_\_\_\_\_,  
Respondent.

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