

# Give financial information in a family law case

## **Author**

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If your family law case involves money, you'll need to give the judge information about your finances. Do this by filing a Financial Declaration form and proof of your income. You can file paystubs, tax returns, and other personal financial information under a sealed cover sheet to protect your privacy. (Forms and instructions)

Form attached:

**Financial Declaration of (name):** \_\_\_\_\_ (FL All Family 131)

Form attached:

**Sealed Cover Sheet – Confidential** (All Civil 040)

## **What is a Financial Declaration?**

A Financial Declaration is a statement about your income, assets, and expenses. It may also include information about the other party's income.

File a Financial Declaration when the judge will be making decisions about money in a family law case. This could be for:

- Child support
- Alimony (called spousal maintenance)
- Dividing property in a divorce
- Fees and costs for the case

You may need to file a Financial Declaration at the beginning of your case, when filing or responding to a motion for temporary orders, or to prepare for trial.

### **What other financial information do I need?**

Financial records can help prove to the judge that what you're saying in your Financial Declaration is true. Local court rules ([http://www.courts.wa.gov/court\\_rules/?fa=court\\_rules.localsupbycrt](http://www.courts.wa.gov/court_rules/?fa=court_rules.localsupbycrt)) may also require you to file certain kinds of financial records about your income, such as taxes, paystubs, or W-2s.

Usually, you **don't** have to show proof of your expenses unless the judge or the other party questions them.

If health issues have limited your ability to work, you may want to file health records to prove it.

### **How do I keep my information private?**

Both financial and health records have sensitive personal information. You can file those records under a Sealed Cover Sheet to keep them confidential. You can also black out (redact) information that you don't want anyone to see,

like your social security number or your address, if it's confidential.

Using a Sealed Cover Sheet keeps your records away from the public. You still must give a copy of anything you file with the court to the person/s on the other side of your case.

### **What information do I need?**

It's helpful to have your most recent paystubs, taxes, or benefits statements with you when filling out your Financial Declaration. If your paychecks vary, you may want to add up the past 6 months or a year and calculate the average monthly amount.

You must put how much you spend each month on:

- housing
- utilities
- food
- health care
- transportation
- children's expenses
- other household and personal expenses.
- debt payments

Have bills or statements handy for reference. It's okay to estimate.

### **Step-by-step**

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If you're filing a Financial Declaration with a motion or other forms, follow the instructions with those forms for making copies and filing and serving all the

papers together. If you're just filing the Financial Declaration and proof of income or health records, follow these steps:

1. **Fill out and sign** the Financial Declaration (and Sealed Cover Sheet, if needed). You can fill out the forms online or print them. If you're filing any health records or proof of income, number each page and attach them to the Sealed Cover Sheet. Check the boxes on the Sealed Cover Sheet that describe the documents you're attaching.
2. **Make at least 2 copies** of your completed forms and any attachments. Make more if needed. You'll need one copy for yourself, plus one for each other party to the case. Sometimes you need an extra copy for the judge.
3. **File** your papers with the court clerk.
4. **Arrange to mail or deliver the papers to the other parties.** Have your server fill out a Proof of Mailing and Hand Delivery.
5. **Deliver a set of working copies to the judge, if needed.**
6. **File** Proof of Mailing and Hand Delivery with the court clerk.

**WashingtonLawHelp.org** gives general information. It is not legal advice. Find organizations that provide free legal help on our Get legal help page.

Superior Court of Washington, County of \_\_\_\_\_

In re:

Petitioner/s *(person/s who started this case)*:

\_\_\_\_\_

And Respondent/s *(other party/parties)*:

\_\_\_\_\_

No. \_\_\_\_\_

Financial Declaration of

*(name)*: \_\_\_\_\_

(FNDCLR)

## Financial Declaration

### 1. Your personal information

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

Highest year of education you completed: \_\_\_\_\_ Your job/profession is: \_\_\_\_\_

Are you working now?

