

INSTRUCTIONS AND FORM FOR FINANCIAL STATEMENT

If you have any legal questions while completing this form, it is highly recommended that you consult with an attorney. Court staff are unable to provide legal advice or assist with form completion. For specific questions related to the forms, you can also contact the Legal Form Help Line at 1-855-784-0004 or email UJS staff at ujssrlhelp@ujss.state.sd.us.

To complete this form, you will need to:

- 1) Plaintiff and Defendant each will need to complete their own Financial Statement.
- 2) Complete the caption by filling in the name of the county you are filing in, the judicial circuit number, name of the Plaintiff and Defendant on the lines provided, case filing number, and check if you are the Plaintiff or Defendant. The Clerk will provide you with a case number at the time of filing. You can find your circuit number on the [Unified Judicial System Website](#).
- 3) Provide your full name on the first line provided.
- 4) **Number 1 Monthly Income** (a through g) – Enter your gross monthly income for any income you receive.
- 5) **Number 2 Employment** – Indicate your employment status.
- 6) **Number 3 Monthly Expenses** (a through g) – Enter your monthly expenses (housing, utilities, food, ect.), and the average cost of that expense.
- 7) **Number 4 Annual Income** (a and b) – Enter your annual income before taxes in box (a) and your annual income after taxes in box (b).
- 8) **Number 5 Anticipated Income** – List any anticipated income, such as income from the sale of a house, land, gifts, inheritances, ect., you are expecting to receive.
- 9) **Number 6 Dependents** – List the number of dependents, if any, that you have.
- 10) **Number 7 Insurance** (a through e) - Indicate if you have insurance and if so the name, monthly cost for just you, monthly cost for you and your child(ren), if applicable, and all names of persons covered under the insurance.
- 11) **Number 8 Assets** (a through k) – list the total fair market value of any asset that you may have.
- 12) **Number 9 Liabilities** (a through j) - Number 19 is your total monthly deductions.
 - a) List the name of who you owe money to;
 - b) The total outstanding balance; and
 - c) Your monthly payment of the liability.
- 13) **Number 10 Childcare Costs** (a through g) – Indicate if you incur childcare cost, and if yes, complete line items a through g.
- 14) **Number 11 Benefits** (a and c) – Indicate if you receive any benefits such as social security or veteran benefits that are provided to the child(ren). If yes list the amount and which parent receives the payment for the child(ren)
- 15) Sign and date.

COUNTY OF _____

_____ JUDICIAL CIRCUIT

| | |
|--|---|
| _____ Plaintiff v. _____ Defendant | Case No.: _____ <p style="text-align: center;">FINANCIAL STATEMENT</p> <p style="text-align: center;"><input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT</p> |
|--|---|

I, _____, an above-named party, hereby state under penalty of law that the following is true pursuant to SDCL 18-7-6.

1) **Monthly Income**

| | | Per Month Amount |
|----|---|---|
| a) | (If employed) My monthly take home pay is: | \$ _____ |
| b) | My pension, retirement, disability, veterans, social security, or insurance payments I receive total: | \$ _____ |
| c) | My rental income, interest, dividends, royalties, or other gains is: | \$ _____ |
| d) | I receive unemployment insurance and workers compensation benefits of: | \$ _____ |
| e) | Do you receive Public Assistance? If Yes, list which type(s) you receive and the total amount: _____ | <input type="checkbox"/> Yes or <input type="checkbox"/> No \$ _____ |
| f) | Gain from sale, trade or conversion of capital assets is: | \$ _____ |
| g) | Other income (including spousal support) is: Explain: _____ | \$ _____ |
| → | TOTAL MONTHLY INCOME (add columns 3-8) | \$ _____ |

2. **Employment** (Check One)

I am (check one) Employed Unemployed Self-Employed

- 3) **Monthly Expenses** – Housing, utilities, insurance, food, etc. List the items you pay and what you pay/your share of pay you are responsible for.

