**UNION COUNTY SUPPLEMENTAL INFORMATION DISCLOSURE FORM**

(This form **MUST** be completed in full and submitted with each new or reopened divorce or dissolution matter. **LEAVE NO BLANK SPACES**. If a question does not apply enter *n/a* on the line. **Incomplete forms will result in delays and/or possible contempt sanctions.)**

**PERSONAL INFORMATION**:

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (if safety concerns exist, state information excluded for safety concerns)

How long at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of individuals residing with you at this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Your date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 If this is a reopen, date Decree was entered: \_\_\_\_\_\_\_\_\_\_\_\_

**CHILDREN**:

How many children were born or adopted as issue of this relationship? \_\_\_\_\_\_\_\_\_\_\_ (enter #)

 Name Date of birth

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

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

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

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

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

**If any child was born while the parties were not married, has paternity been established through a Court proceeding or by an acknowledgement of paternity pursuant to *R.C. § 3111.31*? \_\_\_\_\_ Yes \_\_\_\_\_ No.**

**If yes, how was paternity established and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INCOME INFORMATION**:

Current employer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long with this employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Job description currently: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overtime available: Yes or No (circle one)

 If yes, state the amount of OT shown paid on last pay advice of last year: \_\_\_\_\_\_\_\_\_\_\_

How often are you paid: monthly, bi-weekly, weekly, twice per month (24 pays/yr) (circle one)

What is withheld from wages? (circle all that apply): taxes, health ins, dental, vision, 401(k),

 other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (describe other withholdings)

If nothing is withheld, do you receive a 1099 at the end of the year? Yes or No (circle one)

**ATTACH COPY OF MOST RECENT THREE MONTHS PAY ADVICES**

**IF SELF-EMPLOYED, ATTACH INCOME & EXPENSE STATEMENTS FOR LAST TWELVE (12) CONSECUTIVE MONTHS**

**IF 1099 EMPLOYEE ATTACH MOST RECENT 1099 RECEIVED**

**REAL ESTATE:**

Do you have any real estate deeded to you? Yes or No (circle one)

If your name is on a deed to real estate, what is the address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is the real estate deeded to you, subject to a mortgage? Yes or No (circle one)

 If yes, state:

 Name of mortgage company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date mortgage incurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Current balance owed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Monthly payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (does this include principal, interest taxes and insurance (PITI)? Yes or Nor (circle one)

**MOTOR VEHICLES:**

Does your name appear on the title of any motor vehicle? Yes or No (circle one)

 If yes, provide the following information for each such vehicle:

 YEAR MAKE MILES VALUE TITLE INSTRUMENT\*

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

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

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

(\*Indicate if you have a Certificate of Title **or** Memorandum Certificate of Title)

 If you have a Memorandum Certificate of Title, state:

 Vehicle Name of Lienholder Date lien recorded

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

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

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

**RETIREMENT BENEFITS:**

Do you have a 401(k), IRA, Pension (circle one), or other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (describe)

State the value of each as of the most recent statement received:

BENEFIT VALUE ADMINISTRATOR\* WHEN EARNED\*\*

401(k) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRA \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PENSION \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Is there a 3rd party administrating the funds? Name the party, i.e. Fidelity, Schwab etc

\*\*Was any portion of this earned before marriage. State the dates when benefit was earned before the marriage.

**DEBT INFORMATION**

Are you obligated on any debts? Yes or No (circle one)

If so, state the name of each creditor, Status: (whether creditor is secured by a lien), amount owed, monthly payment. Attach additional pages, if necessary.

CREDITOR STATUS\* AMOUNT MO PMT PARTY LIABLE\*\*

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

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

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

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

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

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

\*Status of debt: indicate if debt is secured (S) or unsecured (U).

\*\*If debt is joint obligation indicate with J. If individual liability indicate with I.

**READ INSTRUCTIONS CAREFULLY. LEAVE NO BLANK SPACES. MAKE SURE TO ATTACH PAY ADVICES, INCOME AND EXPENSE STATEMENTS OR 1099, IF APPLICABLE.**

Form: Union County UCD 1