

SUPREME COURT OF THE STATE OF NEW YORK
 COUNTY OF

-----X

Plaintiff,

**STATEMENT
 OF NET WORTH
 DATED:**

- against -

Index No.

Defendant.

Date Action Commenced:

-----X

Complete all items, marking "NONE", "INAPPLICABLE" and "UNKNOWN", if appropriate.
 NOTE: If there is any additional information that cannot fit on this form please use rider.

STATE OF NEW YORK)
)ss.:
 COUNTY OF)

_____, the Plaintiff/Defendant, being duly sworn, deposes and states that, subject to the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that I understand that this document may be filed in an action or proceeding in a court of law and the following is a true and accurate statement, except as to matters alleged on information and belief and as to those matters I believe it to be true, as of _____, __, 20__ , of my: (1) net worth (assets of any kind and nature and wherever located minus liabilities), (2) statement of income from all sources, (3) statement of assets transferred of any kind and nature and wherever located, and (4) statement of expenses:

I. FAMILY DATA

	(a)	Plaintiff's date of birth:	
	(b)	Defendant's date of birth:	
	(c)	Date married:	
	(d)	Names and dates of birth of Child(ren) of the marriage:	
	(e)	Minor child(ren) of prior marriage:	
	(f)	Custody of child(ren) of prior marriage:	
	(g)	Plaintiff's present address:	
		Defendant's present address:	

	(h)	Occupation/Employer of Plaintiff:
		Occupation/Employer of Defendant:
	(i)	Any written agreements between the parties (Prenuptial, Postnuptial, Separation, etc.) and date(s) (Attach copies)

II. EXPENSES: (List your current expenses on a monthly basis. To convert weekly expenses to monthly expenses multiply by 4.3. If there has been any change in these expenses during the recent past please indicate). Items included under “other” should be listed separately with separate dollar amounts.)

(a)		Housing: Monthly	
	1.	Mortgage/Co-op Loan	
	2.	Home Equity Line of Credit/Second Mortgage	
	3.	Real Estate Taxes (if not included in mortgage payment)	
	4.	Homeowners/Renter’s Insurance	
	5.	Homeowner’s Association/Maintenance Charges/Condominium Charges/Assessments	
	6.	Rent	
	7.	Other	
		TOTAL: HOUSING	
(b)		Utilities: Monthly	
	1.	Fuel Oil/Gas/Propane	
	2.	Electric	
	3.	Telephone (land line)	
	4.	Cellphone	
	5.	Cable/Satellite TV	
	6.	Streaming Services (Video and Audio)	
	7.	Internet	
	8.	Home Security System	
	9.	Water	
	10.	Other	
		TOTAL: UTILITIES	

(c)		Food: Monthly	
	1.	Groceries	
	2.	Dining Out/Take Out	
	3.	Other	
		TOTAL: FOOD	
(d)		Clothing: Monthly	
	1.	Yourself	
	2.	Child(ren)	
	3.	Dry Cleaning	
	4.	Other	
		TOTAL: CLOTHING	
(e)		Insurance: Monthly	
	1.	Life (specify Term or other type of policy)	
	2.	Fire, theft and liability and personal articles policy	
	3.	Automotive	
	4.	Umbrella Policy	
	5.	Medical Plan	
		5A. Medical Plan for yourself and spouse (including name of carrier and name(s) of insured)	
		5B. Medical Plan for children (including name of carrier and name(s) of insured)	
	6.	Dental Plan	
	7.	Optical Plan	
	8.	Disability	
	9.	Long Term Care Insurance	
	10.	Other	
		TOTAL: INSURANCE	

(f)		Unreimbursed Medical: Monthly	
	1.	Medical	
		1A. Unreimbursed medical for yourself	
		1B. Unreimbursed medical for your children	
	2.	Dental	
		2A. Unreimbursed dental for yourself	
		2B. Unreimbursed dental for your children	
	3.	Optical	
		3A. Unreimbursed optical for yourself	
		3B. Unreimbursed optical for your children	
	4.	Prescription Drugs	
		4A. Unreimbursed prescription drugs for yourself	
		4B. Unreimbursed prescription drugs for your children	
	5.	Mental Health Treatment	
		5A. Unreimbursed mental health treatment for yourself	
		5B. Unreimbursed mental health treatment for your children	
	6.	Orthodontist	
	7.	Surgical, Nursing, Hospital	
	8.	Other	
		TOTAL: UNREIMBURSED MEDICAL	

