

IN THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA TRIBAL COURT  
 Meskwaki Settlement  
 307 Meskwaki Road  
 Tama, Iowa 52339-9629

<p>_____,          Petitioner,          and          _____,          Respondent.</p>	<p style="text-align: center;">Case No.          _____</p> <p style="text-align: center;"><b>PARTIES' INFORMATIONAL          STATEMENT          FOR FAMILY LAW PROCEEDING</b></p>
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**1. PERSONAL INFORMATION**

	<u><b>Petitioner</b></u>	<u><b>Respondent</b></u>
Full Name	_____	_____
Present Mailing Address	_____	_____
City, State, ZIP	_____	_____
Telephone Number	_____	_____
Employer	_____	_____
Street Address	_____	_____
City, State, ZIP	_____	_____
Social Security Numbers	_____	_____
Birth date	_____ age _____	_____ age _____

Marriage Date \_\_\_\_\_ Date of Separation \_\_\_\_\_  
 The Wife \_\_\_\_\_ is \_\_\_\_\_ is not pregnant. If pregnant, the estimated delivery date: \_\_\_\_\_

Minor child/ren of this marriage/relationship who will be affected by this legal action:

Name of Child/ren	Address	Age
_____	_____	_____
_____	_____	_____

**2. EMPLOYMENT:**

	<u><b>Petitioner</b></u>	<u><b>Respondent</b></u>
(a) Are you Presently Employed	_____	_____
(b) Highest Year of Education	_____	_____
(c) Occupation	_____	_____
(d) Name of Employer	_____	_____
(e) Length of Employment	_____	_____

Provide the following data for each employer

	<u>Petitioner</u>	<u>Respondent</u>
Income:		
(1) Gross income per _____	\$ _____	\$ _____
Federal Income Tax	\$ _____	\$ _____
State Withholding	\$ _____	\$ _____
Social Security (FICA)	\$ _____	\$ _____
Pension Deduction	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Dependent Health/Hospital Coverage	\$ _____	\$ _____
Dental Coverage	\$ _____	\$ _____
(2) Subtotal of Statutory Deductions	\$ _____	\$ _____
(3) Net Income (line 1-line 2)	\$ _____	\$ _____
Other Paycheck Deductions:		
Specify: _____	\$ _____	\$ _____
(4) Subtotal of Other Deductions	\$ _____	\$ _____
(5) NET TAKE HOME PAY PER _____	\$ _____	\$ _____

Tax withholding figures above are based upon Married (M) or Single (S) tax-payer with # of exemptions: (Example: M-4 or S-2): \_\_\_\_\_

***\*Attach prior month's paycheck stub(s).***

(f) Employment benefits: identify all benefits in addition to wages including bonus paid or due, automobile or travel expense reimbursement, other per diem compensation, memberships paid by the employer.

<u>Petitioner</u>	<u>Respondent</u>
_____	_____
_____	_____
_____	_____

	<u>Petitioner</u>	<u>Respondent</u>
(g) Other Income:		
(1) Public Assistance (AFDC/GA)	\$ _____	\$ _____
(2) Social Security benefits (for party or child(ren))	\$ _____	\$ _____
(3) Unemployment/Workers Comp.	\$ _____	\$ _____
(4) Interest income per _____	\$ _____	\$ _____
(5) Dividend income per _____	\$ _____	\$ _____
(6) Other income: _____	\$ _____	\$ _____
(7) Per Capita Payments from Tribe (specify Tribe)	\$ _____	\$ _____
(8) Last Year's Tax Refunds	Fed. _____ State _____	Fed. _____ State _____

**3. CHILD SUPPORT/SPOUSAL MAINTENANCE**

(a) Does either party **receive** child support or spousal maintenance from a separate proceeding?

	<u><b>Petitioner</b></u>	<u><b>Respondent</b></u>
If so, enter amount here:	\$ _____	\$ _____
Child/ren's Name(s)	_____	_____
County & State of Order	_____	_____
Date of Order	_____	_____

(b) Child Support or Spousal Maintenance established by court order for person(s) not included in this proceeding currently being **paid** by either party:

	<u><b>Petitioner</b></u>	<u><b>Respondent</b></u>
If so, enter amount here:	\$ _____	\$ _____
Child/ren's Name(s)	_____	_____
County & State of Order	_____	_____
Date of Order	_____	_____

Any claimed arrearage under existing court order(s): \_\_\_\_ yes \_\_\_\_ no

If yes, specify the amount(s) claimed: \$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. LIVING EXPENSES:** List your necessary monthly living expenses:

	<u><b>Petitioner</b></u>	<u><b>Respondent</b></u>
Mortgage Payment ___ Rent _____	\$ _____	\$ _____
Homeowner's Insurance	\$ _____	\$ _____
Real Estate Taxes	\$ _____	\$ _____
Utilities (phone, electricity)	\$ _____	\$ _____
Heat	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry & Cleaning	\$ _____	\$ _____
Medical and Dental (after insurance)	\$ _____	\$ _____
Transportation (car payment)	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Recreation, Entertainment & Travel	\$ _____	\$ _____
Newspapers & Magazines	\$ _____	\$ _____
Social & Church Contributions	\$ _____	\$ _____
Personal Allowances	\$ _____	\$ _____
Baby Sitting & Day Care	\$ _____	\$ _____
Home Maintenance	\$ _____	\$ _____
Children's School Needs/Allowance	\$ _____	\$ _____
Additional _____	\$ _____	\$ _____
<b>TOTAL</b> monthly expenses:	\$ _____	\$ _____

