

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X
MARY JONES,

Plaintiff,

IndexNo. 2345/03

-against-

**DEMAND FOR NET
WORTH STATEMENT**

JOHN JONES,

Defendant.

-----X

S I R :

PLEASE TAKE NOTICE that the plaintiff demands that you serve upon the undersigned, within twenty (20) days from the date hereof, a sworn statement of the defendant's net worth, which shall include all income and assets of whatever kind and nature wherever situated and shall include a list of all assets transferred in any manner during the preceding three (3) years, together with a current and representative pay-check stub and the most recently filed state and federal income tax returns and a copy of your attorney's retainer agreement, pursuant to Domestic Relations Law Section 236 and in the form prescribed by the New York Rules of Court Section 202.16(b). Non-compliance shall be punishable by any or all of the penalties prescribed in Section 3126 of the Civil Practice Law and Rules.

Dated: Garden City, New York
_____, 20__

Yours, etc.

DaSilva, Hilowitz & McEvily LLP

Attorneys for Plaintiff
Office and P.O. Address
585 Stewart Avenue
Garden City, New York 11530
Tel. (516) 222-0700

TO: George G. Adversary, Esq.
890 Smith Place
Garden City, New York 11530

SUPREME COURT
COUNTY OF _____

Index No. _____

Plaintiff,

**STATEMENT OF
NET WORTH
(DRL Section 236)**

-against-

Defendant.

Date of commencement of action _____

STATE OF NEW YORK

ss.:

COUNTY OF _____

Complete all items, marking "NONE," "INAPPLICABLE" AND "UNKNOWN" (if appropriate)

_____, the (Petitioner) (Respondent) (Plaintiff) (Defendant) herein, being duly sworn, deposes and says that the following is an accurate statement as of _____, 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:

I. FAMILY DATA

- (a) Husband's age _____
- (b) Wife's age _____
- (c) Date married _____
- (d) Date (separated) (divorced) _____
- (e) Number of dependent children under 21 years _____
- (f) Names and ages of children

- (g) Custody of Children Husband Wife
- (h) Minor children of prior marriage Husband Wife
- (i) (Husband) (Wife) (paying) (receiving) \$ _____ as alimony (maintenance) and/or \$ _____ child support in connection with prior marriage
- (j) Custody of children of prior marriage
Name _____
Address _____
- (k) Is marital residence occupied by Husband Wife Both
- (l) Husband's present address _____
Wife's present address _____
- (m) Occupation of Husband _____ Occupation of Wife _____
- (n) Husband's employer _____
- (o) Wife's employer _____
- (p) Education, training and skills [include dates of attainment of degrees, etc.]
Husband _____
Wife _____
- (q) Husband's health _____
- (r) Wife's health _____
- (s) Children's health _____

I.a. HEALTH COVERAGE INFORMATION

	<u>HUSBAND'S PLAN</u>	<u>WIFE'S PLAN</u>
Group Health Plan #1 Name:		
Address for Plan #1:		
Identification number – Plan #1		
Plan administrator – Plan #1		
Type of coverage – Plan #1		

	<u>HUSBAND'S PLAN</u>	<u>WIFE'S PLAN</u>
Group Health Plan #2 Name:		
Address for Plan #2:		
Identification number – Plan #2		
Plan administrator – Plan #2		
Type of coverage – Plan #2		

1b. ALTERNATE RECIPIENTS OF HEALTH COVERAGE

	NAMES OF CHILDREN	DATE OF BIRTH	SOCIAL SECURITY #	ADDRESS
1				
3				
4				
5				
6				

Ic. OTHER INFORMATION

	HUSBAND	WIFE
Street address (mailing if different)		
City, State, Zip (mailing if different)		
Home telephone number		
Driver's license number and State		
Employer's name		
Employer's street address		
Employer's City, State, Zip		
Employer's telephone number		

II. EXPENSES: (You may elect to list all expenses on a weekly basis or all expenses on a monthly basis; however, you must be consistent. If any items are paid on a monthly basis, divide by 4.3 to obtain weekly payments; if any items are paid on a weekly basis, multiply by 4.3 to obtain monthly payment. Attach additional sheet, if needed. Items included under "Other" should be listed separately with separate dollar amounts.)