(g)		Household Maintenance: Monthly	
	1.	Repairs/Maintenance	
	2.	Gardening/Landscaping	
	3.	Sanitation/Trash Removal	
	4.	Snow Removal	
	5.	Extermination	
	6.	Other	
		TOTAL: HOUSEHOLD MAINTENANCE	
(h)		Household Help: Monthly	
	1.	Domestic worker/cleaning services	
	2.	Nanny/Au Pair/Child Care	
	3.	Babysitter	
	4.	Other	
		TOTAL: HOUSEHOLD HELP	
(i)		Automobile: Monthly (List data for each car separately)	
		Year: Make:	
	1.	Lease Payments (indicate lease term)	
	2.	Loan Payments (indicate loan term)	
	3.	Gas	
	4.	Repairs and Maintenance	
	5.	Car Wash	
	6.	Parking/Tolls/EZ Pass	
	7.	Other	
		TOTAL: AUTOMOTIVE	

(j)		Education Costs: Monthly	
	1.	Nursery and Pre-school	
	2.	Primary and Secondary	
	3.	College	
	4.	Post-Graduate	
	5.	Religious Instruction	
	6.	School Transportation	
	7.	School Supplies/Books	
	8.	School Lunches	
	9.	Tutoring/Test Preparation	
	10.	School Events	
	11.	Child(ren)'s extra-curricular and educational enrichment activities (Dance, Music, Sports, etc.)	
	12.	Other	
		TOTAL: EDUCATION	
(k)		Recreational: Monthly	
	1.	Vacations/Travel – Family	
	2.	Vacations/Travel – Self	
	3.	Public Transportation/Car Service/Ride Apps	
	4.	Movies, Sporting Events, Performances, Etc.	
	5.	Electronics and Computers	
	6.	Clubs and Memberships	
	7.	Health Club	
	8.	Summer Camp	
	9.	Birthday party costs for your child(ren)	
	10.	Misc. Recreation Expenses	
		TOTAL: RECREATIONAL	

(l)		Miscellaneous: Monthly	
	1.	Beauty salon/Barber/Spa	
	2.	Toiletries/Non-Prescription Drugs	
	3.	Diapers/Formula	
	4.	Books, magazines, newspapers	
	5.	Gifts to Children	
	6.	Gifts to others	
	7.	Charitable contributions	
	8.	Religious organizations dues	
	9.	Union and organization dues	
	10.	Travel to and from work expenses	
	11.	Veterinarian/pet expenses	
	12.	Child support payments (for Child(ren) not of this marriage pursuant to court order or agreement)	
	13.	Alimony and maintenance payments (prior marriage pursuant to court order or agreement)	
	14.	Loan payments other than credit cards	
	15.	Unreimbursed business expenses	
	16.	Safe Deposit Box rental fee	
	17.	Voluntary Support Payments	
		TOTAL: MISCELLANEOUS	
(m)		Other: Monthly	
	1.		
	2.		
	3.		
		TOTAL: OTHER	
		TOTAL: MONTHLY EXPENSES	

III.		<u>GROSS ANNUAL INCOME INFORMATION:</u>	
	(a)	Gross (total annual) income - as should have been or should be reported in the most recent Federal income tax return. (State whether your income has changed during the year preceding date of this affidavit. If so, please explain.) Attach most recent W-2, 1099s, K1s, Income Tax Returns, and two most recent paystubs.	
	(b)	List any amount deducted from gross income for retirement benefits or tax deferred savings	
	(c)	To the extent not already included in gross income in (a) above:	
		1. Investment income, including interest and dividend income, reduced by sums expended in connection with such investment	
		2. Worker's compensation	
		3. Disability benefits	
		4. Unemployment insurance benefits	
		5. Social Security benefits (a) Self (b) Children	
		6. Supplemental Security Income	
		7. Public assistance	
		8. Food stamps	
		9. Veterans benefits	
		10. Pensions and retirement benefits	
		11. Fellowships and stipends	
		12. Annuity payments	
		13. Is there any non-party person residing in the household contributing to living expenses	Yes No
		14. List any maintenance, spousal support, and/or child support you are receiving pursuant to court order or agreement	
		15. List any tax refund received for prior tax year	
		16. Any other income	

	(d)	List income taxes paid for:	
		1.Federal	
		2.State	
		3.Local	
		4.FICA (Social Security and Medicare)	

