_____
Wife's Name

_____
Wife's Address

_____
City State Zip Code

_____
Wife's Phone Number
WIFE, PETITIONER PRO SE

_____
Husband's Name

_____
Husband's Address

_____
City State Zip Code

_____
Husband's Phone Number
HUSBAND, PETITIONER PRO SE

MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY

The Marriage of: _____, Petitioner (*Wife's Name),* and _____, Petitioner (*Husband's Name)*	Cause No.: _____ **[ ] Wife's / [ ] Husband's Final Declaration of Disclosure of Assets, Debts, Income and Expenses**

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Warning: Montana law requires the full disclosure of all assets, debts, income, and expenses. Failure of either party to file a complete financial disclosure statement shall authorize the Court to accept the statement of the other party as accurate. Any deliberately false statement made hereon or on any schedules or attachments may subject you to the penalty of perjury or other appropriate relief and may be considered a fraud upon the Court.

If you need additional space on which to list your assets, debts, income, or expenses, please attach additional sheets of paper as necessary. Do not write in the margins or on the reverse sides of the pages of this document.

1. Disclosure of Assets

a. Real Estate

Description	Estimated Value	Name(s) on Title
Address: Legal Description: Is there a secured debt on the property? [ ] Yes [ ] No If yes, Amount owed: _____ As of: _____ Lender: _____		
Address: Legal Description: Is there a secured debt on the property?		

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Description	Estimated Value	Name(s) on Title
[ ] Yes [ ] No If yes, Amount owed: _____ As of: _____ Lender: _____		

b. Vehicle(s)

Description	Estimated Value	Name(s) on Title
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? [ ] Yes [ ] No If yes, Amount owed: _____ As of: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? [ ] Yes [ ] No If yes, Amount owed: _____ As of: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? [ ] Yes [ ] No If yes, Amount owed: _____ As of: _____		

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Description	**Estimated Value**	**Name(s) on Title**
Lender: _____		
Year/Make/Model: _____ VIN#: _____ Is there an outstanding loan on the vehicle? [ ] Yes [ ] No If yes, Amount owed: _____ As of: _____ Lender: _____		

c. Bank Accounts and Cash

Description (include name of bank and account number)	**Balance as of** _____	**Name(s) on Account**
Cash		XXXXXXXX

d. Pensions/Retirement Accounts; Life Insurance (Cash Value); Stocks, Bonds, Secured Notes, Mutual Funds

Description	**Estimated Value**	**Name(s) on Account**

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e. Personal Property (including appliances, furniture, jewelry, art, guns, etc.)

Description	**Estimated Value**

f. Business Interests (including equipment, tools, livestock, etc.)

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Description	Estimated Value	Name(s) on Title

g. Other Assets

Description	Estimated Value	Name(s) on Title

2. Disclosure of Debts

Description	Creditor	Amount Owed	Name on Debt
Secured Debt on Real Property	*(See 1(a) above)*	*XXXXX*	*XXXXXXXXX*
Vehicle Loan(s)	*(See 1(b) above)*	*XXXXX*	*XXXXXXXXX*
Utility Bill(s):			

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Description	Creditor	Amount Owed	Name on Debt
Credit Card(s):			
Student Loan(s):			
Medical Expenses:			
Other Liabilities:			

3. Disclosure of Income

The [ ] Wife / [ ] Husband has the following income:

Source of Income	Amount per Month
Gross Wages, Salary, Commissions	
Rents, Interests, Dividends	
Self Employment Earnings	
Unemployment or Worker's Compensation	
Social Security Benefits, including SSI	
Public Assistance	

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Source of Income	Amount per Month
Food Stamps	
Pension, Retirement	
Child Support	
Dependent's Benefits	
Other Income (*describe*):	

4. Disclosure of Expenses

The [ ] Wife / [ ] Husband has the following expenses:

Description of Expense	Amount per Month
Taxes and other money withheld from income	
Retirement	
Health Insurance (self and children)	
Medical Expenses	
Housing (rent or mortgage payment)	
Property Taxes	
Property Insurance	
Transportation	
Car Insurance	
Student Loans	
Utilities	

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Description of Expense	**Amount per Month**
Telephone	
Clothing	
Food and Household Supplies	
Child Care	
Child Support Payments	
Other Expenses (*describe*):	

DATED this _____ day of _____, 20_____.

_____
Signature

_____
Print Name
[ ] Wife / [ ] Husband, Petitioner Pro Se

STATE OF MONTANA)
) ss.
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this ___ day of _____, 20____.

Name *(printed)*: _____
(Seal) Notary Public for the State of Montana
Residing at _____
My commission expires _____

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