

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court El Paso County, Colorado Court Address: Combined Courts, Fourth Judicial District 270 South Tejon Colorado Springs, CO 80903	
In re: <input checked="" type="checkbox"/> The Marriage of: William R Jones and Kimberly S Jones <input checked="" type="checkbox"/> Parental Responsibilities concerning: William Jr and Kimberly Jr Jones	▲ COURT USE ONLY ▲
Petitioner: William R Jones and Co-Petitioner/Respondent: Kimberly S Jones	
Attorney or Party Without Attorney (Name and Address): John Myers Myers & Walsh, P.C. 4300 Montgomery Street, Suite 400 Colorado Springs, CO 80903 Phone Number: (719) 471-1122 E-mail: jmyers@myerswalsh.com FAX Number: (719) 471-1123 Atty. Reg. #: 12345	Case Number: 07 DR 1234 Division R/10 Courtroom
SWORN FINANCIAL STATEMENT	

I, Kimberly Sue Jones (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? 04/2002

I am unemployed due to disability involuntary layoff at work other: Care for our young children

This household consists of 1 adult(s), and 2 minor child(ren).

I believe the monthly gross income of the other party is \$14308.85.

Annual gross income (last tax year) for Petitioner \$ 171706.26, Co-Petitioner/Respondent \$ 1471.26

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 commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	\$14.58	Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based)	\$0.00
Unemployment & Veterans' Benefits	0.00	Disability, Workers' Compensation	0.00
Pension & Retirement Benefits	0.00	Interest & Dividends	56.36
Public Assistance (TANF)	0.00	Other -	0.00
Total Monthly Income			\$70.94
Miscellaneous Income			
Royalties, Trusts, and Other Investments	\$0.00	Contributions from Others	\$
Dependent Children's monthly gross income. Source of Income:	0.00	All other sources, i.e. personal injury settlement, non-reported income, etc.	0.00
Rental Net Income	-139.82	Expense Accounts	0.00
Child Support from Others	0.00	Other – Gas Drilling Interest	51.66
Spousal Support from Others	0.00	Other –	0.00
Total Monthly Miscellaneous Income			\$-88.16

Total Income	\$-17.22
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2. Monthly Deductions (Mandatory and Voluntary)

Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax	\$0.00	State/Local Income Tax	\$0.00
PERA/Civil Service	0.00	Social Security Tax	0.00
Medicare Tax	0.00	Other -	0.00
Total Mandatory Deductions			\$0.00
Voluntary Deductions	Cost Per Month		Cost Per Month
Life and Disability Insurance	\$0.00	Stocks/Bonds	\$0.00
Health, Dental, Vision Insurance Premium	0.00	Retirement & Deferred Compensation	0.00
Total number of people covered on Plan →	0		
Child Care	0.00	Other -	0.00
Flex Benefit Cafeteria Plan	0.00	Other -	0.00
Total Voluntary Deductions			\$0.00
Total Monthly Deductions			\$0.00

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 st Mortgage	\$1,445.00	2 nd Mortgage	\$2,245.29
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)	294.32	Condo/Homeowner's/Maintenance Fees	103.96
Rent	78.13	Other –	0.00
Total Housing			\$4,166.70

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	\$230.07	Water, Sewer, Trash Removal	\$94.37
Telephone (local, long distance, cellular & pager)	216.05	Property Care (Lawn, snow removal, cleaning, security system, etc.)	443.15
Internet Provider, Cable & Satellite TV	86.91	Other – Moving Expense	46.67
Total Utilities and Miscellaneous Housing Services			\$1,117.22

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	\$608.68	Dining Out	\$149.83
Total Food & Supplies			\$758.51

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

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$98.26	Dentist and Orthodontist	\$332.46
Medicine & RX Drugs	110.89	Therapist	76.25
Premiums (if not paid by employer)	142.01	Other – Chiro, Phys Therapy, Massage	3.54

Total Health Care	\$763.41
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E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$450.00	Other Vehicle Payments	\$913.61
Fuel, Parking, and Maintenance	289.87	Insurance & Registration/Tax Payments (yearly amount(s)/12)	173.42
Bus & Commuter Fees	0.00	Other – Roadside Assistance	6.40
Total Transportation			\$1,833.30

F. Children's Expenses and Activities

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$114.05	Child Care	\$248.00
Extraordinary Expenses i.e. Special Needs, etc.	540.19	Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	831.24
Tuition	463.55	Other -	0.00
Total Children's Expenses and Activities			\$2,197.03

G. Education for you - Please identify status: Full-time student Part-time student

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.	0.00	Other -	0.00
Total Education			\$0.00

H. Maintenance & Child Support (that you pay)

	Cost Per Month		Cost Per Month
Spousal Maintenance		Child Support	
<input type="checkbox"/> This family	\$0.00	<input type="checkbox"/> This family	\$0.00
<input type="checkbox"/> Other family	0.00	<input type="checkbox"/> Other family	0.00
Total Maintenance and Child Support			\$0.00