IV. ASSETS (If any asset is held jointly with spouse or another, so state, and set forth your respective shares. Attach additional sheets, if needed)

A.	1.	Cash Accounts:	
	1.	Cash	
	1.1	a. Location	
		b. Source of Funds	
		c. Amount as of date of commencement	
		d. Current amount	
		TOTAL: CASH	
	2.	Checking Accounts:	
	2.1	a. Financial Institution	
		b. Account Number (last 4 digits)	
		c. Title holder	
		d. Date opened	
		e. Source of Funds	
		f. Balance as of date of commencement	
		g. Current balance	
	2.2	a. Financial Institution	
		b. Account Number (last 4 digits)	
		c. Title holder	
		d. Date opened	
		e. Source of Funds	
		f. Balance as of date of commencement	
		g. Current balance	
		TOTAL: Checking Accounts	

	3.	Savings Accounts (including individual, joint, totten trust, certificates of deposit, treasury notes)	
	3.1	a. Financial Institution	
		b. Account Number (last 4 digits)	
		c. Title holder	
		d. Type of account	
		e. Date opened	
		f. Source of Funds	
		g. Balance as of date of commencement	
		h. Current balance	
	3.2	a. Financial Institution	
		b. Account Number (last 4 digits)	
		c. Title holder	
		d. Type of account	
		e. Date opened	
		f. Source of Funds	
		g. Balance as of date of commencement	
		h. Current balance	
		TOTAL: Savings Accounts	
		TOTAL: Accounts	

B.	4.	Investment Accounts/Securities/Stock Options/Commodities/Broker Accounts/Mutual Funds	
		4.1 a. Description	
		b. Financial Institution	
		c. Account Number (last 4 digits)	
		d. Title holder	
		e. Location	
		f. Date of acquisition	
		g. Source of funds	
		h. Value as of date of commencement	
		i. Current value	
		4.2 a. Description	
		b. Financial Institution	
		c. Account Number (last 4 digits)	
		d. Title holder	
		e. Location	
		f. Date of acquisition	
		g. Source of funds	
		h. Value as of date of commencement	
		i. Current Value	
		TOTAL: Investment Accounts/Securities/Stock Options/Commodities/Broker Accounts/Mutual Funds	
C.	5.	Real Estate (Including real property, leaseholds, life estates, etc. at market value – do not deduct any mortgage)	
		5.1 a. Description	
		b. Title owner	
		c. Date of acquisition	
		d. Original price	
		e. Source of funds to acquire/improve	

		f. Amount of mortgage or lien unpaid	
		g. Estimate current fair market value	
	5.2	a. Description	
		b. Title owner	
		c. Date of acquisition	
		d. Original price	
		e. Source of funds to acquire/improve	
		f. Amount of mortgage or lien unpaid	
		g. Estimate current fair market value	
		TOTAL: Fair Market Value of Real Estate	
D.	6.	Retirement Accounts (e.g. IRAs, 401(k)s, 403(b)s, pension, profit sharing plans, deferred compensation plans, etc.)	
	6.1	a. Description	
		b. Financial Institution	
		c. Account Number (last 4 digits)	
		d. Location of assets	
		e. Title owner	
		f. Date of acquisition	
		g. Source of funds	
		h. Amount of unpaid liens	
		i. Value as of date of commencement	
		j. Current value	
	6.2	a. Description	
		b. Financial Institution	
		c. Account Number (last 4 digits)	
		d. Location of assets	
		e. Title owner	
		f. Date of acquisition	

		g. Source of funds	
		h. Amount of unpaid liens	
		i. Value as of date of commencement	
		j. Current value	
		TOTAL: Retirement Accounts	
E.	7.	Vehicles (Auto, Boat, Truck, Plane, Camper, Motorcycles, etc.)	
	7.1	a. Description	
		b. Title owner	
		c. Date of acquisition	
		d. Original price	
		e. Source of funds to acquire	
		f. Amount of lien unpaid	
		g. Current fair market value	
		h. Value as of date of commencement	
	7.2	a. Description	
		b. Title owner	
		c. Date of acquisition	
		d. Original price	
		e. Source of funds to acquire	
		f. Amount of lien unpaid	
		g. Current fair market value	
		h. Value as of date of commencement	
		TOTAL: Value of Vehicles	
F.	8.	Jewelry, art, antiques, household furnishings, precious objects, gold and precious metals (only if valued at more than \$500 per item)	
	8.1	a. Description	
		b. Title owner	
		c. Location	

		d. Original price or value	
		e. Source of funds to acquire	
		f. Amount of lien unpaid	
		g. Value as of date of commencement	
		h. Estimate Current Value	
	8.2	a. Description	
		b. Title Owner	
		c. Location	
		d. Original price or value	
		e. Source of funds to acquire	
		f. Amount of lien unpaid	
		g. Value as of date of commencement	
		h. Estimate Current Value	
		TOTAL Value of Jewelry, Art, Antiques, etc.	