☐ Yes. List the date you were hired *(month / year)*: \_\_\_\_\_

☐ No. List the last date you worked *(month / year)*: \_\_\_\_\_

What was your monthly pay *before* taxes: \$ \_\_\_\_\_

Why are you not working now? \_\_\_\_\_

### 2. Summary of your financial information

*(Complete this section after filling out the rest of this form.)*

|                                                                                     |    |
|-------------------------------------------------------------------------------------|----|
| 1. Total Monthly Net Income <i>(copy from section 3, line C. 3.)</i>                | \$ |
| 2. Total Monthly Expenses After Separation <i>(copy from section 7, line I.)</i>    | \$ |
| 3. Total Monthly Payments for Other Debts <i>(copy from section 9)</i>              | \$ |
| 4. Total Monthly Expenses + Payments for Other Debts <i>(add line 2 and line 3)</i> | \$ |
|                                                                                     |    |
| Gross Monthly Income of <b>Other Party</b> <i>(copy from section 3. A.)</i>         | \$ |

### 3. Income

List monthly income and deductions below for you and the other person in your case. If your case involves child support, this same information is required on your *Child Support Worksheets*. If you do not know the other person's financial information, give an estimate.

**Tip:** If you do not get paid once a month, calculate your *monthly* income like this:

Monthly income = Weekly x 4.3 **or** 2-week x 2.15 **or** Twice a month x 2

| <b>A. Gross Monthly Income</b> (before taxes, deductions, or retirement contributions)            |     |             |
|---------------------------------------------------------------------------------------------------|-----|-------------|
|                                                                                                   | You | Other Party |
| Monthly wage / salary                                                                             |     |             |
| Income from interest / dividends                                                                  |     |             |
| Income from business                                                                              |     |             |
| Spousal support / maintenance <b>received</b><br>(Paid by: _____)                                 |     |             |
| Other income                                                                                      |     |             |
| <b>Total Gross Monthly Income</b> (add all lines above)                                           |     |             |
| Total gross income for this year before deductions<br>(starting January 1 of this year until now) |     |             |

| <b>B. Monthly Deductions</b>                                                |     |             |
|-----------------------------------------------------------------------------|-----|-------------|
|                                                                             | You | Other Party |
| Income taxes (federal and state)                                            |     |             |
| FICA (Soc.Sec. + Medicare) or self-employment taxes                         |     |             |
| State Industrial Insurance (Workers' Comp.)                                 |     |             |
| Mandatory union or professional dues                                        |     |             |
| Mandatory pension plan payments                                             |     |             |
| Voluntary retirement contributions (up to the limit in RCW 26.19.071(5)(g)) |     |             |
| Spousal support / maintenance <b>paid</b>                                   |     |             |
| Normal business expenses                                                    |     |             |
| <b>Total Monthly Deductions</b> (add all lines above)                       |     |             |

| <b>C. Net Monthly Income</b>                       |     |             |
|----------------------------------------------------|-----|-------------|
|                                                    | You | Other Party |
| 1. Total Gross Monthly Income (from A above)       |     |             |
| 2. Total Monthly Deductions (from B above)         |     |             |
| <b>3. Net Monthly Income</b> (Line 1 minus Line 2) |     |             |

#### 4. Other Income and Household Income

**Tip:** If this income is not once a month, calculate the *monthly* amount like this:  
Monthly income = Weekly x 4.3 or 2-week x 2.15 or Twice a month x 2

| <b>A. Other Income</b> (Do not repeat income you already listed on page 2.) |     |             |
|-----------------------------------------------------------------------------|-----|-------------|
|                                                                             | You | Other Party |
| Child support <b>received</b> from other relationships                      |     |             |
| Other income (From: _____)                                                  |     |             |
| Other income (From: _____)                                                  |     |             |
| <b>Total Other Income</b> (add all lines above)                             |     |             |

| <b>B. Household Income</b> (Monthly income of other adults living in the home)     |           |                    |
|------------------------------------------------------------------------------------|-----------|--------------------|
|                                                                                    | Your Home | Other Party's Home |
| Other adult's gross income<br>(Name: _____)                                        |           |                    |
| Other adult's gross income<br>(Name: _____)                                        |           |                    |
| <b>Total Household Income</b> of other adults in the home<br>(add all lines above) |           |                    |

