☐ Preliminary Verified Disclosure Statement*
☐ Final Verified Disclosure Statement*

Case No. ____________________
Court ____________________
County ____________________
Division ____________________

IN RE THE MARRIAGE OF:

____ PETITIONER

and

____ RESPONDENT

☐ Petitioner ☐ Respondent submits under oath the following Verified Disclosure Statement pursuant to FCRPP 2 **OR** FCRPP 3, which requires full and prompt disclosure of the following information:

NOTE: A response of "see attached" is not appropriate for any portion of this statement. Attach documents requested herein only.

I. IDENTIFYING INFORMATION OF BOTH PARTIES

Petitioner

Name: ______________________________

Street Address: ______________________________

City, State, Zip: ______________________________

Age: ____ Phone #: ______________________________

Respondent

Name: ______________________________

Street Address: ______________________________

City, State, Zip: ______________________________

Age: ____ Phone #: ______________________________

II. INCOME AND EMPLOYMENT INFORMATION OF BOTH PARTIES *(If self-employed name of company and adjusted gross monthly income)*

Petitioner

Employer Name: ______________________________

Gross monthly income: $ ______________________________

Other income: $ ______________________________

Respondent

Employer Name: ______________________________

Gross monthly income: $ ______________________________

Other income: $ ______________________________

III. MARRIAGE INFORMATION

Date of Marriage: ______________________________ Date of separation: ______________________________

Place of Marriage (city, county & state): ______________________________

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IV. CHILDREN'S INFORMATION *(If more than 3 children, continue on a separate sheet)*

A. Minor children born to parties *(number ________)* ☐ More CHILDREN attached?

Name	Current Age

B. Monthly child care/day care expenses: Cost $ ______________ Paid by ______________

C. Monthly medical, dental and vision insurance for children: Cost $ ______________ Paid by ______________

D. Either party court-ordered to pay child support for a child born before the children born of this marriage? ☐ Yes ☐ No

Paying party ______________________ Amount: $ ______________

Children: (*List names and ages*) ______________________

____

V. SUMMARY OF ASSETS & DEBTS

A. REAL ESTATE *(If more than 2 properties, continue on a separate sheet)*

Are you making a non-marital claim? ☐ Yes ☐ No *If yes, you must comply with Section IX below.*

Property 1:

Address: ______________________

1st Mortgage Company: ______________________

1st Mortgage Payoff Amount: ______________

2nd Mortgage Company or Home Equity Loan: ______________________

2nd Mortgage or Home Equity Loan Payoff Amount: ______________

Fair Market Value: ______________ Valuation Date: ______________ Equity: ______________

Property 2:

Address: ______________________

1st Mortgage Company: ______________________

1st Mortgage Payoff Amount: ______________

2nd Mortgage Company or Home Equity Loan: ______________________

2nd Mortgage or Home Equity Loan Payoff Amount: ______________

Fair Market Value: ______________ Valuation Date: ______________ Equity: ______________

More REAL ESTATE attached? ☐ **Yes** ☐ **No** **Total Real Estate Equity:** ______________

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B. VEHICLES - Automobiles, Motorcycles, Boats, Trucks, Motor Homes, etc. *(If more than 3 vehicles, continue on a separate sheet)*
Are you making a non-marital claim? ☐ Yes ☐ No *If yes, you must comply with Section IX below.*

Vehicle 1:
Primary Driver: ______________________ Year, Make & Model: ______________________
NADA Value: ____________ Valuation Date: ____________ Debt Owed: ____________
Lien Holder: ______________________________________ Equity: ____________
Is this a leased vehicle? ☐ Yes ☐ No *If yes, please complete the following:* Monthly Payment: ____________
Lease Term Ends: ____________

Vehicle 2:
Primary Driver: ______________________ Year, Make & Model: ______________________
NADA Value: ____________ Valuation Date: ____________ Debt Owed: ____________
Lien Holder: ______________________________________ Equity: ____________
Is this a leased vehicle? ☐ Yes ☐ No *If yes, please complete the following:* Monthly Payment: ____________
Lease Term Ends: ____________

Vehicle 3:
Primary Driver: ______________________ Year, Make & Model: ______________________
NADA Value: ____________ Valuation Date: ____________ Debt Owed: ____________
Lien Holder: ______________________________________ Equity: ____________
Is this a leased vehicle? ☐ Yes ☐ No *If yes, please complete the following:* Monthly Payment: ____________
Lease Term Ends: ____________

More VEHICLES attached? ☐ Yes ☐ No **Total Vehicle Equity: ____________**

C. BANK ACCOUNTS – Checking, Savings, CDs, Money Market accounts, etc. *(If more than 3 accounts, continue on a separate sheet) (Do not list account numbers)*