Expenses listed weekly monthly

(a) Housing			
1.	Rent	_____	4. Condominium charges
2.	Mortgage and amortization	_____	5. Cooperative apartment maintenance
3.	Real estate taxes	_____	
			Total: Housing
			\$ _____
(b) Utilities			
1.	Fuel oil	_____	4. Telephone
2.	Gas	_____	5. Water
3.	Electricity	_____	
			Total: Utilities
			\$ _____
(c) Food			
1.	Groceries	_____	5. Liquor/alcohol
2.	School lunches	_____	6. Home entertainment
3.	Lunches at work	_____	7. Other
4.	Dining out	_____	
			Total: Food
			\$ _____
(d) Clothing			
1.	Husband	_____	3. Children
2.	Wife	_____	4. Other: _____
			Total: Clothing
			\$ _____
(e) Laundry			
1.	Laundry at home	_____	3. Other _____
2.	Dry cleaning	_____	
			Total: Laundry
			\$ _____
(f) Insurance			
1.	Life	_____	7. Dental plan
2.	Homeowner's/tenant's	_____	8. Optical plan
3.	Fire, theft and liability	_____	9. Disability
4.	Automotive	_____	10. Workers' Compensation
5.	Umbrella policy	_____	11. Other _____
6.	Medical plan	_____	
			Total: Insurance
			\$ _____
(g) Unreimbursed medical			
1.	Medical	_____	4. Pharmaceutical
2.	Dental	_____	5. Surgical, nursing, hospital
3.	Optical	_____	6. Other _____
			Total: Unreimbursed Medical
			\$ _____
(h) Household maintenance			
1.	Repairs	_____	5. Painting
2.	Furniture, furnishings, housewares	_____	6. Sanitation/carting
3.	Cleaning supplies	_____	7. Gardening/landscaping
4.	Appliances, including maintenance	_____	8. Snow removal
			9. Extermination
			10. Other _____

Total: Household Maintenance \$ _____

(i) Household help

- | | |
|---|----------------|
| 1. Babysitter _____ | 3. Other _____ |
| 2. Domestic (housekeeper, maid, etc.) _____ | |

Total: Household Help \$ _____

(j) Automotive

Year _____ Make _____ Personal [] Business []

Year _____ Make _____ Personal [] Business []

Year _____ Make : _____ Personal [] Business []

- | | |
|----------------------|-----------------------------------|
| 1. Payments _____ | 5. Registration and license _____ |
| 2. Gas and oil _____ | 6. Parking and tolls _____ |
| 3. Repairs _____ | 7. Other _____ |
| 4. Car wash _____ | |

Total: Automotive \$ _____

(k) Educational

- | | |
|---------------------------------|--------------------------------|
| 1. Nursery and pre-school _____ | 6. School transportation _____ |
| 2. Primary and secondary _____ | 7. School supplies/books _____ |
| 3. College _____ | 8. Tutoring _____ |
| 4. Post-graduate _____ | 9. School events _____ |
| 5. Religious instruction _____ | 10. Other _____ |

Total: Educational \$ _____

(l) Recreational

- | | |
|--------------------------------|---------------------------------|
| 1. Summer camp _____ | 9. Country club/pool club _____ |
| 2. Vacations _____ | 10. Health club _____ |
| 3. Movies _____ | 11. Sporting goods _____ |
| 4. Theater, ballet, etc. _____ | 12. Hobbies _____ |
| 5. Video rentals _____ | 13. Music/dance lessons _____ |
| 6. Tapes, CDs, etc. _____ | 14. Sports lessons _____ |
| 7. Cable television _____ | 15. Birthday parties _____ |
| 8. Team sports _____ | 16. Other: _____ |

Total: Recreational \$ _____

(m) Income taxes

- | | |
|------------------|---------------------------------------|
| 1. Federal _____ | 3. City _____ |
| 2. State _____ | 4. Social Security and Medicare _____ |

