

SUPREME COURT : STATE OF NEW YORK
 COUNTY OF

<p>- against -</p> <p style="text-align: right;"><i>Plaintiff,</i></p> <p style="text-align: right;"><i>Defendant.</i></p>
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STATEMENT OF NET WORTH
 (DRL § 236)

Date of commencement of action: _____

STATE OF NEW YORK }
 COUNTY OF NASSAU } SS:

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

_____, the (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) # of dependent children (under 21)	
(f) Names and ages of children	
(g) Custody of children	() Husband () Wife () Both
(h) Minor children of prior marriage	() Husband () Wife
(i) (Husband)(Wife) now (paying)(receiving)	\$ as alimony (maintenance) and/or \$ child support in connection with prior marriage
(j) Custody of children of prior marriage	Name: Address:
(k) Marital residence occupied by	() Husband () Wife () Both
(l) Husband's address Wife's address	
(m) Husband's occupation:	Wife's occupation:
(n) Husband's employer	
(o) Wife's employer	
(p) Education, training & skills (Include dates of attainment of degrees, etc.)	Husband: Wife:
(q) Husband's health: good	(r) Wife's health: good
(s) Children's health: good	

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	<input type="text"/>	4. Condominium charges	<input type="text"/>
2. Mortgage and amortization	<input type="text"/>	5. Cooperative apartment maintenance	<input type="text"/>
3. Real estate taxes	<input type="text"/>		
Total: HOUSING			<input type="text"/>
(b) UTILITIES			
1. Fuel Oil	<input type="text"/>	4. Telephone	<input type="text"/>
2. Gas	<input type="text"/>	5. Water	<input type="text"/>
3. Electricity	<input type="text"/>		
Total: UTILITIES			<input type="text"/>
(c) FOOD			
1. Groceries	<input type="text"/>	5. Liquor/alcohol	<input type="text"/>
2. School lunches	<input type="text"/>	6. Home entertainment	<input type="text"/>
3. Lunches at work	<input type="text"/>	7. Other _____	<input type="text"/>
4. Dining out	<input type="text"/>		
Total: FOOD			<input type="text"/>
(d) CLOTHING			
1. Husband	<input type="text"/>	3. Children	<input type="text"/>
2. Wife	<input type="text"/>	4. Other _____	<input type="text"/>
Total: CLOTHING			<input type="text"/>
(e) LAUNDRY			
1. Laundry at home	<input type="text"/>	3. Other _____	<input type="text"/>
2. Dry Cleaning	<input type="text"/>		
Total: LAUNDRY			<input type="text"/>
(f) INSURANCE			
1. Life	<input type="text"/>	6. Medical plan	<input type="text"/>
2. Homeowner's/tenant's	<input type="text"/>	7. Dental plan	<input type="text"/>
3. Fire, theft, liability	<input type="text"/>	8. Optical plan	<input type="text"/>
4. Automotive	<input type="text"/>	9. Disability	<input type="text"/>
5. Umbrella policy	<input type="text"/>	10. Worker's Compensation	<input type="text"/>
		11. Other _____	<input type="text"/>
Total: INSURANCE			<input type="text"/>
(g) UNREIMBURSED MEDICAL			
1. Medical	<input type="text"/>	4. Pharmaceutical	<input type="text"/>
2. Dental	<input type="text"/>	5. Surgical, nursing, hospital	<input type="text"/>
3. Optical	<input type="text"/>	6. Other _____	<input type="text"/>
Total: UNREIMBURSED MEDICAL			<input type="text"/>
(h) HOUSEHOLD MAINTENANCE			
1. Repairs	<input type="text"/>	6. Sanitation/carting	<input type="text"/>
2. Furniture/furnishings/housewares	<input type="text"/>	7. Gardening/landscaping	<input type="text"/>
3. Cleaning supplies	<input type="text"/>	8. Snow removal	<input type="text"/>
4. Appliances (incl. maintenance)	<input type="text"/>	9. Extermination	<input type="text"/>
5. Painting	<input type="text"/>	10. Other _____	<input type="text"/>
Total: HOUSEHOLD MAINTENANCE			<input type="text"/>