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

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$187.40	Personal Care (Hair, Nail, Clothing, etc.)	\$495.54
Legal/Accounting Fees	1013.13	Subscriptions (Newspapers, Magazines, etc.)	1.24
Charity/Worship	588.83	Movie & Video Rentals	11.63
Vacation/Travel/Hobbies	652.35	Investments (Not part of payroll deductions)	2927.01
Membership/Clubs	63.49	Home Furnishings	500.16
Pets/Pet Care	0.00	Sports Events/Participation	16.38
Other – Bank Charges	183.02	Other - Electronics	233.39
Other - Gifts	80.84	Other – Household Equipment & Supplies	637.95
Other – Other Insurance	21.17	Other – Postage & Correspondance	46.54
Other – Loans to friends	115.83	Other -	
Total Miscellaneous			\$7,775.90
Total Monthly Expenses (Totals from A – I)			\$18,612.07

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, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

Name of Creditor	Account Number (last 4-digits only)	P	C/R	J	Date of Balance	Balance	Minimum Monthly Payment Required	Principal Purchase(s) for Which Debt Was Incurred
Bank of America Card	1234	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/30/07	\$115.93	\$15.00	Household
Capital One Card	1234	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9/30/07	192.66	18.00	Household
Citi Card	1234	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/30/07	5,650.29	238.00	Household
Integrity Bank	1234	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9/30/07	7,250.00	125.00	Landscaping
		<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"/>				
Unsecured Debt Balance						\$13,208.88	\$396.00	→Total Minimum Monthly Payment

SWORN FINANCIAL STATEMENT SUMMARY (INCOME/EXPENSES)

Total Income (from Page 1)	\$ -17.22	A
Total Monthly Deductions (from Page 2)	\$ 0.00	B
Total Monthly Net Income (A minus B)	\$ -17.22	
Total Monthly Expenses (from Page 3)	\$ 18,612.07	C
Total Minimum Monthly Payment Required - Debts Unsecured (from Page 4)	\$ 396.00	D
Total Monthly Expenses and Payments (C plus D)	\$ 19,008.07	

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments)	(+/-) \$ -19,025.29
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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 5 & 6 to identify your assets, if necessary.

If the parties are married, check under the heading Joint (J) all assets acquired during the marriage but not by gift or inheritance. Under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage and assets acquired by gift or inheritance.

If the parties were NEVER married to each other or are using this form to modify child support, list all of each party's assets under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R).

"P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

A. Real Estate (Address or Property Description and Name of Creditor/Lender) <input type="checkbox"/> None	P	C/R	J	Amount Owed	Estimated Value as of Today. Value = what you could sell it for in its current condition.	Net Value/Equity
Primary Residence: 5596 Front St; Colorado Springs, CO; GMAC (& GMAC Home Equity Loan)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$220,822.85	\$327,000	\$106,177.15
Undeveloped Land: 82 Westview Ln; Falcon, CO; 1 st Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	113,850.00	160,000.00	46,150.00
Total				\$334,672.85	\$487,000.00	\$152,327.15
B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> None	P	C/R	J	Amount Owed	Estimated Value as of Today. Value = what you could sell it for in its current condition.	Net Value/Equity
2006 Honda Odyssey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8,950.00	28,655.00	19,705.00
2004 Ford Explorer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8,208.00	15,890.00	7,682.00
ATV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,024.83	9,000.00	7,975.17
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.00
Total				\$18,182.83	\$53,545.00	\$35,362.17
C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	P	C/R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
Cash on Hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A		\$200.00
Checking - Bank USA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Checking	1234	8,018.75
Checking - One Bank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Checking	5678	1,840.07
Savings - Bank USA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Savings	5555	7,500.00
Total						\$17,558.82
D. Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None	P	C/R	J	Type of Policy	Face Amount of Policy	Cash Value today
Protective/Kimmy Jr. and Billy Jr.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	term	\$100,000.00	\$0.00
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Total					\$100,000.00	\$0.00		
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	C/R	J	Current Possession Held by			Estimated Value as of Today. Value = what you could sell it for in its current condition.	
				P	C/R	J		
Household furnishings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$10,000.00	
	<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"/>		
Total							\$10,000.00	
F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input type="checkbox"/> None <input checked="" type="checkbox"/> If owned please attach JDF 1111-SS.					Total		\$502,649.00	
G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input checked="" type="checkbox"/> If owned please attach JDF 1111-SS.					Total		\$67,875.00	
H. Miscellaneous Assets <input checked="" type="checkbox"/> None If you own any of the assets identified below, please check the appropriate box and attach JDF 1111-SS 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 checked="" 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 checked="" type="checkbox"/> Oil and Gas Rights	<input type="checkbox"/> Vacation Club Points	<input checked="" type="checkbox"/> Safety Deposit Box/Vault	<input type="checkbox"/> Trust Beneficiary					
<input type="checkbox"/> Frequent Flyer Miles	<input checked="" 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 -					
Total							\$35,710.00	
I. Separate Property <input type="checkbox"/> None <input checked="" type="checkbox"/> If owned please attach JDF 1111-SS to identify the property and to report the value.					Total		\$19000.00	
Total Value/Balance of All Assets (A – I)							\$840,482.14	

I swear or affirm under oath that this Sworn Financial Statement, attached schedules, and mandatory disclosures contain a complete disclosure of my income, expenses, assets, and debt as of the date of my signature. 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 this oath is made under penalty of perjury. 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.

Date: 9/10/07

Signature of Petitioner or Co-Petitioner/Respondent

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public/Deputy Clerk