

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State      Zip Code

\_\_\_\_\_  
Phone Number                      Email

- Petitioner (without attorney/advocate)
- Respondent (without attorney/advocate)
- Attorney/Advocate for \_\_\_\_\_

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI  
TRIBES OF THE FLATHEAD RESERVATION, PABLO, MONTANA

<input type="checkbox"/> In re the Marriage of: <input type="checkbox"/> In re the Parenting concerning: _____, Petitioner(s): _____ and Respondent(s): _____	Cause No. _____  <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent  <b style="text-align: center;">Sworn Financial Statement</b>
--	--

I, \_\_\_\_\_ (full name)  am  am not currently employed.  
I am employed \_\_\_\_ hours per week. I am paid  weekly  bi-weekly  twice a month  monthly.  
My pay is based on a  Monthly Salary  Hourly rate of \$ \_\_\_\_\_  Other: \_\_\_\_\_  
Date employment began \_\_\_\_\_.  
My occupation is: \_\_\_\_\_ Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
If unemployed, what date did you last work? \_\_\_\_\_  
I am unemployed due to  disability  involuntary layoff at work  other: \_\_\_\_\_  
This household consists of \_\_\_\_ adult(s), and \_\_\_\_ minor child(ren).  
I believe the monthly gross income of the other party is \$ \_\_\_\_\_.  
Annual gross income (last tax year 20\_\_ ) for Petitioner \$ \_\_\_\_\_,  Respondent \$ \_\_\_\_\_

**1. MONTHLY INCOME (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)**

Gross Monthly Income (before taxes and deductions) from salary and wages, including but not limited to commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	\$	Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based)	\$
Unemployment & Veterans' Benefits	\$	Disability, Workers' Compensation	\$
Pension & Retirement Benefits	\$	Interest & Dividends	\$
Public Assistance (TANF)	\$	Other -	\$
Tribal Per Capita Payments	\$	Other -	\$
<b>Total Monthly Income</b>			<b>\$</b>
<b>Miscellaneous Income</b>			
Royalties, Trusts, and Other Investments	\$	Contributions from Others	\$
Dependent Children's monthly gross income. Source of Income:	\$	All other sources, i.e. personal injury settlement, non-reported income, etc.	\$
Rental Net Income	\$	Expense Accounts	\$
Child Support from Others	\$	Other -	\$
Spousal/Partner Support from Others	\$	Other -	\$
<b>Total Monthly Miscellaneous Income</b>			<b>\$</b>
<b>Total Income</b>			<b>\$</b>

**2. MONTHLY DEDUCTIONS (Mandatory and Voluntary)**

<b>Mandatory Deductions</b>	<b>Cost Per Month</b>		<b>Cost Per Month</b>
Federal Income Tax	\$	State/Local Income Tax	\$
PERA/Civil Service	\$	Social Security Tax	\$
Medicare Tax	\$	Other -	\$
<b>Total Mandatory Deductions</b>			<b>\$</b>
<b>Voluntary Deductions</b>	<b>Cost Per Month</b>		<b>Cost Per Month</b>
Life and Disability Insurance	\$	Stocks/Bonds	\$
Health, Dental, Vision Insurance Premium	\$	Retirement & Deferred Compensation	\$
Total number of people covered on Plan →			
Child Care (deducted from salary)	\$	Other -	\$
Flex Benefit Cafeteria Plan	\$	Other -	\$
<b>Total Voluntary Deductions</b>			<b>\$</b>
<b>Total Monthly Deductions</b>			<b>\$</b>

### 3. MONTHLY EXPENSES

**Note:** List regular monthly expenses below that you pay on an on-going basis and that are not identified in the deductions above.

#### A. Housing

	Cost Per Month		Cost Per Month
1 <sup>st</sup> Mortgage	\$	2 <sup>nd</sup> Mortgage	\$
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)	\$	Condo/Homeowner's/Maintenance Fees	\$
Rent	\$	Other –	\$
<b>Total Housing</b>			<b>\$</b>

#### B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	\$	Water, Sewer, Trash Removal	\$
Telephone (local, long distance, cellular & pager)	\$	Property Care (Lawn, snow removal, cleaning, security system, etc.)	\$
Internet Provider, Cable & Satellite TV	\$	Other - _____	\$
<b>Total Utilities and Miscellaneous Housing Services</b>			<b>\$</b>

#### C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	\$	Dining Out	\$
<b>Total Food &amp; Supplies</b>			<b>\$</b>

#### D. Health Care Costs (Co-pays, Premiums, etc.)

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$	Dentist and Orthodontist	\$
Medicine & RX Drugs	\$	Therapist	\$
Premiums (if not paid by employer)	\$	Other -	\$
<b>Total Health Care Costs</b>			<b>\$</b>

#### E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$	Other Vehicle Payments	\$
Fuel, Parking, and Maintenance (1984 Jeep Cherokee)	\$	Insurance & Registration/Tax Payments (yearly amount(s) ÷ 12)	\$
Bus & Commuter Fees	\$	Other –	\$
<b>Total Transportation</b>			<b>\$</b>

**F. Children's Expenses and Activities**

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$	Child Care	\$
Extraordinary Expenses i.e. Special Needs, etc.	\$	Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	\$
Tuition	\$	Other -	\$
<b>Total Children's Expenses and Activities</b>			<b>\$</b>

**G. Education for you - Please identify status:**

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.	\$	Other -	\$
<b>Total Education</b>			<b>\$</b>

**H. Maintenance (Spousal/Partner Support) & Child Support (that you pay)**

	Cost Per Month		Cost Per Month
Maintenance	\$	Child Support	\$
<input type="checkbox"/> This family	\$	<input type="checkbox"/> This family	\$
<input type="checkbox"/> Other family	\$	<input type="checkbox"/> Other family	\$
<b>Total Maintenance and Child Support</b>			<b>\$</b>