(I) HOUSEHOLD HELP			
1. Babysitter	<input type="text"/>	3. Other	<input type="text"/>
2. Domestic (housekeeper, maid)	<input type="text"/>		
Total: HOUSEHOLD HELP			<input type="text"/>
(j) AUTOMOTIVE			
Year: ___ Make: _____		Personal: _____ Business: _____	
Year: ___ Make: _____		Personal: _____ Business: _____	
Year: ___ Make: _____		Personal: _____ Business: _____	
1. Payments	<input type="text"/>	4. Car wash	<input type="text"/>
2. Gas and oil	<input type="text"/>	5. Registration and license	<input type="text"/>
3. Repairs	<input type="text"/>	6. Parking and tolls	<input type="text"/>
		7. Other _____	<input type="text"/>
Total: AUTOMOTIVE			<input type="text"/>
(k) EDUCATIONAL			
1. Nursery and pre-school	<input type="text"/>	6. School transportation	<input type="text"/>
2. Primary and secondary	<input type="text"/>	7. School supplies/books	<input type="text"/>
3. College	<input type="text"/>	8. Tutoring	<input type="text"/>
4. Post-graduate	<input type="text"/>	9. School events	<input type="text"/>
5. Religious instruction	<input type="text"/>	10. Other _____	<input type="text"/>
Total: EDUCATIONAL			<input type="text"/>
(l) RECREATIONAL			
1. Summer camp	<input type="text"/>	9. Country club/pool club	<input type="text"/>
2. Vacations	<input type="text"/>	10. Health club	<input type="text"/>
3. Movies	<input type="text"/>	11. Sporting goods	<input type="text"/>
4. Theatre, ballet, etc.	<input type="text"/>	12. Hobbies	<input type="text"/>
5. Video rentals	<input type="text"/>	13. Music/dance lessons	<input type="text"/>
6. Tapes, CD's, etc.	<input type="text"/>	14. Sports lessons	<input type="text"/>
7. Cable television	<input type="text"/>	15. Birthday parties	<input type="text"/>
8. Team sports	<input type="text"/>	16. Other _____	<input type="text"/>
Total: RECREATIONAL			<input type="text"/>
(m) INCOME TAXES			
1. Federal	<input type="text"/>	3. City	<input type="text"/>
2. State	<input type="text"/>	4. Social Security & Medicare	<input type="text"/>
Total: INCOME TAXES			<input type="text"/>
(n) MISCELLANEOUS			
1. Beauty parlor/barber	<input type="text"/>	9. Union/organization dues	<input type="text"/>
2. Beauty aids/cosmetics/drug items	<input type="text"/>	10. Commutation/transportation	<input type="text"/>
3. Cigarettes/tobacco	<input type="text"/>	11. Veterinarian/pet expenses	<input type="text"/>
4. Books, magazines, newspapers	<input type="text"/>	12. Child support payments (prior marriage)	<input type="text"/>
5. Children's allowances	<input type="text"/>	13. Alimony/maintenance (prior marriage)	<input type="text"/>
6. Gifts	<input type="text"/>	14. Loan payments	<input type="text"/>
7. Charitable contributions	<input type="text"/>	15. Unreimbursed business expenses	<input type="text"/>
8. Religious organization dues	<input type="text"/>		
Total: MISCELLANEOUS			<input type="text"/>
(o) OTHER			
1. _____	<input type="text"/>	3. _____	<input type="text"/>
2. _____	<input type="text"/>	4. _____	<input type="text"/>
Total: OTHER			<input type="text"/>
TOTAL EXPENSES			<input type="text"/>

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. YES ___ NO ___. 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) Partnerships, 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 or not)			
(l) Bequests, legacies and gifts			
(m) Income from all other sources (incl. 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(s): _____ 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	_____		
c. Amount	_____	\$	
Subtotal: Cash			\$
Checking Accounts			
2.1 a. Financial institution	_____		
b. Account number	_____		
c. Title holder	_____		
d. Date opened	_____		
e. Source of Funds	_____		
f. Balance	_____	\$	

Checking Accounts (continued)		
2.2	a. Financial institution	
	b. Account number	_____
	c. Title holder	_____
	d. Date opened	_____
	e. Source of Funds	_____
	f. Balance	_____ \$ _____
Subtotal: Checking		\$ _____
Savings Accounts <small>(Including individual, joint, totten trust, C/D's, treasury notes)</small>		
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	_____ \$ _____
Subtotal: Savings		\$ _____
Security deposits <small>(earnest money, etc.)</small>		
4.1	a. Location	_____
	b. Title Owner	_____
	c. Type of deposit	_____
	d. Source of funds	_____
	e. Date of deposit	_____
	f. Amount	_____ \$ _____
Subtotal: Security Deposits, etc.		\$ _____
Other		
5.1	a. Location	_____
	b. Title Owner	_____
	c. Type of deposit	_____
	d. Source of funds	_____
	e. Date of deposit	_____
	f. Amount	_____ \$ _____
Subtotal: 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	_____
	g. Current value	_____ \$ _____
Subtotal: 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	_____ \$ _____
Subtotal: Stocks, options, etc.		\$ _____
Broker margin accounts		
3.1	a. Broker's name & address	_____
	b. Title holder	_____
	c. Date account opened	_____
	d. Original value of account	_____
	e. Source of funds	_____
	f. Current value	_____ \$ _____
Subtotal: Margin Accounts		\$ _____
TOTAL VALUE OF SECURITIES		\$ _____
C. LOANS TO OTHERS, ACCOUNTS RECEIVABLE		
1.1	a. Debtor's name & address	_____
	b. Original amt of loan/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 & address	_____
	b. Original amt of loan/debt	_____
	c. Source of funds from which loan made or origin of debt	_____
	d. Date payment(s) due	_____
	e. Current amount due	_____ \$ _____
TOTAL LOANS / ACCOUNTS RECEIVABLE		\$ _____