#### 5. Disputed Income – If you disagree with the other party's statements about anyone's income, explain why the other party's statements are not correct, and your statements are correct:

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#### 6. Available Assets

| <b>List your liquid assets, like cash, stocks, bonds, that can be easily cashed.</b> |    |
|--------------------------------------------------------------------------------------|----|
| Cash on hand and money in all checking & savings accounts                            | \$ |
| Stocks, bonds, CDs and other liquid financial accounts                               | \$ |
| Cash value of life insurance                                                         | \$ |
| Other liquid assets                                                                  | \$ |
| <b>Total Available Assets</b> (add all lines above)                                  |    |

## 7. Monthly Expenses After Separation

Tell the court what your monthly expenses are (or will be) after separation. If you have dependent children, your expenses must be based on the parenting plan or schedule you expect to have for the children.

|                                                                                      |  |                                                                                          |  |
|--------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| <b>A. Housing Expenses</b>                                                           |  | <b>F. Transportation Expenses</b>                                                        |  |
| Rent / Mortgage Payment                                                              |  | Automobile payment ( <i>loan or lease</i> )                                              |  |
| Property Tax (if not in monthly payment)                                             |  | Auto insurance, license, registration                                                    |  |
| Homeowner's or Rental Insurance                                                      |  | Gas and auto maintenance                                                                 |  |
| Other mortgage, contract, or debt payments based on equity in your home              |  | Parking, tolls, public transportation                                                    |  |
| Homeowner's Association dues or fees                                                 |  | Other transportation expenses                                                            |  |
| Total Housing Expenses                                                               |  | Total Transportation Expenses                                                            |  |
| <b>B. Utilities Expenses</b>                                                         |  | <b>G. Personal Expenses</b> (not children's)                                             |  |
| Electricity and heating (gas and oil)                                                |  | Clothes                                                                                  |  |
| Water, sewer, garbage                                                                |  | Hair care, personal care                                                                 |  |
| Telephone(s)                                                                         |  | Recreation, clubs, gifts                                                                 |  |
| Cable, Internet                                                                      |  | Education, books, magazines                                                              |  |
| Other ( <i>specify</i> ):                                                            |  | Other Personal Expenses                                                                  |  |
| Total Utilities Expenses                                                             |  | Total Personal Expenses                                                                  |  |
| <b>C. Food and Household Expenses</b>                                                |  | <b>H. Other Expenses</b>                                                                 |  |
| Groceries for ( <i>number of people</i> ): _____                                     |  | Life insurance (not deducted from pay)                                                   |  |
| Household supplies (cleaning, paper, pets)                                           |  | Other ( <i>specify</i> ):                                                                |  |
| Eating out                                                                           |  | Other ( <i>specify</i> ):                                                                |  |
| Other ( <i>specify</i> ):                                                            |  | Other ( <i>specify</i> ):                                                                |  |
| Total Food and Household Expenses                                                    |  | Total Other Expenses                                                                     |  |
| <b>D. Children's Expenses</b>                                                        |  | <b>List all Total Expenses from above:</b>                                               |  |
| Childcare, babysitting                                                               |  | A. Total Housing Expenses                                                                |  |
| Clothes, diapers                                                                     |  | B. Total Utilities Expenses                                                              |  |
| Tuition, after-school programs, lessons                                              |  | C. Total Food and Household Expenses                                                     |  |
| Other expenses for children                                                          |  | D. Total Children's Expenses                                                             |  |
| Total Children's Expenses                                                            |  | E. Total Health Care Expenses                                                            |  |
| <b>E. Health Care Expenses</b>                                                       |  | F. Total Transportation Expenses                                                         |  |
| Insurance premium (health, vision, dental)                                           |  | G. Total Personal Expenses                                                               |  |
| Health, vision, dental, orthodontia, mental health expenses not covered by insurance |  | H. Total Other Expenses                                                                  |  |
| Other health expenses not covered by insurance                                       |  | <b>I. All Total Expenses</b> (add A - H above)                                           |  |
| Total Health Care Expenses                                                           |  | Use section <b>10</b> below to explain any unusual expenses, or attach additional pages. |  |