Are you making a non-marital claim? ☐ Yes ☐ No *If yes, you must comply with Section IX below.*

Owner(s)	Institution Name [NO ACCOUNT NUMBERS]	Type of Account	Valuation Date	Balance
More BANK ACCOUNTS attached?	☐ Yes ☐ No	Total Current Balances:		

D. STOCKS, BONDS, PORTFOLIOS, MUTUAL FUNDS, ETC. *(If more than 3, continue on a separate sheet)*
Are you making a non-marital claim? ☐ Yes ☐ No *If yes, you must comply with Section IX below.*

Institution Name	Stock/Portfolio Name	Valuation Date	Current Value
More INVESTMENTS attached? ☐ Yes ☐ No	Total Current Values:		

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E. RETIREMENT BENEFITS – IRA, Keogh, 401(K), 403(b), Pension, etc. *(If more than 3, continue on a separate sheet)*
Are you making a non-marital claim? ☐ Yes ☐ No *If yes, you must comply with Section IX below.*

Participant	Plan Name	Contrib/Non	Vested/Non	Pay Status?	Valuation Date	Balance
More RETIREMENT BENEFITS attached? ☐ Yes ☐ No			Total Retirement Benefits Values:			

Have any loans been taken out against any of these Retirement Benefits? ☐ Yes ☐ No
If so, describe: ______________________________

F. LIFE INSURANCE *(If more than 3 policies, continue on a separate sheet)*
Are you making a non-marital claim? ☐ Yes ☐ No *If yes, you must comply with Section IX below.*

Policy 1:
Company: ______________________________ Party Insured: ______________________________
Beneficiary: ______________________________ Term/Whole: ______________
Policy #: ______________________ Valuation Date: ____________ Cash Surrender Value: ______________

Policy 2:
Company: ______________________________ Party Insured: ______________________________
Beneficiary: ______________________________ Term/Whole: ______________
Policy #: ______________________ Valuation Date: ____________ Cash Surrender Value: ______________

Policy 3:
Company: ______________________________ Party Insured: ______________________________
Beneficiary: ______________________________ Term/Whole: ______________
Policy #: ______________________ Valuation Date: ____________ Cash Surrender Value: ______________

More LIFE INSURANCE attached? ☐ Yes ☐ No **Total Cash Value:** ______________________________

G. BUSINESS INTERESTS *(If more than 3 businesses, continue on a separate sheet)*
Are you making a non-marital claim? ☐ Yes ☐ No *If yes, you must comply with Section IX below.*

Name of Business & Owner: ______________________________
Percentage of Ownership: ____________ Type of Business: ______________________________
Corporation, Sole Proprietorship, Partnership, Etc.: ______________________________
Valuation Date: ______________ Business Loan(s) Balance: ______________ Value of Interest: ______________

Name of Business & Owner: ______________________________
Percentage of Ownership: ____________ Type of Business: ______________________________
Corporation, Sole Proprietorship, Partnership, Etc.: ______________________________
Valuation Date: ______________ Business Loan(s) Balance: ______________ Value of Interest: ______________

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Name of Business & Owner: ______________________________

Percentage of Ownership: __________ Type of Business: ______________________________

Corporation, Sole Proprietorship, Partnership, Etc.: ______________________________

Valuation Date: __________ Business Loan(s) Balance: __________ Value of Interest: __________

More BUSINESS INTERESTS attached? ☐ Yes ☐ No **Total Values:** ______________________

H. HOUSEHOLD GOODS:

Are you making a non-marital claim? ☐ Yes ☐ No *If yes, you must comply with Section IX below.*

Agreed Division? ☐ Yes ☐ No, but not expected to be in dispute.

☐ No, but dispute anticipated (Suggested appraiser: ______________________________)

Attached is a list of the disputed household items

I. OTHER ASSETS – Cash, Travelers Checks, Debts Others Owe You, Copyrights, Trademarks, Pets or Animals, Jewelry, Collectibles, Tools, Inventions, Other "Liquid Assets," etc. *(If more than 5 items, continue on a separate sheet)*
Are you making a non-marital claim? ☐ Yes ☐ No *If yes, you must comply with Section IX below.*

Item 1:
Item Description: ______________________________
Who Holds Possession: __________________ Valuation Date: __________________
Fair Market Value: __________ Amount Owed: __________ Net Value or Equity: __________

Item 2:
Item Description: ______________________________
Who Holds Possession: __________________ Valuation Date: __________________
Fair Market Value: __________ Amount Owed: __________ Net Value or Equity: __________

Item 3:
Item Description: ______________________________
Who Holds Possession: __________________ Valuation Date: __________________
Fair Market Value: __________ Amount Owed: __________ Net Value or Equity: __________

Item 4:
Item Description: ______________________________
Who Holds Possession: __________________ Valuation Date: __________________
Fair Market Value: __________ Amount Owed: __________ Net Value or Equity: __________

Item 5:
Item Description: ______________________________
Who Holds Possession: __________________ Valuation Date: __________________
Fair Market Value: __________ Amount Owed: __________ Net Value or Equity: __________

More OTHER ASSETS attached? ☐ Yes ☐ No **Total Values:** __________________

VI. OTHER DEBTS NOT PREVIOUSLY LISTED *(Do not list account numbers)* Includes credit card balances, credit union loans, signature loans and other unsecured debt. *(If more than 5 debts, continue on a separate sheet)*

Creditor 1:
Creditor: ______________________________
Party Named on Debt: ______________________________ Premarital Account? __________
Valuation Date: ______________ Monthly Payment: ____________ Total Balance: ____________

Creditor 2:
Creditor: ______________________________
Party Named on Debt: ______________________________ Premarital Account? __________
Valuation Date: ______________ Monthly Payment: ____________ Total Balance: ____________

Creditor 3:
Creditor: ______________________________
Party Named on Debt: ______________________________ Premarital Account? __________
Valuation Date: ______________ Monthly Payment: ____________ Total Balance: ____________

Creditor 4:
Creditor: ______________________________
Party Named on Debt: ______________________________ Premarital Account? __________
Valuation Date: ______________ Monthly Payment: ____________ Total Balance: ____________

Creditor 5:
Creditor: ______________________________
Party Named on Debt: ______________________________ Premarital Account? __________
Valuation Date: ______________ Monthly Payment: ____________ Total Balance: ____________

More DEBTS attached? ☐ **Yes** ☐ **No** **Total Debt Balances:** ____________

VII. EXPECTED POST-DIVORCE LIVING EXPENSES SCHEDULE *(Do not include debts)*
Not necessary if maintenance or child support are not being claimed.
Do the parties' combined gross incomes exceed $15,000 per month? ☐ Yes ☐ No
If **NO**, do not include children's personal expenses below.
If **YES**, list children's personal expenses such as private school tuition, tutors, camps, activity fees, clothing, etc. on a separate sheet. ☐ Attached

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A. COMMON EXPENSES FOR FAMILY (Party and any children of the marriage)	
FOOD/GROCERIES FOR FAMILY (Non-entertainment)	
HOUSING	
Cable	
Garbage collection	
Electric, gas, propane & oil utilities	
Home maintenance & repairs	
Homeowner's insurance	
Household supplies	
Maid service	
Property taxes	
Rent or 1st mortgage	
2nd mortgage/home equity loan	
Telephone	
Mobile phone	
Vet/pet supplies	
Yard expense/maintenance	
Water/sewage	
TRANSPORTATION	
Gas and oil	
Liability insurance	
License/taxes/tag	
Payment/loan	
Repairs/maintenance	
Other – bus, taxi, tolls & parking	
OTHER FAMILY EXPENSES (list):	
Sub-total from attached other family expenses, if needed ☐ Attached	
SUBTOTAL (Column A)	$ 0.00

B. YOUR PERSONAL EXPENSES (not including any children's expenses)	
Church and charitable donations	
Clothing	
Cosmetics, hygiene & toiletries	
Disability insurance	
Dry cleaning & laundry	
Entertainment, including restaurants & movies	
Hair care (barber, salon, etc.)	
Internet access	
Life insurance (whole life or term)	
Manicures & pedicures	
Newspapers, magazines & books	
Professional dues or uniforms	
Sports, exercise, hobbies, crafts, etc.	
Travel (monthly average)	
MEDICAL	
Dental (including orthodontics)	
Eyeglasses, contacts & hearing aids, exams and testing	
Insurance (hospitalization)	
Medical doctor(s)	
Prescription medication	
OTHER PERSONAL EXPENSES (list):	
Sub-total from attached other personal expenses, if needed ☐ Attached	
SUBTOTAL FROM COLUMN B	$ 0.00
SUBTOTAL FROM COLUMN A	$ 0.00
SUBTOTAL FROM CHILDREN'S EXPENSE LIST ATTACHMENT	
GRAND TOTAL OF COLUMN A, B, AND ATTACHMENTS	$ 0.00

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VIII. OTHER

A. Special needs of parties:

____

____

____

B. Bankruptcy: ______________________

C. Lawsuits: ______________________

IX. REQUIRED ATTACHMENTS (to be sent ONLY to opposing party or opposing counsel and not filed with the Court):

To complete this section, you must attach all of the following documents and/or provide the requested information on a separate sheet and attach to this form. In the spaces provided, mark as follows:

"A" = to indicate that the requested document/information is attached.

"U" = to indicate that the requested document/information is unavailable (Provide explanation on a separate page)

"N/A" = if not applicable

A. PERSONAL INFORMATION OF BOTH PARTIES

B. INCOME AND EMPLOYMENT OF BOTH PARTIES

A, U, N/A	Item #	
	1.	Three (3) most recent paycheck stubs
	2.	Federal Income Tax Return for the last year filed
	3.	State Income Tax Return for the last year filed
	4.	Documentation of all other income for the past 48 months, including source of income and amount of income received year-to-date

C. CHILDREN

A, U, N/A	Item #	
	1.	Verification of work-related child care expenses
	2.	Verification of cost of health/dental insurance for children's portion (e.g. difference between cost of single and family plan)

D. ASSET SCHEDULES

A, U, N/A	Item #	
	1.	Most recent statement of each bank account
	2.	Most recent brokerage statement or documentation of purchase and/or value for each investment
	3.	Explanation of source of cash holdings, location and amount of cash
	4.	For each piece of real estate, copy of deed, documentation of all indebtedness (i.e., mortgage, home equity loan, liens, etc.) including unpaid balance and payoff (with date payoff amount obtained) for each debt, and current tax assessment
	5.	Declaration page of life insurance policies and documentation of cash surrender

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A, U, N/A	Item #	
	6.	Documentation of benefits accrued in pension, profit sharing, 401(k) or other retirement plans, including most recent statements of each such plan and the name, address and phone number of plan administrator
	7.	For each vehicle, provide amount of payoff of any indebtedness (including date payoff amount obtained) and copy of title
	8.	For each business interest, list name of business, extent of interest or title in business (i.e. owner, shareholder, partner, etc.), provide a copy of last income tax return filed by business and documentation of income earned (or portion received) through business during last twenty-four (24) months
	9.	Provide a list describing any other assets you have an interest in, including any documentation as to the value of the non-marital interest, date asset was acquired, and source of non-marital interest (trace and document non-marital funds used to acquire each asset)
	10.	**NON-MARITAL INTEREST.** For each asset in which you claim a non-marital interest, provide the basis and approximate value of non-marital claim. Documentation tracing any non-marital asset shall be produced if available, and if not currently available, shall be produced when available, or as specified by separate court order

E. DEBT SCHEDULE

A, U, N/A	Item #	
	1.	For each debt, provide the last statement or documentation of unpaid balance, or explain why documentation is not available
	2.	For each debt designated as "non-marital", list the party you think should assume responsibility for said debt and why

VERIFICATION

I, ____, declare under penalty of perjury that the information contained herein, including the information provided on any schedules and attachments, is true and accurate to the best of my knowledge, information and belief. Further, I acknowledge that I have read the foregoing instructions and have followed those instructions to the best of my ability.

____

☐ Petitioner ☐ Respondent *{check one}*

Disclosure of ______________________________
Case No. ______________________________

STATE OF ________________________)
) SS
COUNTY OF ________________________)

Subscribed and sworn before me by ________________________, this _____ day of ______________,
________.

My commission expires: ____________________

____
NOTARY PUBLIC/TITLE

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of this **Verified Disclosure Statement** (with schedules and attachments) was served by ☐ mail, postage prepaid, or ☐ hand-delivery, or ☐ electronic means, in accordance with Kentucky Rule of Civil Procedure (CR) 5.02, on (name) ______________________________
at (address) ______________________________,
this the _______ day of ______________________, _________.

____
Signature

☐ Attorney for Petitioner ☐ Attorney for Respondent

☐ Petitioner ☐ Respondent

Address:
____
____
____

Phone: ( ) ______________________
Fax: ( ) ______________________
Email: ______________________

***NOTE**

When this form is utilized as an AOC-238, Preliminary Verified Disclosure Statement, unless otherwise ordered by the Court or required by Local Rule, this form is NOT to be filed with the Court. FCRPP 2(3). However, the entire form and all attachments are to be exchanged between the parties within 45 days of service of the petition on the respondent, and objections thereto shall be exchanged within 20 days thereafter.

When this form is utilized as an AOC-239, Final Verified Disclosure Statement, pursuant to FCRPP 3(3), this form is to be filed with the Court no later than 5 days prior to the trial if property matters are in dispute at that trial. However, the parties may file an AOC-239.2, Affidavit of No Change in Circumstances, since the completion of the AOC-238, Preliminary Verified Disclosure Statement, IF one was filed with the Court. A copy of the Final Verified Disclosure Statement or the Affidavit, together with any supporting documentation, shall be provided to the opposing party 15 days prior to trial unless otherwise ordered by the Court.