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 Anita A. Webster, Esq. #1221  
 Jeanne Lambertsen, Esq. #9460  
 Webster & Associates  
 6882 Edna Avenue  
 Las Vegas, NV 89146  
 Tel No.: (702) 562-2300  
 e-mail: anitawebster@embarqmail.com  
 e-mail: jlambertsen@embarqmail.com  
 Attorney for

**EIGHT JUDICIAL DISTRICT COURT  
 CLARK COUNTY, NEVADA**

vs.  Plaintiff,  Defendant.	Case No.: Dept. No.:
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**GENERAL FINANCIAL DISCLOSURE FORM**

A. Personal Information:

1. What is your full name? \_\_\_\_\_
2. How old are you? \_\_\_\_\_
3. What is your date of Birth? \_\_\_\_\_
4. What is your highest level of education? \_\_\_\_\_

B. Employment Information:

1. Are you currently employed/self-employed? (✓ check one)

- G No  
 G Yes, If yes, complete the table below. Attached an additional page if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)

2. Are you Disabled? (✓ check one)

- G No  
 G Yes  
 If yes, what is your level of disability? \_\_\_\_\_  
 What agency certified your disability? \_\_\_\_\_  
 What is the nature of your disability? \_\_\_\_\_

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

## Monthly Personal Income Schedule

### A. Year-to-date Income.

As of the pay period ending: \_\_\_\_\_ my gross year to date pay is: \_\_\_\_\_

### B. Determine your Gross Monthly Income.

Hourly Wage

\$	*		=	\$0.00	*	52	=	\$0.00	/	12	=	\$0.00
Hourly Wage		Number of Hours worked per week		Weekly Income		Weeks		Annual Income		Months		Gross Monthly Income

Annual Salary

\$	/	12	=	\$0.00
Annual Income		Months		Gross Monthly Income

### C. Other sources of Income.

Source of Income	Frequency <small>(Monthly , Weekly or Other)</small>	Amount	12 Month Average
Annuity of Trust Income			\$ 0.00
Bonuses			\$ 0.00
Car, Housing, or Other Allowance			\$ 0.00
Commissions or Tips			\$ 0.00
Net Rental Income			\$ 0.00
Overtime Pay			\$ 0.00
Pension/Retirement			\$ 0.00
Social Security Income (SSI)			\$ 0.00
Social Security Disability (SSD)			\$ 0.00
Spousal Support			\$ 0.00
Child Support			\$ 0.00
Workman's Compensation			\$ 0.00
Other:			\$ 0.00
<b>Total Average Other Income Received Per Month</b>			<b>\$ 0.00</b>
<b>Total Average Gross Monthly Income + Other Income</b>		<b>\$0.00</b>	<b>\$ 0.00</b>

**D. Monthly Deductions:**

Type of Deduction		Amount
Court Ordered Child Support (automatically deducted from paycheck)		
Federal Health Savings Plan		
Federal Income Tax		
Health Insurance	Amount for you	
	For Opposing Party	
	For your Child(ren)	\$ 0.00
Life, Disability, or Other Insurance Premiums		
Medicare		
Retirement, Pension, IRA, or 401(K)		
Savings		
Social Security		
Union Dues		
Other:		
<b>Total Monthly Deductions</b>		<b>\$ 0.00</b>

**Business/Self-Employment Income & Expense Schedule**

**A. Business Income:**

What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses? \_\_\_\_\_

**B. Business Expenses:** Attach an additional page if needed.

Type of Business Expense	Frequency (Monthly, Weekly or other)	Amount	12 Month Average
Advertising			\$ 0.00
Car and truck used for business			\$ 0.00
Commissions, wages of fees			\$ 0.00
Business Entertainment/Travel			\$ 0.00
Insurance			\$ 0.00
Legal and Professional			\$ 0.00
Mortgage or Rent			\$ 0.00
Pension and profit-sharing plans			\$ 0.00
Repairs and Maintenance			\$ 0.00
Supplies			\$ 0.00
Taxes and Licenses (include est. tax payments)			\$ 0.00
Utilities			\$ 0.00
<b>Other: (See Attached Sheet)</b>			??
<b>Total Expenses for the Year</b>	\$0.00	<b>Monthly Average</b>	<b>\$ 0.00</b>

