

AOC-238.1 Doc. Code DSPV  
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Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
FCRPP 2 and FCRPP 3



PRELIMINARY  FINAL VERIFIED  
DISCLOSURE STATEMENT\*

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

**\*FOR PARTIES WITH COMBINED INCOME LESS THAN \$100,000 AND COMBINED ASSETS LESS THAN \$100,000**

IN RE THE MARRIAGE OF:

\_\_\_\_\_

PETITIONER

and

\_\_\_\_\_

RESPONDENT

Petitioner  Respondent submits under oath the following Verified Disclosure Statement pursuant to FCRPP 2 **OR** FCRPP 3, which requires full and prompt disclosure of the following information:

**NOTE: A response of "see attached" is not appropriate for any portion of this statement. Attach documents requested herein only.**

**I. IDENTIFYING INFORMATION OF BOTH PARTIES**

Petitioner

Respondent

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_ Phone #: \_\_\_\_\_

Age: \_\_\_\_ Phone #: \_\_\_\_\_

**II. INCOME AND EMPLOYMENT INFORMATION OF BOTH PARTIES** *(If self-employed name of company and adjusted gross monthly income)*

Petitioner

Respondent

Employer Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

**III. MARRIAGE INFORMATION**

Date of Marriage: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Place of Marriage (city, county & state): \_\_\_\_\_

**IV. CHILDREN'S INFORMATION** (If more than 3 children, continue on a separate sheet)

A. Minor children born to parties (number \_\_\_\_\_)

More CHILDREN attached?

Name	Current Age

B. Monthly child care/day care expenses: Cost \$ \_\_\_\_\_ Paid by \_\_\_\_\_

C. Monthly medical, dental and vision insurance for children: Cost \$ \_\_\_\_\_ Paid by \_\_\_\_\_

D. Either party court-ordered to pay child support for a child born before the children born of this marriage?  Yes  No

Paying party \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Children: (List names and ages) \_\_\_\_\_

**V. SUMMARY OF ASSETS & DEBTS**

Do you own any real estate? Yes  No  If yes, put information below.

Do you own any vehicles? Yes  No  If yes, put information below.

Do you have any bank accounts or savings? Yes  No  If yes, put information below.

Do you have assets in a safety deposit box? Yes  No  If yes, put information below.

Do you have any stocks, bonds, etc.? Yes  No  If yes, put information below.

Do you have any retirement account, IRA, 401k? Yes  No  If yes, put information below.

Do you have any cash value in life insurance? Yes  No  If yes, put information below.

Do you own any interest in a business? Yes  No  If yes, put information below.

Are there any other assets? Yes  No  If yes, put information below.

Are there assets held for another person, including children Yes  No  If yes, put information below.

Have you and your spouse already divided your household goods and personal property? Yes  No

Item 1:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Item 2:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Item 3:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

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Disclosure of \_\_\_\_\_  
Case No. \_\_\_\_\_

Item 4:

Item Description: \_\_\_\_\_  
Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_  
Is this a leased vehicle/asset?  Yes  No *If yes, please complete the following:* Monthly Payment: \_\_\_\_\_  
Lease Term Ends: \_\_\_\_\_

Item 5:

Item Description: \_\_\_\_\_  
Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_  
Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_  
Is this a leased vehicle/asset?  Yes  No *If yes, please complete the following:* Monthly Payment: \_\_\_\_\_  
Lease Term Ends: \_\_\_\_\_

**More OTHER ASSETS attached?**  Yes  No

**Total Values:** \_\_\_\_\_

Do you owe any debts?  Yes  No *If yes, put information below.*

Creditor 1:

Creditor: \_\_\_\_\_  
Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_  
Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 2:

Creditor: \_\_\_\_\_  
Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_  
Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 3:

Creditor: \_\_\_\_\_  
Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_  
Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 4:

Creditor: \_\_\_\_\_  
Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_  
Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 5:

Creditor: \_\_\_\_\_  
Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_  
Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