**5. REAL PROPERTY:**

	<u>Homestead</u>	<u>Other Property*</u>
(a) Owners? [husband/wife/joint]	_____	_____
(b) Date Acquired	\$ _____	\$ _____
(c) Purchase Price	\$ _____	\$ _____
(d) Present Fair Market Value	\$ _____	\$ _____
(e) First Mortgage Balance	\$ _____	\$ _____
(f) Second Mortgage Balance (Home Improvement Loan)	\$ _____	\$ _____
(g) Net Value	\$ _____	\$ _____
(h) Monthly Payment (Private Mortgage Insurance)	\$ _____	\$ _____
(i) Rental Income, if any	\$ _____	\$ _____
(j) ESCROW (Property taxes & Insurance)	\$ _____	

***\*Other Real Estate: Provide the same information for other real property such as rental property, lake cabin, etc.***

**6. PERSONAL PROPERTY: Fair Market Value**

In Possession of:	<u>Petitioner</u>	<u>Respondent</u>	<u>Joint</u>
(a) Household Contents	\$ _____	\$ _____	\$ _____
(b) Stocks, Bonds, etc. [identify]	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
(c) Checking Accounts _____	\$ _____	\$ _____	\$ _____
(d) Saving Accounts _____	\$ _____	\$ _____	\$ _____
(e) Receivables and Claims [identify]	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

(f) Motor Vehicles:

	(1) _____ (year/make/model)	(2) _____ (year/make/model)	(3) _____ (year/make/model)
Market Value	\$ _____	\$ _____	\$ _____
Encumbrance	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
In Possession of:	_____	_____	_____

(g) Boats, Motors, Campers, Snowmobiles, Trailer, etc:

	(1) _____ (year/make/model)	(2) _____ year/make/model)	(3) _____ (year/make/model)
Market Value	\$ _____	\$ _____	\$ _____
Encumbrance	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
In Possession of:	_____	_____	_____

(h) Other: (such as power equipment, tools, guns, valuable animals, etc.)

Description: \_\_\_\_\_  
 Fair Market Value: \$ \_\_\_\_\_ Encumbrance: \$ \_\_\_\_\_ Net Value: \$ \_\_\_\_\_

**7. LIFE INSURANCE**

	<u>Petitioner</u>	<u>Respondent</u>	<u>Joint</u>
Company	a) _____	b) _____	c) _____
Policy Number	_____	_____	_____
Type of Insurance	_____	_____	_____
Face Amount	_____	_____	_____
Cash Value	\$ _____	\$ _____	\$ _____
Loans	\$ _____	\$ _____	\$ _____
Insured	\$ _____	\$ _____	\$ _____
Beneficiary	_____	_____	_____
Owner	_____	_____	_____

**8. PENSION PLAN AND/OR PROFIT SHARING PLAN:**

	<u>Petitioner</u>	<u>Respondent</u>
(a) Through Employment:		
(1) Present Cash Value	\$ _____	\$ _____
(2) Vested or Non-vested	_____	_____
(b) Private Plans (IRA, Keogh, SEP, etc.)		
Present Cash Value	\$ _____	\$ _____
(c) Deferred Compensation:	\$ _____	\$ _____
(d) Military Pension or Disability:	___ Yes ___ No	___ Yes ___ No

**9. DEBTS: (Not listed in paragraphs 4 or 5 above)**

(a) All secured Debts:	<u>Petitioner</u>	<u>Respondent</u>	<u>Joint</u>
Creditor:	1) _____	2) _____	3) _____
Total Amount Owning	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
When Incurred	_____	_____	_____
Party Obligated	_____	_____	_____
Reason for Debt	_____	_____	_____
Totals	\$ _____	\$ _____	\$ _____

(b) Unsecured Debts: Attach a separate schedule showing the creditor, balance owed, monthly payment, etc. Include attorney fees and costs.

	<u>Petitioner</u>	<u>Respondent</u>	<u>Joint</u>
Totals	\$ _____	\$ _____	\$ _____

**10. ATTORNEY'S FEES:**

- (a) Amount paid for in attorney's fees and costs to date associated with this action: \$ \_\_\_\_\_
- (b) Source of money used to pay these attorney's fees and costs: \_\_\_\_\_
- (c) Additional fees and costs incurred to date: \$ \_\_\_\_\_
- (d) Arrangement for attorney's fees and costs: \$ \_\_\_\_\_
- (e) Other: \$ \_\_\_\_\_

**[NOTE: Wait to sign below until in front of a Notary Public]**

The statements contained herein are true and complete to the best of my knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

\_\_\_\_\_  
Mailing Address of Party

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number/s

*Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.*

\_\_\_\_\_  
*Notary Public*