Total: Income Taxes \$ _____

(n) Miscellaneous

- | | |
|--|---|
| 1. Beauty parlor/barber _____ | 9. Union/organization dues _____ |
| 2. Beauty aids/cosmetics, drug items _____ | 10. Commutation/transportation _____ |
| 3. Cigarettes/tobacco _____ | 11. Veterinarian/pet expenses _____ |
| 4. Books, magazines, newspapers _____ | 12. Child support payments (prior marriage) _____ |
| 5. Children's allowances _____ | 13. Alimony and maintenance payments (prior marriage) _____ |
| 6. Gifts _____ | 14. Loan payments _____ |
| 7. Charitable contributions _____ | 15. Unreimbursed business expenses _____ |
| 8. Religious organization dues _____ | |

Total: Miscellaneous \$ _____

(o) Other

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
|----------|----------|

2. _____ 4. _____
 Total: Other \$ _____
TOTAL EXPENSES \$ _____

III. GROSS INCOME (State source of income and annual amount. Attach additional sheet, if needed.)

(a) Salary or wages: (State whether income has changed during the year preceding date of this affidavit _____ . If so, set forth name and address of all employers during preceding year and average weekly wage paid by each. Indicate overtime earnings separately. Attach previous year's W-2 or income tax return.)

- (b) Weekly deductions:
- 1. Federal tax.....
 - 2. New York State tax.....
 - 3. Local tax.....
 - 4. Social Security.....
 - 5. Medicare.....
 - 6. Other payroll deductions (specify).....

(c) Social Security number _____

(d) Number and names of dependents claimed _____

(e) Bonus, commissions, fringe benefits (use of auto, memberships, etc.)

(f) Partnership, royalties, sale of assets (income and installment payments).....

(g) Dividends and interest (state whether taxable or not).....

(h) Real estate (income only).....

(i) Trust, profit-sharing and annuities (principal distribution and income).....

(j) Pension (income only).....

(k) Awards, prizes, grants (state whether taxable).....

(l) Bequests, legacies and gifts

(m) Income from all other sources..... (including alimony, maintenance, child support from prior marriage)

(n) Tax preference items:

1. Long-term capital gain deduction.....

2. Depreciation, amortization or depletion.....

3. Stock options (excess of fair market value over amount paid).....

(o) If any child or other member of your household is employed, set forth name and that person's annual income.....

(p) Social Security.....

(q) Disability benefits.....

(r) Public assistance.....

(s) Other.....

TOTAL INCOME \$ _____

IV. ASSETS: (If any asset is held jointly with spouse or another, so state, and set forth your respective shares. Attach additional sheets, if needed.)

A. Cash Accounts

Cash

- 1.1 a. Location _____
- b. _____ Source of funds
- c. _____ Amount \$ _____

Total: Cash

\$ _____

Sample

Sample

Checking Accounts

2.1 a. Financial institution _____
b. _____ Account number
c. _____ Title holder
d. _____ Date opened
e. _____ Source of funds
f. _____ Balance \$ _____

2.2 a. Financial institution _____
b. Account number _____
c. Title holder _____
d. Date opened _____
e. Source of funds _____
f. Balance _____ \$ _____

Total: Checking \$ _____

Saving accounts (including individual, joint, Totten trust certificates of deposit, treasury notes)

3.1 a. Financial institution _____
b. Account number _____
c. Title holder _____
d. Type of account _____
e. Date opened _____
f. Source of funds _____
g. Balance _____ \$ _____

3.2 a. Financial institution _____
b. Account number _____
c. Title holder _____
d. Type of account _____
e. Date opened _____
f. Source of funds _____
g. Balance _____ \$ _____

Total: Savings
\$ _____

Security deposits, earnest money, etc.

4.1 a. Location _____
b. Title owner _____
c. Type of deposit _____
d. Source of funds _____
e. Date of deposit _____
f. Amount _____ \$ _____

Total: Security Deposits, etc. \$ _____

Other

5.1 a. Location _____
b. Title owner _____
c. Type of account _____
d. Source of funds _____
e. Date of deposit _____
f. Amount _____ \$ _____

Total: Other \$ _____

Total: Cash Accounts \$ _____

B. Securities

Bonds, notes, mortgages

- 1.1 a. Description of security _____
- b. Title holder _____
- c. Location _____
- d. Date of acquisition _____
- e. Original price or value _____
- f. Source of funds to acquire _____
- g. Current value _____ \$ _____

Total: Bonds, Notes, etc.