**I. Miscellaneous (Please list on-going expenses not covered in the sections above)**

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$	Personal Care (Hair, Nail, Clothing, etc.)	\$
Legal/Accounting Fees	\$	Subscriptions (Newspapers, Magazines, etc.)	\$
Charity/Worship	\$	Movie & Video Rentals	\$
Vacation/Travel/Hobbies	\$	Investments (Not part of payroll deductions)	\$
Membership/Clubs	\$	Home Furnishings	\$
Pets/Pet Care	\$	Sports Events/Participation	\$
Other -	\$	Other -	\$
Other -		Other -	\$
<b>Total Miscellaneous</b>			<b>\$</b>

<b>Total Monthly Expenses (Totals from A – I)</b>	<b>\$</b>
---	-----------

**4. DEBTS (unsecured)**

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., etc. **Do not** list debts that are liens against your property, such as mortgages and car loans, because that payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles. **For name on account, “P” = Petitioner, “R” = Respondent, “J” = Joint.**

Name of Creditor	Account Number (last 4-digits only)	P	R	J	Date of Balance	Balance	Minimum Monthly Payment Required	Reason for Which Debt was Incurred
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Unsecured Debt Balance</b>						\$	\$	→ <b>Total Minimum Monthly Payment</b>

**SWORN FINANCIAL STATEMENT SUMMARY  
(INCOME/EXPENSES)**

<b>Total Income</b> (from Page 1)	\$ _____	<b>A</b>
<b>Total Monthly Deductions</b> (from Page 2)	\$ _____	<b>B</b>
<b>Total Monthly Net Income</b> (A minus B)	\$ _____	
<b>Total Monthly Expenses</b> (from Page 3)	\$ _____	<b>C</b>
<b>Total Minimum Monthly Payment Required - Debts Unsecured</b>	\$ _____	<b>D</b>
<b>Total Monthly Expenses and Payments</b> (C plus D)	\$ _____	

<b>Net Excess or Shortfall</b> (Monthly Net Income less Monthly Expenses and Payments)	(+/-)	\$ _____
---	-------	----------

5. ASSETS

You **MUST** disclose all assets correctly. By indicating “None”, you are stating affirmatively that you or the other party, do not have assets in that category. Please attach additional copies of pages 6 & 7 to identify your assets, if necessary.

Check under the heading Joint (J) all assets acquired during the marriage/civil union but not by gift or inheritance. Under the headings of Petitioner (P) or Respondent (R), check assets owned before this marriage and assets acquired by gift or inheritance.

“P” = Petitioner, “R” = Respondent, “J” = Joint.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) <input type="checkbox"/> None	P	R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Total</b>						

B. Motor Vehicles & Recreation Vehicles, including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> None	P	R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Total</b>						

C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	P	R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Total</b>						

D. Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None	P	R	J	Type of Policy	Face Amount of Policy	Cash Value today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Total</b>					\$	\$

E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. <input type="checkbox"/> None	P	R	J	Current Possession Held by			Estimated Value as of Today Value = what you could sell it for in its current condition.
				P	R	J	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total</b>							

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input type="checkbox"/> None <input type="checkbox"/> If owned please attach Supporting List for Assets [TCF 0022]	<b>Total</b>	
G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input type="checkbox"/> If owned please attach Supporting List for Assets [TCF 0022]	<b>Total</b>	

H. Miscellaneous Assets <input type="checkbox"/> None If you own any of the assets identified below, please check the appropriate box and attach Supporting List for Assets [TCF 0022 to report the value.			
<input type="checkbox"/> Business Interests	<input type="checkbox"/> Stock Options	<input type="checkbox"/> Money/Loans owed to you	<input type="checkbox"/> IRS Refunds due to you
<input type="checkbox"/> Country Club & Other Memberships	<input type="checkbox"/> Livestock, Crops, Farm Equipment	<input type="checkbox"/> Pending lawsuit or claim by you	<input type="checkbox"/> Accrued Paid Leave (sick, vacation, personal)
<input type="checkbox"/> Oil and Gas Rights	<input type="checkbox"/> Vacation Club Points	<input type="checkbox"/> Safety Deposit Box/Vault	<input type="checkbox"/> Trust Beneficiary
<input type="checkbox"/> Frequent Flyer Miles	<input type="checkbox"/> Education Accounts	<input type="checkbox"/> Health Savings Accounts	<input type="checkbox"/> Mineral and Water Rights
<input type="checkbox"/> Other -	<input type="checkbox"/> Other -	<input type="checkbox"/> Other -	<input type="checkbox"/> Other -
<b>Total</b>			\$

I. Separate Property <input type="checkbox"/> None <input type="checkbox"/> If owned please attach Supporting List for Assets[TCF 0022] to identify the property and to report the value.	<b>Total</b>	\$
--	--------------	----

<b>Total Value/Balance of All Assets (A – I)</b>	\$
--	----

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.<sup>1</sup>

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.<sup>2</sup>

**VERIFICATION AND ACKNOWLEDGMENT**

I, \_\_\_\_\_, swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Montana on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public or other person authorized to administer oath.

My commission expires: \_\_\_\_\_

---

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, do hereby certify that a true and accurate copy of the  Petitioner's  Respondent **Sworn Financial Statement** was filed with the Court and simultaneously mailed to the opposing parties on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the addresses given below.

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

Signature

\_\_\_\_\_

<sup>1</sup> The Court considers Montana law, §40-4-252, M.C.A. pursuant to CSKT Laws Codified, §4-1-104(1).  
<sup>2</sup> *Id.*