_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail

☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA _____JUDICIAL DISTRICT COURT, _____ COUNTY

In the Marriage of: _____ Co-Petitioner 1 and _____ Co-Petitioner 2	**Case No:** _____ **Disclosure of Income and Expenses** **Completed by:** ☐ **Co-Petitioner 1** ☐ **Co-Petitioner 2**

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 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 must be exchanged between spouses.

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 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	Co-Petitioner 1:	
	Co-Petitioner 2:	
Income from Rents, Interest, Dividends	Co-Petitioner 1:	
	Co-Petitioner 2:	
Self Employment Earnings	Co-Petitioner 1:	
	Co-Petitioner 2:	
Unemployment or Worker's Compensation	Co-Petitioner 1:	
	Co-Petitioner 2:	
Social Security Benefits, including SSI, SSDI	Co-Petitioner 1:	
	Co-Petitioner 2:	
Public Assistance (including TANF and LIHEAP)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Food Stamps	Co-Petitioner 1:	
	Co-Petitioner 2:	
Pension, Retirement	Co-Petitioner 1:	
	Co-Petitioner 2:	
Child Support	Co-Petitioner 1:	
	Co-Petitioner 2:	
Dependent's Benefits	Co-Petitioner 1:	
	Co-Petitioner 2:	
Other Income (*describe*):	Co-Petitioner 1:	
	Co-Petitioner 2:	
Monthly Total	Co-Petitioner 1:	
	Co-Petitioner 2:	

(*If you have additional income, attach that information to this document.)*

2. Disclosure of Expenses

Description of Expense		Amount per Month
Taxes and withholdings	Co-Petitioner 1:	
	Co-Petitioner 2:	
Retirement Contribution	Co-Petitioner 1:	
	Co-Petitioner 2:	
Health Insurance (self and children)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Medical Expenses	Co-Petitioner 1:	
	Co-Petitioner 2:	
Rent or Housing *(including property taxes and insurance relating to housing)*	Co-Petitioner 1:	
	Co-Petitioner 2:	
Transportation	Co-Petitioner 1:	
	Co-Petitioner 2:	
Car Insurance	Co-Petitioner 1:	
	Co-Petitioner 2:	
Student Loans	Co-Petitioner 1:	
	Co-Petitioner 2:	
Utilities	Co-Petitioner 1:	
	Co-Petitioner 2:	
Telephone (cell phone and land line)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Clothing	Co-Petitioner 1:	
	Co-Petitioner 2:	

Food and Household Supplies	Co-Petitioner 1:	
	Co-Petitioner 2:	

Child Care	Co-Petitioner 1:	
	Co-Petitioner 2:	
Union Dues	Co-Petitioner 1:	
	Co-Petitioner 2:	
Child Support Payments	Co-Petitioner 1:	
	Co-Petitioner 2:	
Other: (describe)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Monthly Total	Co-Petitioner 1:	
	Co-Petitioner 2:	

(*If you have additional expenses, attach a description 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: _____

☐Co-Petitioner 1 ☐Co-Petitioner 2