**8. Debts included in Monthly Expenses listed in section 7 above**

| Debt for what expense<br>(mortgage, car loan, etc.) | Who do you owe<br>(Name of creditor) | Amount you owe this<br>creditor now | Last Monthly<br>Payment made |
|-----------------------------------------------------|--------------------------------------|-------------------------------------|------------------------------|
|                                                     |                                      | \$                                  | Date:                        |
|                                                     |                                      | \$                                  | Date:                        |
|                                                     |                                      | \$                                  | Date:                        |
|                                                     |                                      | \$                                  | Date:                        |

**9. Monthly payments for other debts (not included in expenses listed in section 7)**

| Describe Debt<br>(credit card, loan, etc.) | Who do you owe<br>(Name of creditor) | Amount you owe<br>this creditor now | Last Monthly Payment<br>(Date and Amount) |    |
|--------------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------------|----|
|                                            |                                      | \$                                  | Date:                                     | \$ |
|                                            |                                      | \$                                  | Date:                                     | \$ |
|                                            |                                      | \$                                  | Date:                                     | \$ |
|                                            |                                      | \$                                  | Date:                                     | \$ |
|                                            |                                      | \$                                  | Date:                                     | \$ |
|                                            |                                      | \$                                  | Date:                                     | \$ |
| Total Monthly Payments for Debts           |                                      |                                     |                                           |    |

**10. Explanation of expenses or debts (if any needed):**

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**11. Lawyer Fees**

List your total lawyer fees and costs for this case as of today.

|                         |    |                                                                                                                                              |
|-------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------|
| Amount paid             | \$ | <b>Source</b> of the money you used to pay these fees and costs:<br><br>Describe your agreement with your lawyer to pay your fees and costs: |
| Amount still owed       | \$ |                                                                                                                                              |
| <b>Total Fees/Costs</b> | \$ |                                                                                                                                              |

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at (city and state): \_\_\_\_\_ Date: \_\_\_\_\_

► \_\_\_\_\_  
Sign here Print name

**Financial Records** – You must provide financial records as required by statute and state and local court rules. These records may include:

- Personal Income Tax Returns
- Partnership or Corporate Income Tax Returns
- Pay stubs
- Other financial records

**Important!** Do not attach financial records to this form. Financial records should be served on the other party and filed with the court separately using the *Sealed Financial Source Documents* cover sheet (FL All Family 011). If filed separately using the cover sheet, the records will be sealed to protect your privacy (although they will be available to all parties and lawyers in this case, court personnel and certain state agencies and boards.) See GR 22(c)(2).

Superior Court of Washington, County of \_\_\_\_\_

In re:

Petitioner/s (*person/s who started this case*):

\_\_\_\_\_

And Respondent/s (*other party/parties*):

\_\_\_\_\_

No. \_\_\_\_\_

**Sealed Cover Sheet – Confidential:**

(*check one*)

☐ Sealed Financial Source Documents  
(SEALFN)

☐ Sealed Personal Health Care Records  
(SEALPHC)

☐ Sealed Confidential Report (SEALRPT)

**Court Clerk:** *This is a Restricted Access Document. Do not file in a public access file.*

**Sealed Cover Sheet – Confidential**

**Important!** Use this cover sheet as **page 1** of a separate filing. Check document/s below. Write “Confidential” at least one inch from the top of the first page of each attached document. For use only in family law, guardianship, and protection order cases.

☐ Financial Source Documents (SEALFN) (*describe*) \_\_\_\_\_

☐ Health Care Records (SEALPHC)

☐ Medical/Psychological Report (SEALRPT)

☐ Court Visitor/Guardian ad Litem Report (SEALRPT)

☐ Social Security Representative Payee Report (SEALRPT)

☐ Other \_\_\_\_\_

Submitted by:



Signature

Print Name

☐WSBA ☐CPG#

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