\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address (optional)

☐Petitioner ☐Respondent ☐Co Petitioner

**Appearing without a lawyer**

**MONTANA \_\_\_\_\_\_\_\_\_\_\_\_JUDICIAL DISTRICT COURT, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY**

|  |  |
| --- | --- |
| In re the Marriage of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ☐Petitioner,and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ☐Co Petitioner. | **Case No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐**Petitioner** ☐**Co-Petitioner** ☐**Amended** **Disclosure of Income and Expenses** |

**Warning: Montana law, §40-4-252, M.C.A. requires the full disclosure of all assets, debts, income, and expenses. I understand that I am required to tell my spouse about all of the assets, debts, income and expenses that I know about. My spouse is required to do the same for me.**

 **This Disclosure of Income and Expenses along with Form MP-500 Proposed Property Distribution has been served on my spouse.**

 **If I don’t tell my spouse about something, the court may give me a penalty. The court gets to decide what the penalty will be. I am providing all of the information I know about the income and expenses listed on this form and writing “unknown” in the spaces for the information I don’t know.**

NOTE: This Document is served on the **other party only** and **cannot be filed with the Court** unless the Court specifically orders you to file it. The following is being served as required by §§ 40-4-252 through 254, M.C.A.

1. **Disclosure of Income**

| Source of Income |  | Amount per Month |
| --- | --- | --- |
| Gross Wages, Salary, Commissions | Petitioner: |  |
|  | Co-Petitioner: |  |
| Income from Rents, Interest, Dividends | Petitioner: |  |
| Co-Petitioner: |  |
| Self Employment Earnings | Petitioner: |  |
|  | Co-Petitioner: |  |
| Unemployment or Worker’s Compensation | Petitioner: |  |
|  | Co-Petitioner: |  |

|  |  |  |
| --- | --- | --- |
| Social Security Benefits, including SSI, SSDI | Petitioner: |  |
|  | Co-Petitioner: |  |
| Public Assistance (including TANF and LIEAP) | Petitioner: |  |
|  | Co-Petitioner: |  |
| Food Stamps | Petitioner: |  |
|  | Co-Petitioner: |  |
| Pension, Retirement | Petitioner: |  |
|  | Co-Petitioner: |  |
| Child Support | Petitioner: |  |
|  | Co-Petitioner: |  |

|  |  |  |
| --- | --- | --- |
| Dependent’s Benefits | Petitioner: |  |
|  | Co-Petitioner: |  |
| Other Income (*describe*): | Petitioner:Co-Petitioner: |  |
|  |
| **Monthly Total** | **Petitioner:** |  |
|  | **Co-Petitioner:** |  |

(*If you have additional income, complete and staple* ***Form******MP-510-A*** *to this document.)*

1. **Disclosure of Expenses**

|  |  |
| --- | --- |
| Description of Expense | Amount per Month |
| Taxes and withholdings | Petitioner: |  |
|  | Co-Petitioner: |  |
| Retirement Contribution | Petitioner: |  |
|  | Co-Petitioner: |  |
| Health Insurance (self and children) | Petitioner: |  |
|  | Co-Petitioner: |  |
| Medical Expenses | Petitioner: |  |
|  | Co-Petitioner: |  |
| Rent or Housing (including property taxes and insurance relating to housing) | Petitioner: |  |
|  | Co-Petitioner: |  |
| Transportation | Petitioner: |  |
|  | Co-Petitioner: |  |
| Car Insurance | Petitioner: |  |
|  | Co-Petitioner: |  |
| Student Loans | Petitioner: |  |
|  | Co-Petitioner: |  |
| Utilities | Petitioner: |  |
|  | Co-Petitioner: |  |

|  |  |  |
| --- | --- | --- |
| Telephone (cell phone and land line) | Petitioner: |  |
|  | Co-Petitioner: |  |
| Clothing | Petitioner: |  |
|  | Co-Petitioner: |  |

|  |  |  |
| --- | --- | --- |
| Food and Household Supplies | Petitioner: |  |
| Co-Petitioner: |  |
| Child Care | Petitioner: |  |
| Co-Petitioner: |  |
| Union Dues | Petitioner: |  |
| Co-Petitioner: |  |
| Child Support Payments | Petitioner: |  |
| Co-Petitioner: |  |
| Other: (describe) | Petitioner: |  |
| Co-Petitioner: |  |
| **Monthly Total** | **Petitioner:** |  |
| **Co-Petitioner:** |  |

(*If you have additional expenses, complete and staple* ***Form******MP-510-B*** *to this document.)*

**I declare under penalty of perjury and under the laws of the state of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.**

Dated this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_

Sign Here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ☐Petitioner ☐Respondent

 ☐Co-Petitioner Husband ☐Co-Petitioner Wife