\$ _____

Stocks, options and commodity contracts

- 2.1 a. Description of security _____
- b. Title holder _____
- c. Location _____
- d. Date of acquisition _____
- e. Original price or value _____
- f. Source of funds to acquire _____
- g. Current value _____ \$ _____

- 2.2 a. Description of security _____
- b. Title holder _____
- c. Location _____
- d. Date of acquisition _____
- e. Original price or value _____
- f. Source of funds to acquire _____
- g. Current value _____ \$ _____

- 2.3 a. Description of security _____
- b. Title holder _____
- c. Location _____
- d. Date of acquisition _____
- e. Original price or value _____
- f. Source of funds to acquire _____
- g. Current value _____ \$ _____

Total: Stocks, Options, etc.

\$ _____

Broker margin accounts

- 3.1 a. Name and address of broker _____
- b. Title holder _____
- c. Date account opened _____
- d. Original value of account _____
- e. Source of funds _____
- f. Current value _____ \$ _____

Total: Margin Account

\$ _____

Total: Value of Securities

\$ _____

C. Loans to others and accounts receivable

- 1.1 a. Debtor's name and address _____
- b. Original amount of loan or debt _____
- c. Source of funds from which loan made
or origin of debt _____
- d. Date payment(s) due _____
- e. Current amount due _____ \$ _____

- 1.2 a. Debtor's name and address _____
 - b. Original amount of loan or debt _____
 - c. Source of funds from which loan made or origin of debt _____
 - d. Date payment(s) due _____
 - e. Current amount due _____ \$_____
- Total: Loans and Accounts Receivable \$_____

- D. Value of interest in any business
- 1.1 a. Name and address of business _____
 - b. Type of business (corporate, partnership, sole proprietorship or other) _____
 - c. Your capital contribution _____
 - d. Your percentage of interest _____
 - e. Date of acquisition _____
 - f. Original price or value _____
 - g. Source of funds to acquire _____
 - h. Method of valuation _____
 - i. Other relevant information _____
 - j. Current net worth of business _____ \$_____
- Total: Value of Business Interest \$_____

- E. Cash surrender value of life insurance
- 1.1 a. Insurer's name and address _____
 - b. Name of insured _____
 - c. Policy number _____
 - d. Face amount of policy _____
 - e. Policy owner _____
 - f. Date of acquisition _____
 - g. Source of funding to acquire _____
 - h. Current cash surrender value _____ \$_____
- Total: Value of Life Insurance \$_____

- F. Vehicles (automobile, boat, plane, truck, camper, etc.)
- 1.1 a. Description _____
 - b. Title owner _____
 - c. Date of acquisition _____
 - d. Original price _____
 - e. Source of funds to acquire _____
 - f. Amount of current lien paid _____
 - g. Current fair market value _____ \$_____
- 1.2 a. Description _____
 - b. Title owner _____
 - c. Date of acquisition _____
 - d. Original price _____
 - e. Source of funds to acquire _____
 - f. Amount of current lien unpaid _____
 - g. Current fair market value _____ \$_____
- Total: Value of Vehicles \$_____

- G. Real estate (including real property, leaseholds, life estates, etc. at market value—do not deduct any mortgage)
- 1.1 a. Description _____
 - b. Title owner _____
 - c. Date of acquisition _____
 - d. Original price _____
 - e. Source of funds to acquire _____

- f. Amount of mortgage or lien unpaid _____
- g. Estimated current market value _____ \$_____
- 1.2 a. Description _____
- b. Title owner _____
- c. Date of acquisition _____
- d. Original price _____
- e. Source of funds to acquire _____
- f. Amount of mortgage or lien unpaid _____
- g. Estimated current market value _____ \$_____
- 1.3 a. Description _____
- b. Title owner _____
- c. Date of acquisition _____
- d. Original price _____
- e. Source of funds to acquire _____
- f. Amount of mortgage or lien unpaid _____
- g. Estimated current market value _____ \$_____