D. VALUE OF INTEREST IN ANY BUSINESS	
1.1	a. Name/address of business _____ b. Type of business (corporate, partnership, sole proprietorship, etc.) _____ c. Your capital contribution _____ d. Your % interest _____ e. Date of acquisition _____ f. Original price/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 INTERESTS \$	
E. CASH SURRENDER VALUE OF LIFE INSURANCE	
1.1	a. Insurer's name/address _____ b. Name of insured _____ c. Policy Number _____ d. Face amount of policy _____ e. Policy owner _____ f. Date of acquisition _____ g. Source of funds to acquire _____ h. Current cash surrender value _____ \$
TOTAL VALUE OF LIFE INSURANCE \$	
F. VEHICLES (auto, 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. Amt of current lien unpaid _____ 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. Amt 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. Amt of current lien unpaid _____ 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. Amt of current lien unpaid _____ g. Current fair market value _____ \$

REAL ESTATE (continued)																												
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H. VESTED INTERESTS IN TRUSTS (pension, profit sharing, legacies, deferred compensation)																												
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I. CONTINGENT INTERESTS (stock options, interests subject to life estates, prospective inheritances,																												
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JEWELRY, etc. (continued)																						
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TOTAL VALUE OF 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)																						
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V. LIABILITIES:

A. ACCOUNTS PAYABLE																						
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ACCOUNTS PAYABLE (continued)															
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TOTAL ACCOUNTS PAYABLE															
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B. NOTES PAYABLE															
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C. INSTALLMENT ACCOUNTS PAYABLE (security agreements, chattel mtges)															
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TOTAL INSTALLMENT ACCOUNTS															
\$ <input style="width: 100px;" type="text"/>															

D. BROKERS' MARGIN ACCOUNTS	
1.1	a. Name/address of broker _____ b. Amount of original debt _____ c. Date of incurring debt _____ d. Purpose _____ e. Monthly/other periodic payment _____ f. Amount of current debt _____ \$ _____
TOTAL BROKERS' MARGIN ACCTS \$ _____	
E. MORTGAGES PAYABLE ON REAL ESTATE	
1.1	a. Name/address of mortgagee _____ b. Address of mortgaged property _____ c. Mortgagor(s) _____ d. Original debt _____ e. Date of incurring debt _____ f. Monthly/other periodic payment _____ g. Maturity date _____ h. Amount of current debt _____ \$ _____
1.2	a. Name/address of mortgagee _____ b. Address of mortgaged property _____ c. Mortgagor(s) _____ d. Original debt _____ e. Date of incurring debt _____ f. Monthly/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. Insurer's name/address _____ b. Amount of original debt _____ c. Date incurred _____ d. Purpose _____ e. Borrower's name _____ f. Monthly/other periodic payment _____ g. Amount of current debt _____ \$ _____
TOTAL LIFE INSURANCE LOANS \$ _____	
H. OTHER LIABILITIES	
1.1	a. Description _____ b. Name/address of creditor _____ c. Debtor _____ d. Original amount of debt _____ e. Date incurred _____ f. Purpose _____ g. Monthly/other periodic payment _____ h. Amount of current debt _____ \$ _____

OTHER LIABILITIES (continued)	
1.2	a. Description _____
	b. Name/address of creditor _____
	c. Debtor _____
	d. Original amount of debt _____
	e. Date incurred _____
	f. Purpose _____
	g. Monthly/other periodic _____
	h. Amount of current debt _____ \$ _____
TOTAL OTHER LIABILITIES \$ _____	
TOTAL LIABILITIES \$ _____	

NET WORTH

TOTAL ASSETS	\$ _____
(TOTAL LIABILITIES)	(\$ _____)
TOTAL 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 all _____ children is \$ _____.

(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 fees 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 FEE REQUIREMENTS:

- (a) Deponent requests for accountant's 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.

Sworn to before me this _____ day of _____,

NOTARY PUBLIC

CLIENT CERTIFICATION

I hereby certify, under penalty of perjury, that I have carefully read and reviewed the foregoing Statement of Net Worth, and that all information contained therein is true and accurate in all respects to the best of my knowledge and understanding. I further certify, under penalty of perjury, that neither my attorney, nor anyone acting on my attorney's behalf, was the source of any of the information contained in the annexed document; that I provided all of the information contained in the annexed document to my attorney; and that I understand that my attorney, in executing the Attorney Certification required by 22 NYCRR 202.16(e), is relying entirely upon the information provided by me and upon my certification that all such information is true and accurate. I further certify that the foregoing document includes all information which I provided to my attorney which is relevant to such document and that my attorney has not deleted, omitted or excluded any such information.

Dated: _____

CERTIFICATION OF ATTORNEY

I hereby certify that to the best of my knowledge, information or belief, formed after an inquiry reasonable under the circumstances, the presentation of the within paper and contentions therein are not frivolous as defined in subsection (c) of 22NYCRR 130-1.1.

Dated: _____