

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

Plaintiff/Petitioner 1		Case No. _____
v./and		Judge _____
Respondent/Petitioner 2		Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. List ALL OF YOUR PROPERTY AND DEBTS, the property and debts of your spouse, and any joint property or debts. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If more space is needed, add additional pages.**

AFFIDAVIT OF PROPERTY

Affidavit of _____
(Print Your Name)

I. REAL ESTATE INTERESTS

<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity (as of date)</u>
1. _____	\$ _____	<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	\$ _____	\$ _____
2. _____	\$ _____	<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both	\$ _____	\$ _____
TOTAL SECTION I: REAL ESTATE INTERESTS				\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)	<u>Titled To</u>	<u>Value/Date of Value</u>
C. Pensions & Retirement plans	1. _____	<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> _____ Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
2. _____	_____	<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> _____ Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
3. _____	_____	<input type="checkbox"/> _____ Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> _____ Both	_____
4. _____	_____	<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> _____ Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Type of ownership and number)	<u>Titled To</u>	<u>Value/Date of Value</u>
D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds	1. _____	<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> _____ Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
2. _____	_____	<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> _____ Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
3. _____	_____	<input type="checkbox"/> _____ Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> _____ Both	_____
4. _____	_____	<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> _____ Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Type of ownership and number)	<u>Titled To</u>	<u>Value/Date of Value</u>
E. Closely Held Stocks & Other Business Interests and Name of Company	1. _____	<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> _____ Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
2. _____	_____	<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> _____ Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____

**F. Life Insurance Type
(Term/Whole Life)**

(Any cash value or loans)

(Insured party
& value upon death)

1.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
2.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
3.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
4.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both

Category

Description

Who Has Possession

Value/Date of Value

G. Furniture & Appliances

(Estimate value of those in your possession and value of those in your spouse's possession)

1.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
2.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
3.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
4.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both

H. Safe Deposit Box

(Give location and describe contents)

Titled To

1.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both
2.	_____	_____	<input type="checkbox"/> _____ Your Name \$ _____ <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Both

I. Transfer of Assets

Explanation: List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

1.		<input type="checkbox"/> _____ Your Name	\$	
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
		<input type="checkbox"/> _____ Your Name	\$	
2.		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
		<input type="checkbox"/> _____ Your Name	\$	
3.		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
		<input type="checkbox"/> _____ Your Name	\$	
4.		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		

<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
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J. All Other Assets Not Listed Above

Explanation: List any item you have not listed above that is considered an asset.

1.		<input type="checkbox"/> _____ Your Name	\$	
		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		
		<input type="checkbox"/> _____ Your Name	\$	
2.		<input type="checkbox"/> _____ Spouse's Name		
		<input type="checkbox"/> Both		

TOTAL SECTION II: OTHER ASSETS \$ _____

III. SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

	<u>Category</u> (Pre-marital Gift, Inheritance, etc., acquired after separation)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	<u>Present Fair Market Value</u>
1.				\$ _____
2.				\$ _____
3.				\$ _____
4.				\$ _____
5.				\$ _____

TOTAL SECTION III: SEPARATE PROPERTY CLAIMS \$ _____

IV. DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know exact figures for any item, give your best estimate, and put "EST." **If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.**

<u>Type</u>	<u>Name of Creditor/Purpose of Debt</u>	<u>Account Name</u>	<u>Name(s) on Account</u>	<u>Total Debt Due</u>	<u>Monthly Payment</u>
A. Secured Debt (Mortgages, Car, etc.)					
1.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
2.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
3.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
4.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
5.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____

B. Unsecured Debt, including credit cards					
1.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
2.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
3.			<input type="checkbox"/> _____ Your Name <input type="checkbox"/> _____ Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____

		<input type="checkbox"/>		
			Your Name	
		<input type="checkbox"/>		
			Spouse's Name	
4.		<input type="checkbox"/>	Joint	\$ \$
		<input type="checkbox"/>		
			Your Name	
		<input type="checkbox"/>		
			Spouse's Name	
5.		<input type="checkbox"/>	Joint	\$ \$

TOTAL SECTION IV: DEBT \$ _____

V. BANKRUPTCY

Filed by:	Date of Filing: Case Number	Date of Discharge or Relief from Stay	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
1.				
	<input type="checkbox"/> Your Name			
	<input type="checkbox"/> Spouse's Name			
	<input type="checkbox"/> Both			\$ _____
2.				
	<input type="checkbox"/> Your Name			
	<input type="checkbox"/> Spouse's Name			
	<input type="checkbox"/> Both			\$ _____

TOTAL SECTION V: BANKRUPTCY \$ _____

OATH

(Do Not Sign Until Notary is Present)

I, (print name) _____ swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public
My Commission Expires: