



159 - Affidavit of net worth, income and assets transferred; matrimonial: 22NYCRR 202.16. 3-98

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**SUPREME COURT OF THE STATE OF NEW YORK**  
**COUNTY OF \_\_\_\_\_**

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

*Plaintiff*

**Statement of Net Worth**  
**(DRL § 236)**

*against*

*Defendant*

Date of Commencement  
of Action

*(Complete all items, marking "NONE", "INAPPLICABLE", and "UNKNOWN," if appropriate)*

**STATE OF**

**COUNTY OF**

**SS.:**

\_\_\_\_\_, the \_\_\_\_\_  Petitioner  Respondent  Plaintiff  Defendant

herein, being duly sworn, deposes and says that the following is an accurate statement as of  
of my net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), statement of income from all  
sources and statement of assets transferred of whatsoever kind and nature and wherever situated:

**I. FAMILY DATA:**

- (a) Husband's age
- (b) Wife's age
- (c) Date married
- (d) Date  separated  divorced
- (e) Number of dependent children under 21
- (f) Names and ages of children
  
- (g) Custody of children  Husband  Wife  Joint  N/A
- (h) Minor children of prior marriage:  Husband  Wife
- (i) Husband  Paying  Receiving \$0 as alimony (maintenance) and/or  
\$0 child support in connection with prior marriage  
Wife  Paying  Receiving \$0 as alimony (maintenance) and/or  
\$0 child support in connection with prior marriage
- (j) Custody of children of prior marriage
  
- (k) Is marital residence occupied by  Husband  Wife  Both  N/A
- (l) Husband's present address  
  
Wife's present address
  
- (m) Occupation of husband  
Occupation of wife
- (n) Husband's employer
  
- (o) Wife's employer

(p) Husband's education, training and skills

(q) Wife's education, training and skills

(r) Husband's health

(s) Wife's health

(t) Children's health

**II. EXPENSES** *(You may elect to list all expenses on a weekly basis or all expenses on a monthly basis, however, you must be consistent. If any items are paid on a monthly basis, divide by 4.3 to obtain weekly payments; If any items are paid on a weekly basis, multiply by 4.3 to obtain monthly payment. Attach additional sheet, if needed. Items included under "Other" should be listed separately with separate dollar amounts.)*

Expenses listed  weekly  monthly

**(a) Housing**

1. Condominium charges
2. Cooperative apartment maintenance
3. Mortgage and amortization
4. Real estate taxes
5. Rent

TOTAL: Housing

**(b) Utilities**

1. Electricity
2. Fuel oil
3. Gas
4. Telephone
5. Water

TOTAL: Utilities

**(c) Food**

1. Dining out
2. Groceries
3. Home entertainment
4. Liquor/alcohol
5. Lunches at work
6. Other
7. School lunches

TOTAL: Food

**(d) Clothing**

1. Children
2. Husband
3. Other
4. Wife

TOTAL: Clothing

**(e) Laundry**

1. Dry cleaning
2. Laundry at home
3. Other

TOTAL: Laundry

**(f) Insurance**

1. Automotive
2. Dental plan
3. Disability
4. Fire, theft and liability
5. Homeowner's/tenant's
6. Life
7. Medical plan
8. Optical plan
9. Other
10. Umbrella policy
11. Worker's compensation

TOTAL: Insurance

**(g) Unreimbursed medical**

1. Dental
2. Medical
3. Optical
4. Other
5. Pharmaceutical (Medicaid)
6. Surgical, nursing, hospital

TOTAL: Unreimbursed medical

**(h) Household maintenance**

1. Appliances, including maintenance
2. Cleaning supplies
3. Extermination
4. Furniture, furnishings, housewares
5. Gardening/landscaping
6. Other
7. Painting
8. Repairs

9. Sanitation/carting
10. Snow removal

TOTAL: Household maintenance

**(i) Household help**

1. Baby sitter
2. Domestic (housekeeper, maid, etc.)
3. Other

TOTAL: Household help

**(j) Automotive**

1. Car wash
2. Gas and oil
3. Other
4. Parking and tolls
5. Payments
6. Registration and license
7. Repairs

TOTAL: Automotive

**(k) Educational**

1. College
2. Nursery and pre-school
3. Other
4. Post-graduate
5. Primary and secondary
6. Religious instruction
7. School events/activities
8. School supplies/books
9. School transportation
10. Tutoring

TOTAL: Educational

**(l) Recreational**

1. Birthday parties
2. Cable television
3. Computer
4. Country club/pool
5. Health club
6. Hobbies
7. Movies
8. Music/dance lessons
9. Sporting goods
10. Sports lessons
11. Summer camp

- 12. Tapes, cd's, etc.
- 13. Team sports
- 14. Theatre, ballet, etc.
- 15. Vacations
- 16. Video rentals

TOTAL: Recreational

**(m) Income taxes**

- 1. City
- 2. Federal
- 3. Social security and medicare
- 4. State

TOTAL: Income taxes

**(n) Miscellaneous**

- 1. Alimony and maintenance payments(prior m
- 2. Beauty aids/cosmetics, drug items
- 3. Beauty parlor/barber
- 4. Books, magazines, newspapers
- 5. Charitable contributions
- 6. Child support payment(prior marriage)
- 7. Children's allowances
- 8. Cigarettes/tobacco
- 9. Commutation and transportation
- 10. Gifts
- 11. Loan payments
- 12. Religious organization dues
- 13. Union and organization dues
- 14. Unreimbursed business expenses
- 15. Veterinarian/pet expenses

TOTAL: Miscellaneous

TOTAL EXPENSES

\$

**III. GROSS INCOME:** *(State source of income and annual amount. Attach additional sheet, if needed).*

(a) Salary or wages: *(State whether income has changed during the year preceding date of this affidavit. If so, set forth name and address of all employers during preceding year and average weekly wage paid by each. Indicate overtime earnings separately. Attach previous year's W-2 or income tax return.)*

(b) Weekly deductions:

1. Federal tax
2. New York State tax
3. Local tax
4. Social Security
5. Medicare
6. Other payroll deductions *(specify)*

(c) Social Security number

(d) Number and names of dependants claimed:

(e) Bonus, commissions, fringe benefits *(use of auto, memberships, etc.)*

(f) Partnership, royalties, sale of assets  
*(income and installment payment)*

(g) Taxable Dividends and interest  
Non-Taxable Dividends and interest

(h) Real estate *(income only)*

(i) Trust, profit sharing and annuities *(principal distribution and income)*

(j) Pension *(income only)*

(k) Awards, prizes, grants *(state whether taxable)*

(l) Bequests, legacies and gifts

(m) Income from all other sources *(including alimony, maintenance or child support from prior marriage)*

(n) Tax preference items:

1. Long term capital gain deduction
2. Depreciation, amortization or depletion
3. Stock options - *excess of fair market value over amount paid*

(o) If any child or other member of your household is employed, set forth name and that person's annual income

(p) Social Security

(q) Disability benefits

(r) Public assistance

(s) Other

TOTAL INCOME \$

**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. Cash Accounts**

**Cash**

- 1.1 a. Location  
 b. Source of funds  
 c. Amount \$
- 1.2 a. Location  
 b. Source of funds  
 c. Amount \$

Total: Cash \$

**Checking Accounts**

- 2.1 a. Financial institution  
 b. Account number  
 c. Title holder  
 d. Date opened  
 e. Source of funds  
 f. Balance \$
- 2.2 a. Financial institution  
 b. Account number  
 c. Title holder  
 d. Date opened  
 e. Source of funds  
 f. Balance \$
- 2.3 a. Financial institution  
 b. Account number  
 c. Title holder  
 d. Date opened  
 e. Source of funds  
 f. Balance \$
- 2.4 a. Financial institution  
 b. Account number  
 c. Title holder  
 d. Date opened  
 e. Source of funds  
 f. Balance \$
- 2.5 a. Financial institution  
 b. Account number  
 c. Title holder  
 d. Date opened  
 e. Source of funds  
 f. Balance \$

Total: Checking \$

**Savings Accounts**

- 3.1 a. Financial institution  
 b. Account number  
 c. Title holder  
 d. Date opened  
 e. Type of account  
 f. Source of funds  
 g. Balance \$
- 3.2 a. Financial institution  
 b. Account number  
 c. Title holder  
 d. Date opened  
 e. Type of account  
 f. Source of funds  
 g. Balance \$

3.3 a. Financial institution  
 b. Account number  
 c. Title holder  
 d. Date opened  
 e. Type of account  
 f. Source of funds  
 g. Balance \$

3.4 a. Financial institution  
 b. Account number  
 c. Title holder  
 d. Date opened  
 e. Type of account  
 f. Source of funds  
 g. Balance \$

3.5 a. Financial institution  
 b. Account number  
 c. Title holder  
 d. Date opened  
 e. Type of account  
 f. Source of funds  
 g. Balance \$

3.6 a. Financial institution  
 b. Account number  
 c. Title holder  
 d. Date opened  
 e. Type of account  
 f. Source of funds  
 g. Balance \$

Total: Savings \$

**Security deposits, earnest money, etc.**

4.1 a. Location  
 b. Title owner  
 c. Type of deposit  
 d. Source of funds  
 e. Date of deposit  
 f. Amount \$

Total: Security deposits, etc. \$

**Other**

5.1 a. Location  
 b. Title owner  
 c. Type of deposit  
 d. Source of funds  
 e. Date of deposit  
 f. Amount \$

Total: Other \$

TOTAL: CASH ACCOUNTS \$



**B. Securities****Bonds, notes, mortgages**

1.1 a. Description of security

b. Title holder

c. Location

d. Date of acquisition

e. Original price or value

f. Source of funds to acquire

g. Current value

\$

Total: Bonds \$

**Stocks, options and commodity contracts**

2.1 a. Description of security

b. Title holder

c. Location

d. Date of acquisition

e. Original price or value

f. Source of funds to acquire

g. Current value

\$

Total: Stocks, options, etc. \$

**Broker margin accounts**

3.1 a. Name and address of broker

b. Title holder

c. Date account opened

d. Original price or value

e. Source of funds

f. Current value

\$

Total: Margin accounts \$

TOTAL: VALUE OF SECURITIES: \$

**C. Loans to others and accounts receivable**

1.1 a. Debtor's name and address

b. Original amount of loan

c. Source of funds from which loan made or origin of debt

d. Date payment(s) due

e. Current amount due

\$

Total: Loans and accounts receivable \$

**D. Value of interest in any business**

1.1 a. Business name and address

b. Type of business (*corporate, partnership, sole proprietorship or other*)

- c. Your capital contribution
- d. Your percentage of interest
- e. Date of acquisition
- f. Original price or value
- g. Source of funds to acquire
- h. Method of valuation
- i. Other relevant information

j. Current net worth of business

\$

Total: Value of business interest \$

**E. Cash surrender value of life insurance**

1.1 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 to acquire
- h. Current cash surrender value

\$

Total: Value of life insurance \$

**F. Vehicles (*automobile, boat, plane, truck, camper, etc.*)**

1.1 a. Description

- b. Title owner
- c. Date of acquisition
- d. Original price
- e. Source of funds to acquire
- f. Amount of current lien unpaid
- g. Current fair market value

\$

Total: Value of vehicles \$

**G. Real estate** (including real property, lease holds, life estates, etc. at market value - do not deduct any mortgage)

## 1.1 a. Description

- b. Title owner
  - c. Date of acquisition
  - d. Original price
  - e. Source of funds to acquire
  - f. Amount of mortgage or lien unpaid
  - g. Estimated current market value
- \$

## 1.2 a. Description

- b. Title owner
  - c. Date of acquisition
  - d. Original price
  - e. Source of funds to acquire
  - f. Amount of mortgage or lien unpaid
  - g. Estimated current market value
- \$

Total: Value of real estate \$

**H. Vested interests in trusts** (pension, profit sharing, legacies, deferred compensation and others)

## 1.1 a. Description of trust

- b. Location of assets
  - c. Title owner
  - d. Date of acquisition
  - e. Original investment
  - f. Source of funds
  - g. Amount of unpaid liens
  - h. Current value
- \$

Total: Vested interest in trusts \$

**I. Contingent interests** (stock options, interests subject to life estates, prospective inheritances, etc.)

## 1.1 a. Description

- b. Location
  - c. Date of vesting
  - d. Title owner
  - e. Date of acquisition
  - f. Original price or value
  - g. Source of funds to acquire
  - h. Method of valuation
  - i. Current value
- \$

Total: Contingent interest \$

**J. Household furnishings**

## 1.1 a. Description

b. Location

c. Title owner

d. Original price

e. Source of funds to acquire

f. Amount of lien unpaid

g. Current value

\$

Total: Household furnishings \$

**K. Jewelry, art, antiques, precious objects, gold and precious metals (only if valued at more than \$500)**

## 1.1 a. Description

b. Location

c. Title owner

d. Original price

e. Source of funds to acquire

f. Amount of lien unpaid

g. Current value

\$

## 1.2 a. Description

b. Location

c. Title owner

d. Original price

e. Source of funds to acquire

f. Amount of lien unpaid

g. Current value

\$

Total: Jewelry, art, etc. \$

**L. Other** (*e.g., tax shelter investments, collections, judgments, causes of action, patents, trademarks, copyrights, and any other asset not previously itemized*)

## 1.1 a. Description

b. Location

c. Title owner

d. Original price

e. Source of funds to acquire

f. Amount of lien unpaid

g. Current value

\$

Total: Other \$

TOTAL ASSETS \$

**V. LIABILITIES****A. 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 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 current debt