| | | Monthly Payment |
|---|--|------------------------|
| a) | | \$ |
| b) | | \$ |
| c) | | \$ |
| d) | | \$ |
| e) | | \$ |
| f) | | \$ |
| g) | | \$ |
| TOTAL MONTHLY EXPENSES (add all monthly payments together) | | \$ |

- 4) **Annual Income** **Yearly**

| | |
|--|----|
| My total income before deductions for last year was: | \$ |
| My total income after deductions last year was: | \$ |

- 5) **Anticipated Income**

| | |
|---|----|
| Total monies or income from sale of house or land, gifts, inheritance, allotments, trust funds, lease money, etc. | \$ |
|---|----|

- 6) **Dependents**

| | |
|--|--|
| Including myself, I have the following number of dependents. | |
|--|--|

- 7) **Insurance**

| | | |
|----|---|---|
| a) | Do you have health insurance available for dependents through your employer, Yes or No. If you provide health or dental care for your child(ren) complete this section. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) | Name of the health and/or dental insurance _____ | |
| c) | Total monthly cost for the employee only: | \$ |
| d) | Total monthly cost for the employee and child(ren): | \$ |
| e) | Persons covered under the policy: _____ _____ | |

- 8) **Assets** **Value**

| | | |
|----|--|----|
| a) | Cash on hand/in the bank | \$ |
| b) | Accounts and notes receivable (IOU's and other money payable to me) | \$ |
| c) | Investments (stocks, bonds, savings bonds, CD's, money market, ect.) | \$ |
| d) | Retirement Account Balance | \$ |

| | | |
|---|--|----|
| e) | Real estate (house, land, tribal lease land, rental property, ect.) | \$ |
| f) | Automobile(s) (list the make model and year on the lines. If multiple vehicles, add the value of all vehicles for the total value.) _____ _____ | \$ |
| g) | Recreational vehicles (boats, campers, ATV's ect.) | \$ |
| h) | Household goods (furniture, appliance, TV, ect.) | \$ |
| i) | Other personal property (tools, sports, equipment, jewelry, etc.) | \$ |
| j) | Value of business if business owner | \$ |
| k) | Any other assets (anything else I could sell or borrow money on) | \$ |
| Total Value of Assets (Add value of columns a through k) | | \$ |

9) **Liabilities** – (Money that you owe for any vehicle, mortgage, student or personal loans, credit cards, medical bills, ect.)

| | Name- who you owe | Outstanding balance | Monthly payment |
|----|--------------------------|--|--|
| a) | | \$ | \$ |
| b) | | \$ | \$ |
| c) | | \$ | \$ |
| d) | | \$ | \$ |
| e) | | \$ | \$ |
| f) | | \$ | \$ |
| g) | | \$ | \$ |
| h) | | \$ | \$ |
| i) | | \$ | \$ |
| j) | | \$ | \$ |
| | Total Debts | \$ _____ (combined total of outstanding balances) | \$ _____ (combined total of monthly payments) |

10) Childcare Costs

| | | |
|----|--|--|
| a) | Do you incur childcare costs because of employment, job search, training, or education? If es complete this section. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) | Name of the childcare provider: _____ | |
| c) | Number of children receiving childcare: | |
| d) | Names of child(ren) receiving childcare: _____ _____ _____ | |
| e) | Total amount of childcare costs per month? | \$ |

| | | |
|----|---|--|
| f) | Do you receive assistance for childcare? If yes, how much do you receive per month? | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| g) | Do you claim the Federal Childcare Tax Credit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

11) **Benefits**

| | | |
|----|--|--|
| a) | Are any Social Security or Veteran's Benefits provided to a child(ren) of the parties due to retirement, disability, or other eligibility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) | If yes, how much is received each month? | \$ |
| c) | Name which parent receives the payment for the child(ren)? Name: _____ | |

I declare under penalty of perjury under the law of South Dakota that the foregoing is true and correct.

Signed on the _____ day of _____ at _____, South Dakota
Month City or other location

By: Plaintiff Defendant

Signature

Printed Name

Address

City, State, Zip

Phone Number