**More DEBTS attached?**  Yes  No

**Total Debt Balances:** \_\_\_\_\_

Are you claiming a right to maintenance?  Yes  No If yes, complete this expense list:

A. COMMON EXPENSES FOR FAMILY (Party and any children of the marriage)	
FOOD/GROCERIES FOR FAMILY (Non-entertainment)	
HOUSING	
Cable	
Garbage collection	
Electric, gas, propane & oil utilities	
Home maintenance & repairs	
Homeowner's insurance	
Household supplies	
Maid service	
Property taxes	
Rent or 1st mortgage	
2nd mortgage/home equity loan	
Telephone	
Mobile phone	
Vet/pet supplies	
Yard expense/maintenance	
Water/sewage	
TRANSPORTATION	
Gas and oil	
Liability insurance	
License/taxes/tag	
Payment/loan	
Repairs/maintenance	
Other – bus, taxi, tolls & parking	
OTHER FAMILY EXPENSES (list):	
Sub-total from attached other family expenses, if needed <input type="checkbox"/> Attached	
SUBTOTAL (Column A)	\$ 0.00

B. YOUR PERSONAL EXPENSES (not including any children's expenses)	
Church and charitable donations	
Clothing	
Cosmetics, hygiene & toiletries	
Disability insurance	
Dry cleaning & laundry	
Entertainment, including restaurants & movies	
Hair care (barber, salon, etc.)	
Internet access	
Life insurance (whole life or term)	
Manicures & pedicures	
Newspapers, magazines & books	
Professional dues or uniforms	
Sports, exercise, hobbies, crafts, etc.	
Travel (monthly average)	
MEDICAL	
Dental (including orthodontics)	
Eyeglasses, contacts & hearing aids, exams and testing	
Insurance (hospitalization)	
Medical doctor(s)	
Prescription medication	
OTHER PERSONAL EXPENSES (list):	
Sub-total from attached other personal expenses, if needed <input type="checkbox"/> Attached	
SUBTOTAL FROM COLUMN B	\$ 0.00
SUBTOTAL FROM COLUMN A	\$ 0.00
SUBTOTAL FROM CHILDREN'S EXPENSE LIST ATTACHMENT	
GRAND TOTAL OF COLUMN A, B, AND ATTACHMENTS	\$ 0.00

**VERIFICATION**

I, \_\_\_\_\_, declare under penalty of perjury that the information contained herein, including the information provided on any schedules and attachments, is true and accurate to the best of my knowledge, information and belief. Further, I acknowledge that I have read the foregoing instructions and have followed those instructions to the best of my ability.

Petitioner  Respondent {check one}

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS

Subscribed and sworn before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_,

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

\_\_\_\_\_  
NOTARY PUBLIC/TITLE

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of this **Verified Disclosure Statement** (with schedules and attachments) was served by  mail, postage prepaid, or  hand-delivery, or  electronic means, in accordance with Kentucky Rule of Civil Procedure (CR) 5.02, on (name) \_\_\_\_\_ at (address) \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature

Attorney for Petitioner  Attorney for Respondent  
 Petitioner  Respondent

Address:

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

Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**\*NOTE**

When this form is utilized as an AOC-238.1, Simplified Preliminary Verified Disclosure Statement, unless otherwise ordered by the Court or required by Local Rule, this form is NOT to be filed with the Court. FCRPP 2(3). However, the entire form and all attachments are to be exchanged between the parties within 45 days of service of the petition on the respondent, and objections thereto shall be exchanged within 20 days thereafter.

When this form is utilized as an AOC-239.1, Simplified Final Verified Disclosure Statement, pursuant to FCRPP 3(3), this form is to be filed with the Court no later than 5 days prior to the trial if property matters are in dispute at that trial. However, the parties may file an Affidavit of No Change In Circumstances, AOC- 239.2, if the AOC-238.1, Simplified Preliminary Verified Disclosure Statement was filed with the Court. A copy of the Final Verified Disclosure Statement or the Affidavit, together with any supporting documentation, shall be provided to the opposing party 15 days prior to trial unless otherwise ordered by the Court.