Total: Value of Real Estate \$_____

H. Vested interests in trusts (pension, profit-sharing, legacies, deferred compensation and others)

- 1.1 a. Description of trust _____
- b. Location of assets _____
- c. Title owner _____
- d. Date of acquisition _____
- e. Original investment _____
- f. Source of funds _____
- g. Amount of unpaid liens _____
- h. Current value _____ \$_____
- 1.2 a. Description of trust _____
- b. Location of assets _____
- c. Title owner _____
- d. Date of acquisition _____
- e. Original investment _____
- f. Source of funds _____
- g. Amount of unpaid liens _____
- h. Current value _____ \$_____

Total: Vested Interest in Trusts \$_____

I. Contingent interests (stock options, interests subject to life estates, prospective inheritances, etc.)

- 1.1 a. Description _____
- b. Location _____
- c. Date of vesting _____
- d. Title owner _____
- e. Date of acquisition _____
- f. Original price or value _____
- g. Source of funds to acquire _____
- h. Method of valuation _____
- i. Current value _____ \$_____

Total: Contingent Interests \$_____

J. Household furnishings

- 1.1 a. Description _____
- b. Location _____
- c. Title owner _____
- d. Original price _____
- e. Source of funds to acquire _____

f. Amount of lien unpaid _____

g. Current value _____ \$ _____

Total: Household Furnishings \$ _____

Sample

Sample

K. Jewelry, art, antiques, precious objects, gold and precious metals (only if valued at more than \$500)

- 1.1 a. Description _____
- b. Title owner _____
- c. Location _____
- d. Original price or value _____
- e. Source of funds to acquire _____
- f. Amount of lien unpaid _____
- g. Current value _____ \$ _____
- 1.2 a. Description _____
- b. Title owner _____
- c. Location _____
- d. Original price or value _____
- e. Source of funds to acquire _____
- f. Amount of lien unpaid _____
- g. Current value _____ \$ _____

Total: Jewelry, Art, etc. \$ _____

L. Other (e.g., tax shelter investments, collections, judgments, causes of action, patents, trademarks, copyrights, and any other asset not hereinabove itemized)

- 1.1 a. Description _____
- b. Title owner _____
- c. Location _____
- d. Original price or value _____
- e. Source of funds to acquire _____
- f. Amount of lien unpaid _____
- g. Current value _____ \$ _____
- 1.2 a. Description _____
- b. Title owner _____
- c. Location _____
- d. Original price or value _____
- e. Source of funds to acquire _____
- f. Amount of lien unpaid _____
- g. Current value _____ \$ _____

Total: Other \$ _____

TOTAL ASSETS \$ _____

V. LIABILITIES

A. Accounts payable

- 1.1 a. Name and address of creditor _____
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly or other periodic payment _____
- g. Amount of current debt _____ \$ _____
- 1.2 a. Name and address of creditor _____
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly or other periodic payment _____
- g. Amount of current debt _____ \$ _____

- 1.3 a. Name and address of creditor _____
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly or other periodic payment _____
- g. Amount of current debt _____ \$_____
- 1.4 a. Name and address of creditor _____
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly or other periodic payment _____
- g. Amount of current debt _____ \$_____
- 1.5 a. Name and address of creditor _____
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly or other periodic payment _____
- g. Amount of current debt _____ \$_____

Total: Accounts Payable \$_____

B. Notes payable

- 1.1 a. Name and address of note holder _____
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly or other periodic payment _____
- g. Amount of current debt _____ \$_____
- 1.2 a. Name and address of note holder _____
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly or other periodic payment _____
- g. Amount of current debt _____ \$_____

Total: Accounts Payable \$_____

C. Installment accounts payable (security agreements, chattel mortgages)

- 1.1 a. Name and address of creditor _____
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly or other periodic payment _____
- g. Amount of current debt _____ \$_____

- 1.2 a. Name and address of creditor _____
 - b. Debtor _____
 - c. Amount of original debt _____
 - d. Date of incurring debt _____
 - e. Purpose _____
 - f. Monthly or other periodic payment _____
 - g. Amount of current debt _____ \$ _____
- Total: Installment Accounts \$ _____

D. Brokers' margin accounts

- 1.1 a. Name and address of broker _____
 - b. Amount of original debt _____
 - c. Date of incurring debt _____
 - d. Purpose _____
 - e. Monthly or other periodic payment _____
 - f. Amount of current debt _____ \$ _____
- Total: Broker's Margin Account \$ _____

