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*Attorney for Petitioner*

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IN THE SECOND JUDICIAL DISTRICT COURT - FARMINGTON  
IN AND FOR DAVIS COUNTY, STATE OF UTAH

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Maude Smith,	:	
	:	<b>PETITIONER'S AMENDED</b>
Petitioner,	:	<b>FINANCIAL DECLARATION</b>
vs.	:	
	:	Case No.: 000000001
	:	
Harold Smith,	:	Judge: Bruce Springsteen
	:	Commissioner: Stevie Nicks
Respondent.	:	DATED: April, 24, 2014
	:	

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I say as follows:

(1) **Social Security Number.** DECLINE

(2) **Employment Status.**

(A)  I am unemployed.  
    X I am employed by:

Name of Employer	Address & Telephone Number

(3) **Gross Monthly Income.** (Print your pre-tax income in the appropriate boxes below. Attach evidence of items listed, such as most recent pay stubs, federal and state tax returns for past 2 years, W-2 forms, or a work

history report from the Department of Workforce Services. For income that changes from month to month, calculate the annual total and divide by 12 months to list a monthly average.)

My Gross Monthly Income	Source of Income
\$917	Work (Including self employment, wages, salaries, commissions, bonuses, tips and overtime)
\$	Rental Income
\$	Business Income
\$	Interest Income
\$	Dividends
\$	Retirement Income (Including pensions, 401(k), IRA, etc.)
\$	Worker's Compensation
\$	Social Security Disability (SSDI and SSI)
\$	Private Disability Insurance
\$	Social Security (Do not include SSDI or SSI)
\$	Unemployment Benefits
\$	Education Benefits
\$	Veteran's Benefits
\$	Alimony (from a prior marriage)
\$	Child Support (from a prior order)
\$	Payments from Civil Litigation
\$	Victim Restitution
\$	Public Assistance (Including FEP, welfare, etc.)
\$	Support from household members
\$	Support from non-household members
\$	Other (Describe)
\$	Other (Describe)
\$917	Total Gross Monthly Income

I have no income because:

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**(4) Monthly Tax Deductions.** (These are deductions required by law and which you do not make voluntarily. There may be other funds withheld from your paycheck that you will report in Paragraph (11), Monthly

Expenses. Attach evidence of claims, such as most recent pay stubs, federal and state tax returns for past 2 years, W-2 forms, or a work history report from the Department of Workforce Services.)

My Monthly Tax Deductions	Type of Tax Deduction
\$	Federal Income Tax
\$	State Income Tax
\$	FICA
\$	Medicare
\$	Total Monthly Tax Deductions

**(5) Net Monthly Income.**

\$ \_\_\_\_\_ Gross Monthly Income from (3)  
 — \$ 217 — Monthly Tax Deductions from (4)  
 \$ 700 = Net Income

**(6) Real Property.** (Attach evidence of items listed, such as mortgage statements, loan documents, most recent appraisal, basis of valuation, etc.)

Property	Mortgage or Lien Holder	In Whose Name	Current Value	Amount Owed	Monthly Payment

**(7) Personal Property.** (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.)

**(11) Monthly Expenses.** (Include amounts other than taxes withheld from your paycheck. For expenses that change from month to month, calculate the annual total and divide by 12 months to list a monthly average. Include amounts you pay for yourself and any children or other dependents in your household.)

My Monthly Expenses	Type of Expense
\$2559.98	Rent or mortgage
\$	Real property taxes
\$	Real property insurance
\$252.78	Real property maintenance
\$1750.07	Food and household supplies
\$396.49	Clothing
\$	Laundry and dry cleaning
\$699.72	Automobile loan
\$400.00 *	Automobile insurance
\$474.76	Automobile gasoline
\$282.57	Automobile maintenance
\$	Public transportation
\$248.63	Electricity, Gas, Water, Sewer & Garbage
\$282.47	Telephone, Cable
\$	Internet
\$	Garnishments
\$	Alimony (from prior marriage)
\$	Child support (from prior order)
\$	Child care
\$448.28	Education (children)
\$204.36	Education (self)
\$120.48	Extra-curricular activities (children)
\$509.00 *	Health care insurance premiums – Petitioner and ½ of children
\$204.64	Health care expenses
\$16.41	Other insurance (Describe Life)
\$799.64	Credit cards
\$	Union or other dues
\$1000.00	401K or other retirement or pension fund contribution
\$	Savings plan contribution
\$96.00	Entertainment
\$1,525.05	Donations
\$100.09	Gifts
\$152.20	Health & Grooming

My Monthly Expenses	Type of Expense
\$130.48	Counseling
\$64.79	Pet care
\$53.62	Employment expenses
\$88.07	Travel expense
\$110.73	Yard care
\$203.53	Interest expense
\$13,174.84	Total

\* Not currently paid. Estimated.

(12) **Estimated Amounts.** I have estimated all or some of the amounts entered in the Paragraphs above.

Paragraph	Item estimated	Amount estimated	Basis for estimation

(13) **Unavailable Documents.** I have not attached all or some of the documents required by Utah Rule of Civil Procedure 26.1 to support this Financial Declaration. They are not available to me.

The following documents are not available to me	because

**I declare** under criminal penalty of Utah Code Section 78B-5-705 that:

- the information in this Financial Declaration about myself is true and correct;