		IF YOU HAVE NO OTHER ASSETS OR BUSINESS INTERESTS, GO TO THE LIABILITIES SECTION	
G.	9.	Interest in any Business	
		9.1 a. Name and Address of Business	
		b. Type of Business (corporate, partnership, sole proprietorship or other)	
		c. Your percentage of interest	
		d. Date of acquisition	
		e. Original price or value	
		f. Source of funds to acquire	
		g. Net worth of business and date of such valuation	
		h. Other relevant information	
		TOTAL: Value of Business Interests	
H.	10.	Cash Surrender Value of Life Insurance	
		10.1 a. Insurer's name and address	
		b. Name of insured	
		c. Policy number	
		d. Face amount of policy	
		e. Policy owner	
		f. Date of acquisition	
		g. Source of funds	
		h. Cash surrender value as of date of commencement	
		i. Current cash surrender value	
		10.2 a. Insurer's name and address	
		b. Name of insured	
		c. Policy number	
		d. Face amount of policy	
		e. Policy owner	

		f. Date of acquisition	
		g. Source of funds	
		h. Cash surrender value as of date of commencement	
		i. Current cash surrender value	
		TOTAL: Cash Surrender Value of Life Insurance	
I.	11.	Loans to Others and Accounts Receivable	
		11.1 a. Debtor's Name and Address	
		b. Original amount of loan or debt	
		c. Source of funds from which loan made or origin of debt	
		d. Date payment(s) due	
		e. Amount due as of date of commencement	
		f. Current amount due	
		TOTAL: Loans to Others and Accounts Receivable	
J.	12.	Contingent Interests (stock options, interests subject to life estates, prospective inheritances)	
		12.1 a. Description	
		b. Financial Institution	
		c. Location	
		d. Date of vesting	
		e. Title owner	
		f. Date of acquisition	
		g. Original price or value	
		h. Source of acquisition to acquire	
		i. Method of valuation	
		j. Value as of date of commencement	
		k. Current value	
		TOTAL: Contingent Interests	

K.	13.	Funds Held in an Electronic Payment Application Account (e.g. Venmo, PayPal, etc.)	
		13.1 a. Name of Application	
		b. Title owner	
		c. Value as of date of commencement	
		d. Current value	
L.	14.	Cryptocurrency	
		14.1 a. Description (Platform/Account/Name of Currency)	
		b. Custodian of Currency	
		c. Account Number/Wallet	
		d. Date of Original Acquisition	
		e. Party Acquiring Currency	
		f. Source of Funds to Acquire	
		g. Original Price	
		h. Lien on Coins: Y/N	Yes No
		i. Amount of Lien Unpaid	
		j. Value of Coins at Date of Marriage	
		k. Value of Coins at Date of Commencement	
		l. Current Number of Coins	
		m. Current Value of Coins	
M.	15.	Other Assets (e.g., tax shelter investments, collections, judgments, causes of action, patents, trademarks, copyrights, Assets held for the benefit of children such as § 529 Educational Accounts, Uniform Gifts to Minors Accounts (UGMA), and assets held in trust, and any other asset not hereinabove itemized)	
		15.1 a. Description	
		b. Financial Institution	
		c. Title owner	

		d. Location	
		e. Original Price or value	
		f. Source of funds to acquire	
		g. Amount of lien unpaid	
		h. Value as of date of commencement	
		i. Current value	
		TOTAL: Other Assets	

V.		<u>LIABILITIES</u>	
A.	1.	Accounts Payable	
		1.1 a. Name and address of creditor	
		b. Debtor	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		1.2 a. Name and address of creditor	
		b. Debtor	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Accounts Payable	
B.		Credit Card Debt	
	2.	2.1 a. Name of creditor	
		b. Debtor including last 4 digits of account number	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	

