

STATE OF WISCONSIN    CIRCUIT COURT    PORTAGE COUNTY

\_\_\_\_\_,  
PETITIONER

**FINANCIAL DISCLOSURE  
FOR APPOINTMENT OF GAL**

VS.

\_\_\_\_\_,  
RESPONDENT.

Case No. \_\_\_\_\_

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
          \_\_\_\_\_  
          \_\_\_\_\_  
Phone: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

Enter the name and relationship of all people actually living in your household at this time. Indicate whether you have a legal obligation to support each individual listed, and whether each listed individual helps pay household expenses. If you list your child, indicate what percentage of placement you have.

\_\_\_\_\_ I live alone.

Place an asterisk \* next to the name of each individual that you have a legal obligation to support.

	<u>Name</u>	<u>Relationship</u>	<u>He/she helps pay expenses</u>	<u>Child placement %age</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

**PROOF OF INCOME**

- Attach a statement reflecting income earned to date for the current year, normally a current paystub.
- Attach the most recent W-2 statement showing earnings from the last calendar year. If you are self-employed, provide tax return showing last year's income.

**MONTHLY GROSS INCOME**

Gross monthly income (before taxes and deductions from salary and wages,  
Include commissions, allowances and overtime)

Pensions, retirement fund and social security benefits received

Disability, unemployment compensation, and/or public assistance received

Interest and dividends received

Child Support and maintenance received

Rental payments received

Bonuses received

Other sources of income (specify)

**Total gross income**

**MONTHLY DEDUCTIONS FROM INCOME**

Number of tax exemptions claimed

Monthly federal and state income tax, including FICA (Social security and  
Medicare)

Medical Insurance

Other insurance

Union or other dues

Retirement, pension and/or deferred compensation

Child support payments to others

Maintenance payments to others

Other deductions (specify)

**Total deductions**

**Net Monthly Income**

**MONTHLY EXPENSES**

Rent/mortgage payment/property taxes/homeowners or renters insurance

Food

Utilities (heat, electric, water, sewer, trash)

Telephone (local, long distance, cellular)

Cable/satellite/internet services

Insurance (life, health, accident, auto, liability, disability that is not paid  
By payroll deduction)

Auto payments

Auto expenses (gas, oil, repairs, maintenance); transportation other than auto

Medical, dental, and prescription drug expenses not covered by insurance

Child care

Child support or spousal support (not made through payroll deductions)

Credit cards

Student loans

Other (specify)

**Total monthly expenses**

**ASSETS**

\_\_\_\_\_ I do \_\_\_\_\_ I do not have assets (equity in vehicles, real estate, investment accounts, retirement accounts, etc.) with a value over \$10,000.

If you do have assets in excess of \$10,000, fill out the following:

Auto(s) specify equity in each \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Real estate. ID address, type of property, and equity in property.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Savings and checking accounts. ID institution, type of account, balance in account with date of balance.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investment accounts. ID institution, type of account, balance in account with date of balance.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Retirement accounts. ID institution, type of account, balance in account with date of balance.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other items of significant value (farm equipment, ATV's, snowmobiles, Ski-dos, boats, personal watercraft, motorcycles, jewelry, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEBTS.** List each debt, nature of it, total balance, and monthly payment.

<u>Debt</u>	<u>Type</u>	<u>Total balance</u>	<u>Monthly payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total monthly payments			_____

**DECLARATION:** I declare under penalty of perjury that the above information, including all attachments, is true and correct as of the date signed below.

Subscribed and sworn to before me  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature)

Public Notary.  
My commission expires: \_\_\_\_\_  
Is permanent. \_\_\_\_\_

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date