### Personal Expense Schedule (Monthly)

- A. Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount I Pay	For Me G	Other Party G	For Both G
Alimony/Spousal Support				
Auto Insurance				
Car Loan/Lease Payment				
Cell Phone				
Child Expense (from detail child expense)	\$ 0.00			
Child Support (not deducted from pay)				
Clothing, Shoes, Etc				
Credit Card Payments (minimum due)				
Dry Cleaning				
Electric				
Food (groceries & restaurants)				
Fuel				
Gas (for home)				
Health Insurance (not deducted from pay)				
HOA				
Home Insurance (if not included in mortgage)				
Home Phone				
Internet/Cable				
Lawn Care				
Membership Fees				
Mortgage/Rent/Lease				
Pest Control				
Pets				
Pool Service				
Property Taxes (if not included in mortgage)				
Security				
Student Loans				
Un-reimbursed Medical Expense				
Water				
<b>Other: (Use attached table of Expenses)</b>	??			
<b>Total Monthly Expenses</b>	\$ 0.00			

### Household Information

- A.** Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

	Child's Name	Child's DOB	Whom is this child living with?	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					
4 <sup>th</sup>					

- B.** Fill in the table below with the amount of money you spend each month on the following expenses for each child.

Type of Expense	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child
Cellular Phone				
Child Care				
Clothing				
Education				
Entertainment				
Extracurricular & Sports				
Health Insurance (if not deducted from pay)				
Summer Camp/Programs				
Transportation Costs for Visitation				
Unreimbursed Medical Expenses				
Vehicle				
Other:				
<b>Total Monthly Expenses</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

- C.** Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution

### Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 14 assets or debts, attach a separate sheet.

Line	Description of Asset and Debt Thereon	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.			-		=	\$ 0.00	
2.			-		=	\$ 0.00	
3.			-		=	\$ 0.00	
4.			-		=	\$ 0.00	
5.			-		=	\$ 0.00	
6.			-		=	\$ 0.00	
7.			-		=	\$ 0.00	
8.			-		=	\$ 0.00	
9.			-		=	\$ 0.00	
10.			-		=	\$ 0.00	
11.			-		=	\$ 0.00	
12.			-		=	\$ 0.00	
13.			-		=	\$ 0.00	
14.			-		=	\$ 0.00	
	<b>Total from Attached Table</b>	??	-	??	=	ERR	
	<b>Total Value of Assets</b>	\$ 0.00	-	\$ 0.00	=	\$ 0.00	

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line	Description of Credit Card or Other Unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.			
2.			
3.			
4.			
5.			
6.			
	<b>Total Unsecured Debt</b>	\$ 0.00	

**CERTIFICATION**

**Attorney Information:** Complete the following sentences:

1. I have retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of \$ \_\_\_\_\_ on my behalf.
3. I have a credit with my attorney in the amount of \$ \_\_\_\_\_.
4. I currently owe my attorney a total of \$ \_\_\_\_\_.
5. I owe my prior attorney a total of \$ \_\_\_\_\_.

**IMPORTANT:** Read the following paragraphs carefully and initial each one.

\_\_\_\_\_ I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

\_\_\_\_\_ **I have attached a copy of my 3 most recent pay stubs to this form.**

\_\_\_\_\_ **I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed.**

\_\_\_\_\_ **I have not attached a copy of my pay stubs to this form because I am currently unemployed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CERTIFICATE OF SERVICE

I hereby declare under the penalty of perjury of the State of Nevada that the following is true and correct:

That on the \_\_\_\_ day of March, 2018, service of the General Financial Disclosure Form was made to the following interested parties in the following manner:

Via 1<sup>st</sup> Class U.S. Mail, postage fully prepaid addressed as follows:

Via Electronic Service, in accordance with the Master Service List, pursuant to EDCR 8.05(a)(f), NRCP 5(b)(2)(d) and Administrative Order 14-2 to:

Via Facsimile and/or Email Pursuant to the Consent of Service by Electronic Means on file herein to:

Executed on the \_\_\_\_ day of March, 2018.

\_\_\_\_\_  
An employee of Webster & Associates