		2.2 a. Name of creditor	
		b. Debtor including last 4 digits of account number	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Credit Card Debt	
C.	3.	Mortgages Payable on Real Estate	
		3.1 a. Name and address of mortgagee	
		b. Address of property mortgaged	
		c. Mortgagor(s)	
		d. Original debt	
		e. Date of incurring debt	
		f. Monthly or other periodic payment	
		g. Maturity date	
		h. Amount of debt as of date of commencement	
		i. Amount of current debt	

		3.2 a. Name and address of mortgagee	
		b. Address of property mortgaged	
		c. Mortgagor(s)	
		d. Original debt	
		e. Date of incurring debt	
		f. Monthly or other periodic payment	
		g. Maturity date	
		h. Amount of debt as of date of commencement	
		i. Amount of current debt	
		TOTAL: Mortgages Payable	
D.	4.	Home Equity and Other Lines of Credit	
		4.1 a. Name and address of mortgagee	
		b. Address of property mortgaged	
		c. Mortgagor(s)	
		d. Original debt	
		e. Date of incurring debt	
		f. Monthly or other periodic payment	
		g. Maturity date	
		h. Amount of debt at date of commencement	
		i. Amount of current debt	
		TOTAL: Home Equity and Other Lines of Credit	
E.	5.	Notes Payable	
		5.1 a. Name and address of noteholder	
		b. Debtor	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	

		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Notes Payable	
F.	6.	Broker Margin Accounts	
		6.1 a. Name and address of broker	
		b. Amount of original debt	
		c. Date of incurring debt	
		d. Purpose	
		e. Monthly or other periodic payment	
		f. Amount of debt as of date of commencement	
		g. Amount of current debt	
		TOTAL: Broker's Margin Accounts	
G.	7.	Taxes Payable	
		7.1 a. Description of Tax	
		b. Amount of Tax	
		c. Date Due	
		TOTAL: Taxes Payable	
H.	8.	Loans on Life Insurance Policies	
		8.1 a. Name and address of insurer	
		b. Amount of loan	
		c. Date incurred	
		d. Purpose	
		e. Name of Borrower	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Loans on Life Insurance	

I.	9.	Other Liabilities	
	9.1	a. Description	
		b. Name and address of creditor	
		c. Debtor	
		d. Original amount of debt	
		e. Date incurred	
		f. Purpose	
		g. Monthly or other periodic payment	
		h. Amount of debt as of date of commencement	
		i. Amount of current debt	
	9.2	a. Description	
		b. Name and address of creditor	
		c. Debtor	
		d. Original amount of debt	
		e. Date incurred	
		f. Purpose	
		g. Monthly or other periodic payment	
		h. Amount of debt as of date of commencement	
		i. Amount of current debt	
		TOTAL: Other Liabilities	
		TOTAL LIABILITIES	

VI. ASSETS TRANSFERRED

List all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter. Note: Transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the Statement of Net Worth.

Description of Property

To Whom Transferred and Relationship to Transferee

Date of Transfer

Value

VII. LEGAL & EXPERT FEES

Please state the amount you have paid to all lawyers and experts retained in connection with your marital dissolution, including name of professional, amounts and dates paid, and source of funds. Attach retainer agreement for your present attorney.

VIII. OTHER DATA CONCERNING THE FINANCIAL CIRCUMSTANCES OF THE PARTIES THAT SHOULD BE BROUGHT TO THE ATTENTION OF THE COURT ARE:

This is the (CHECK APPLICABLE BOX):

1st 2nd 3rd Other

Statement of Net Worth I have filed in this proceeding

The foregoing statements and a rider consisting of _____ page(s) annexed hereto and made a part hereof, have been carefully read by the undersigned.

I, _____ (print or type name), affirm this ___ day of _____, _____, under the penalties of perjury, under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, except as to matters alleged on information and belief and as to those matters I believe it to be true, and I understand that this document may be filed in an action or proceeding in a court of law.

Dated: _____

Signature: _____

Attorney Certification: _____

REQUIRED ATTACHMENTS:

Retainer Agreement

Most recent W-2, 1099s, K1s, Income Tax Returns, and Two Most Recent Paystubs

Any written Agreements between the Parties (Prenuptial, Postnuptial, Separation, etc.)

RIDER

Please identify section that you are adding to. If you need more space for this Rider than the two pages included in this fillable form, you may add additional pages to this Rider by hand. Indicate the total number of pages in this Rider on page 26 of the form.

Section		
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