

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF ERIE

Index No. SF-

SS#:

Plaintiff

Statement of
Net Worth

Vs.

SS#:

Action Commenced
/ /

Defendant

State of New York, County of Erie
ss.:

, the Plaintiff/Defendant herein, being duly sworn, deposes and says that the following is an accurate statement as of , 2011 of my net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), statement of income from all sources, and statement of assets transferred of whatsoever kind and nature and wherever situated:

Family Data:

1. Husband's DOB & Age:
2. Wife's DOB & Age:
3. Date Married:
4. Date Separated:
5. Number of dependent children under 21 years:
6. Names, ages and dates of birth of children:
7. Custody of children:
8. Custody of children of prior marriages:
9. Marital residence is occupied by:
10. Husband's address:
11. Wife's address:
12. Occupation of Husband:
13. Occupation of Wife:
14. Husband's Employer:
15. Wife's Employer:

- 16. Education:
 - A. Husband:
 - B. Wife:
- 17. Husband's Health:
- 18. Wife's Health:
- 19. Child(ren)'s Health:

Monthly Expenses:

Housing:

- Mortgage
- Taxes-
- Home owner's ins.-
- Home equity loan-
- Rent –
- Renter's ins.-
- Total housing-

Utilities:

- Gas -
- Electricity –
- Telephone –
- Water-
- Cable-

Food:

- Groceries –
- Meals out-
- School lunches-

Clothes:

- Wife-
- Children-
- Laundromat-

Insurance:

- Life insurance –
- Auto insurance –
- Health insurance-
- Unreimbursed Dental –
- Unreimbursed Optical –
- Unreimbursed Medical
- Other-

Household Maintenance:

- Household repairs –

Cleaning supplies –
Other –
Auto:
 Make/Model - (use)-
 Payments –
 Gas and oil –
 Repairs -
 Car wash –
 Registration and license –
 Parking and tolls –

Recreation:
 Vacations –
 Movies –
 Theatre and ballet, etc. –
 Tapes, CD's, etc. –
 Birthday parties –
 Hobbies/crafts-
 Other-

Income taxes:
 Federal –
 State –
 Social Security –
 Medicare –

Misc:
 Beauty Parlor/Barber –
 Drug store items –
 Books, magazines, etc. –
 Gifts –
 Charitable contributions –
 Loan payments/credit cards –

Total Monthly Expenses:

Total Annual Expenses:

Gross Income (Monthly):

 Salary –

Monthly Deductions:

 Federal Tax –

 NY State Tax –

 Social Security –

 Medicare –

 Other payroll deductions

 LTD-

 Life Ins.-

 401-K-

Social Security No.:
Number of Dependents:
Bonus, Commissions, Fringe Benefits:
Total Monthly Income:
Total Annual Income:
Assets:

1. Checking Acct:
Bank-
Owner-
Date Opened-
Source of Funds-
Balance –
2. Checking Acct:
Bank-
Owner-
Date Opened-
Source of Funds-
Balance-

1.Savings:

- Bank-
Owner-
Date Opened-
Source of Funds
Balance –
2. Bank-
Owner-
Date Opened-
Source of Funds
Balance –
3. Bank-
Owner-
Date Opened-
Source of Funds-
Balance –

Stocks, options, etc.:
Name-
Owner-
Date Opened-
Source of Funds-

Current Value -

Name-
Owner-
Date Opened-
Source of Funds-
Current Value –

Business Interest:

Name-
Type-
Value-
Date Acquired-
Original price-
Funds to Acquire-
Method of Valuation –

Life Ins. Cash Value:

Name-

1. Name-
Insured-
Policy No.
Owner-
Face Amt-
Type of Policy
Purchased-
Funds to acquire-
Current Value-

2. Name-
Insured-
Policy No. –
Face Amount-
Type of Policy-
Owner-
Current Value-

Vehicle:

Make/Model-
Owner –
Date purchased –
Price –
Source of funds –

Unpaid lien amount –
Other information –
Fair market value –

Make/Model-
Owner-
Date Purchased-
Price-
Source of funds-
Unpaid Lien-
Other information-

Other Assets: List other personal assets-

Real Estate:

Description:
Owner-
Date purchased-
Price-
Source of funds-
Mortgage-
Other information-

Pensions & Trusts:

1. Location of Assets-
Owner-
Date acquired-
Source of funds-
Current Value –
2. Location of Assets-
Owner-
Date acquired-
Source of funds-
Current Value -

Liabilities:

A. 1. Installment/credit card-

Owner-
Date debt incurred-
Purpose of debt-
Monthly payment-
Debt balance-

Credit card-

Owner-
Date debt incurred-
Purpose of debt-
Monthly payment-
Debt balance-

3. Credit card-

Owner-
Date debt incurred-
Purpose of debt-
Monthly payment-
Debt Balance -

4. Credit card-

Owner-
Date debt incurred-
Purpose of debt-
Monthly payment-
Debt Balance-

5. Other

Net Worth:

Total Assets:

Total Liabilities:

Net Worth:

Assets Transferred:

Support Requirements:

Other relevant information:

The foregoing statements have been carefully read by the undersigned, who states that they are true and correct.

Sworn to before me this
th day of 2011

Notary Public, New York State

VERIFICATION

State of New York }
County of Erie } ss.:

, being duly sworn, deposes and says: Deponent is the Defendant in the within action; that deponent has read the foregoing document and knows the contents thereof; that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes them to be true.

Notary Public, State of New York
Qualified in Erie County

CLIENT CERTIFICATION

I, _____, HERBY CERTIFY, under penalty of perjury, that I have carefully read and reviewed the annexed Affidavit, and that all information contained in that document is true and accurate, in all respects to the best of y knowledge and understanding.

I FURTHER CERTIFY, under penalty of perjury, that neither my attorney, nor anyone acting on my attorney's behalf, was the source of any of the information contained in the annexed document; that I provided all the information contained in the annexed document to my attorney; and that I understand that my attorney, in executing the Attorney Certification required by 22 NYCRR 202.16 (e), is relying entirely upon the information provided by me and upon my certification that all such information is true and accurate.

I FURTHER CERTIFY that the annexed document includes all information which I provided to my attorney which is relevant to such document and that my attorney has not deleted, omitted or excluded any such information.

Dated: Buffalo, New York
_____,2011

ATTORNEY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury and as an Officer of the Court that I have no knowledge that the substance of any of the factual submissions contained in this document are false.

PLEASE TAKE FURTHER NOTICE, that this Certification is made by the attorney as an Officer of the Court and is directed solely and exclusively to the Court in accordance with 22 NYCRR 202.16 (e).

Dated: Buffalo, New York
_____, 2011

Christina Lana Shine