E. Mortgages payable on real estate

- 1.1 a. Name and address of mortgagee _____
 - b. Address of property mortgaged _____
 - c. Mortgagor(s) _____
 - d. Original debt _____
 - e. Date of incurring debt _____
 - f. Monthly or other periodic payment _____
 - g. Maturity date _____
 - h. Amount of current debt _____ \$ _____
- 1.2 a. Name and address of mortgagee _____
 - b. Address of property mortgaged _____
 - c. Mortgagor(s) _____
 - d. Original debt _____
 - e. Date of incurring debt _____
 - f. Monthly or other periodic payment _____
 - g. Maturity date _____
 - h. Amount of current debt _____ \$ _____
- Total: Mortgages Payable \$ _____

F. Taxes payable

- 1.1 a. Description of tax _____
 - b. Amount of tax _____
 - c. Date due _____ \$ _____
- Total: Taxes Payable \$ _____

G. Loans on life insurance policies

- 1.1 a. Name and address of insurer _____
 - b. Amount of loan _____
 - c. Date incurred _____
 - d. Purpose _____
 - e. Name of borrower _____
 - f. Monthly or other periodic payment _____
 - g. Amount of current debt _____ \$ _____
- Total: Life Insurance Loans \$ _____

H. Other liabilities

- 1.1 a. Description _____
- b. Name and address of creditor _____
- c. Debtor _____
- d. Original amount of debt _____
- e. Date incurred _____
- f. Purpose _____
- g. Monthly or other periodic payment _____
- h. Amount of current debt _____ \$_____

- 1.2 a. Description _____
- b. Name and address of creditor _____
- c. Debtor _____
- d. Original amount of debt _____
- e. Date incurred _____
- f. Purpose _____
- g. Monthly or other periodic payment _____
- h. Amount of current debt _____ \$_____

Total: Other liabilities \$_____

TOTAL LIABILITIES \$_____

NET WORTH

TOTAL ASSETS: \$_____

TOTAL LIABILITIES: (minus) (\$_____)

NET WORTH: \$_____

VI. ASSETS TRANSFERRED: (list all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter [transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth])

Description of Property	To Whom Transferred and Relationship to Transferee	Date of Transfer	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VII. SUPPORT REQUIREMENTS

(a) Deponent is at present (paying) (receiving) \$_____ per (week) (month), and prior to separation (paid) (received) \$_____ per (week) (month) to cover expenses for _____

_____. These payments

are being made (voluntarily) (pursuant to court order or judgment) (pursuant to separation agreement), and there are (no) arrears outstanding (in the sum of \$_____ to date).

- (b) Deponent requests for support of each child \$_____ per (week) (month). Total for children \$_____.
- (c) Deponent requests for support of self \$_____ per (week) (month).
- (d) The day of the (week) (month) on which payment should be made is _____.

VIII. COUNSEL FEE REQUIREMENTS

- (a) Deponent requests for counsel fee and disbursements the sum of \$_____.
- (b) Deponent has paid counsel the sum of \$_____ and has agreed with counsel concerning fees as follows:

- (c) There is (not) a retainer agreement or written agreement relating to payment of legal fees. (A copy of any such agreement must be annexed.)

IX. ACCOUNTANT AND APPRAISAL FEES REQUIREMENTS

- (a) Deponents request for accountants' fees and disbursements the sum of \$_____ (include basis for fee, e.g., hourly rate, flat rate)
- (b) Deponent requests for appraisal fees and disbursements the sum of \$_____ (include basis for fee, e.g., hourly rate, flat rate)
- (c) Deponent requires the services of an accountant for the following reasons:

- (d) Deponent requires the services of an appraiser for the following reasons: _____

X. Other data concerning the financial circumstances of the parties that should be brought to the attention of the Court are:

The foregoing statements and a rider consisting of _____ page(s) annexed hereto and made part hereof have been carefully read by the undersigned, who states that they are true and correct.

(Petitioner)

(Respondent)
(Plaintiff) (Defendant)

Sworn to before me this _____
day of _____, 20__

s/ _____
Attorney's Name
Attorney's Address and Telephone Number

Sample

Sample