\$

1.3 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 current debt

\$

1.4 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 current debt

\$

Total: Accounts payable \$

**B. Notes Payable**

1.1 a. Name and address of note holder

b. Debtor

c. Amount of original debt

d. Date of incurring debt

e. Purpose

f. Monthly or other periodic payment

g. Amount of current debt

\$

1.2 a. Name and address of note holder

b. Debtor

c. Amount of original debt

d. Date of incurring debt

e. Purpose

f. Monthly or other periodic payment

g. Amount of current debt

\$

1.3 a. Name and address of note holder

b. Debtor

c. Amount of original debt

d. Date of incurring debt

e. Purpose

f. Monthly or other periodic payment

g. Amount of current debt

\$

1.4 a. Name and address of note holder

b. Debtor

c. Amount of original debt

d. Date of incurring debt

e. Purpose

f. Monthly or other periodic payment

g. Amount of current debt

\$

1.5 a. Name and address of note holder

b. Debtor

c. Amount of original debt

d. Date of incurring debt

e. Purpose

f. Monthly or other periodic payment

g. Amount of current debt

\$

Total: Notes payable \$

**C. Installment accounts payable** *(security agreements, chattel mortgages)*

1.1 a. Name and address of note creditor

- b. Debtor
- c. Amount of original debt
- d. Date of incurring debt
- e. Purpose
- f. Monthly or other periodic payment
- g. Amount of current debt

\$

Total: Installment accounts payable \$

**D. Brokers' margin accounts**

1.1 a. Name and address of note broker

- b. Amount of original debt
- c. Date of incurring debt
- d. Purpose
- e. Monthly or other periodic payment
- f. Amount of current debt

\$

Total: Brokers' margin accounts \$

**E. Mortgages payable on real estate**

1.1 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 current debt

\$

1.2 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 current debt

\$

1.2 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 current debt

\$

1.2 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 current debt

\$

Total: Mortgages payable \$



**F. Taxes payable**

1.1 a. Description of tax

b. Date due

c. Amount of tax

\$

Total: Taxes payable \$

**G. Loans on life insurance policies**

1.1 a. Name and address of insurer

b. Amount of loan

c. Date incurred

d. Purpose

e. Name of borrower

f. Monthly or periodic payment

g. Amount of current debt

\$

Total: Loans on life insurance \$

**H. Other Liabilities**

1.1 a. Description

b. Name and address of creditor

c. Debtor

d. Original amount of debt

e. Date incurred

f. Purpose

g. Monthly or periodic payment

h. Amount of current debt

\$

Total: Other liabilities \$

TOTAL LIABILITIES \$

**NET WORTH**

TOTAL ASSETS:

\$

TOTAL LIABILITIES:

(\$0.00)

NET WORTH

\$

**VI. ASSETS TRANSFERRED:** *(List all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter [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. SUPPORT REQUIREMENTS:**

- (a) Deponent is at present  paying  receiving \$ \_\_\_\_\_ per  week  month, and prior to separation  paid  received \$ \_\_\_\_\_ per  week  month to cover expenses for \_\_\_\_\_

These payments are being made  voluntarily  pursuant to court order or judgment  pursuant to separation agreement, and there are arrears outstanding, (in the some of \$ \_\_\_\_\_ 0.00 to date).

- (b) Deponent requests for support of each child \$ \_\_\_\_\_ per  week  month.  
Total for children \$ \_\_\_\_\_
- (c) Deponent requests for support of self \$ \_\_\_\_\_ per  week  month.
- (d) The day of the  week  month on which payment should be made is \_\_\_\_\_

**VIII. COUNSEL FEE REQUIREMENTS:**

- (a) Deponent requests for counsel fee and disbursements the sum of \$ \_\_\_\_\_
- (b) Deponent has paid counsel the sum of \$ \_\_\_\_\_ and has agreed with counsel concerning fees as follows:
- (c) There is a retainer agreement or written agreement relating to payment of legal fees.  
*(A copy of any such agreement must be annexed.)*

**IX. ACCOUNTANT AND APPRAISAL FEE REQUIREMENTS:**

- (a) Deponent requests for accountants' fees and disbursements the sum of \$ \_\_\_\_\_  
*(Include basis for fee, e.g., hourly rate, flat rate)*
- (b) Deponent requests for appraisal fees and disbursements the sum of \$ \_\_\_\_\_  
*(Include basis for fee, e.g., hourly rate, flat rate)*
- (c) Deponent requires the services of an accountant for the following reasons:
- (d) Deponent requires the services of an appraiser for the following reasons:

**X. Other data concerning the financial circumstance of the parties that should be brought to the attention of the court are:**

The forgoing statements *and a rider consisting of* \_\_\_\_\_ *page(s) annexed hereto and made part hereof,* have been carefully read by the undersigned who states that they are true and correct.

Sworn to before me on

\_\_\_\_\_

\_\_\_\_\_  
[ ] Petitioner [ ] Plaintiff [ ] Respondent [ ] Defendant  
\_\_\_\_\_

Signature (Rule 130-1.1-a) \_\_\_\_\_