

Simplified Sworn Financial Statement

1. **Denver District Court**

1437 Bannock Street, Room 256
Denver, CO 80202

2. **Parties to the Case**

Petitioner/Plaintiff: _____

&

Respondent/Defendant: _____

Clerk's Event Code: SWFS
This box is for Court Use Only

3. **Filed By**

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Email Address: _____

4. **Case Details**

Number: _____

Courtroom: _____

5. I, _____ (*full name*), declare under oath:6. My occupation is: _____ or I am currently unemployed.7. I am primarily employed _____ hours per week at _____ (*name of employer*) at _____ (*address*)8. My household consists of _____ (*number*) people.

9. The combined household income is \$ _____ per month.

10. **My Income**

Monthly Income			
Gross Monthly Income (<i>before taxes and deductions</i>) from salary and wages, incl. commissions, bonuses, overtime, self-employment, business income, other jobs, etc.)	\$	Social Security Benefits <input type="checkbox"/> SSDI <input type="checkbox"/> SSI	\$
Unemployment & Veterans' Benefits	\$	Disability and/or Workers' Compensation	\$
Pension & retirement benefits	\$	Interest & dividends	\$
Public Assistance (TANF)	\$	Other -	\$
Total Monthly Income			\$
Other Income			
Royalties, trusts and other investments	\$	Contributions from others	\$
Rental net income	\$	Expense accounts	\$
Child support from others	\$	Spousal support from others	\$
Dependent children's monthly gross income. <i>Source of Income:</i>	\$	All other sources (<i>personal injury settlement, unreported income etc.</i>)	\$
Total Other Income			\$
Total Monthly & Other Income			\$

6. The monthly gross income of the **OTHER PARTY** is approximately \$ _____ (*attach all available information*).

7. My Monthly Expenses

Expense Category		Cost per month
Health insurance	Total premium	\$
	# of people covered →	
Child support	This family	\$
	Other family	\$
Maintenance	This family	\$
	Other family	\$
Child care		\$
Rent/Mortgage		\$
Groceries		\$
Utilities		\$
Clothing		\$
Miscellaneous extraordinary expenses (<i>explain</i>)		\$
Total Monthly Expenses		\$

8. Debts

Creditor	Item <i>(i.e. car loan, credit card balance, ect.)</i>	Unpaid balance	Monthly payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Debt		\$	\$

9. **Assets** (If you are unable to provide the necessary information in the space provided please attach additional pages and label as Attachment A.)

If the parties are married, list all assets acquired during the marriage under the **Joint** heading. Under the **Petitioner** or **Respondent/Co-Petitioner** headings each party will list assets acquired prior to the marriage and assets acquired by gift or inheritance.

If the parties were never married, each party will list all of his/her assets under their respective heading.

Assets	Petitioner	Co-Petitioner/ Respondent	Joint
Real estate <i>(include location, market value, encumbrances and how titled)</i>	\$	\$	\$
Furniture and household goods <i>(estimate of total value)</i>	\$	\$	\$
Motor vehicles <i>(include make, year, value and encumbrance)</i>	\$	\$	\$
Cash	\$	\$	\$
Life insurance <i>(include company name, policy number, beneficiary and cash surrender value)</i>	\$	\$	\$
Stocks and bonds <i>(for all holdings include company name, number of shares, name in which held, market value and date of valuation)</i>	\$	\$	\$
Bank Accounts <i>(include name of bank and last four digits of account number)</i>	\$	\$	\$
Pensions, profit sharing and or retirement funds <i>(include name, source and location of funds)</i>	\$	\$	\$
Miscellaneous	\$	\$	\$
Total Assets	\$	\$	\$

I understand that if the information I have provided changes or needs to be updated before a final decree or order is issued by the Court, that I have a duty to provide the correct or updated information.

I understand that if I have omitted or misstated any material information, intentionally or not, the Court will have the power to enter orders to address those matters, including the power to punish me for any statements made with the intent to defraud or mislead the Court or the other party.

11. Verification

I declare under the penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the *(date)* _____ day of *(month)* _____ *(year)* _____

At City: *(or other location)* _____

And State: *(or country)* _____

Print Your Name: _____

Your Signature: _____

12. Certificate of Service

I certify that on *(enter date)* _____, a copy of this document was sent to the other parties by: *(select at least one)*

- Colorado Courts E-Filing. www.jbiits.courts.state.co.us/efiling
- Regular Mail, address to: *(name, full address)*. Hand Delivery, to: *(name, place)*

1) _____

2) _____

3) _____

Other: *(explain)* _____

(Your signature)