

(g)	Plaintiff's present address:	123 Happy Lane, Bliss, New York 11782
	Defendant's present address:	666 Miserable Way, Medford, New York 11784
(h)	Occupation/Employer of Plaintiff:	Nurse/Hospital Company of America
	Occupation/Employer of Defendant:	Plumber/ACME Plumbing, Inc.

II. EXPENSES: (List your current expenses on a monthly basis. 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	
	6.	Rent	
	7.	Other	
		TOTAL: HOUSING	0.00
(b)		Utilities: Monthly	
	1.	Fuel Oil/Gas	
	2.	Electric	
	3.	Telephone (land line)	
	4.	Mobile Phone	
	5.	Cable/Satellite TV	

	6.	Internet	
	7.	Alarm	
	8.	Water	
	9.	Other	
		TOTAL: UTILITIES	0.00
(c)		Food: Monthly	
	1.	Groceries	
	2.	Dining Out/Take Out	
	3.	Other	
		TOTAL: FOOD	0.00
(d)		Clothing: Monthly	
	1.	Yourself	
	2.	Child(ren)	
	3.	Dry Cleaning	
	4.	Other	
		TOTAL: CLOTHING	0.00
(e)		Insurance: Monthly	
	1.	Life	
	2.	Fire, theft and liability and personal articles policy	
	3.	Automotive	
	4.	Umbrella Policy	
	5.	Medical Plan	
		5A. Medical Plan for yourself (Including name of carrier and name of insured)	
		5B. Medical Plan for children (Including name of carrier and name of insured)	
	6.	Dental Plan	

	7.	Optical Plan	
	8.	Disability	
	9.	Worker's Compensation	
	10.	Long Term Care Insurance	
	11.	Other	
		TOTAL: INSURANCE	0.00
(f)		Unreimbursed Medical: Monthly	
	1.	Medical	
	2.	Dental	
	3.	Optical	
	4.	Pharmaceutical	
	5.	Surgical, Nursing, Hospital	
	6.	Psychotherapy	
	7.	Other	
		TOTAL: UNREIMBURSED MEDICAL	0.00
(g)		Household Maintenance: Monthly	
	1.	Repairs/Maintenance	
	2.	Gardening/landscaping	
	3.	Sanitation/carting	
	4.	Snow Removal	
	5.	Extermination	
	6.	Other	
		TOTAL: HOUSEHOLD MAINTENANCE	0.00
(h)		Household Help: Monthly	
	1.	Domestic (housekeeper, etc.)	
	2.	Nanny/Au Pair/Child Care	

	3.	Babysitter	
	4.	Other	
		TOTAL: HOUSEHOLD HELP	0.00
		TOTAL: AUTOMOTIVE	0.00
(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	
	10.	School Events	
	11.	Child(ren)'s extra-curricular and educational enrichment activities (Dance, Music, Sports, etc.)	
	12.	Other	
		TOTAL: EDUCATION	0.00
(k)		Recreational: Monthly	
	1.	Vacations	
	2.	Movies, Theatre, Ballet, Etc.	
	3.	Music (Digital or Physical Media)	
	4.	Recreation Clubs and Memberships	
	5.	Activities for yourself	
	6.	Health Club	
	7.	Summer Camp	

	8.	Birthday party costs for your child(ren)	
	9.	Other	
		TOTAL: RECREATIONAL	0.00
(l)		Income Taxes: Monthly	
	1.	Federal	
	2.	State	
	3.	City	
	4.	Social Security and Medicare	
	5.	Number of dependents claimed in prior tax year	
	6.	List any refund received by you for prior tax year	
		TOTAL: INCOME TAXES	0.00
(m)		Miscellaneous: Monthly	
	1.	Beauty parlor/Barber/Spa	
	2.	Toiletries/Non-Prescription Drugs	
	3.	Books, magazines, newspapers	
	4.	Gifts to others	
	5.	Charitable contributions	
	6.	Religious organizations dues	
	7.	Union and organization dues	
	8.	Commutation expenses	
	9.	Veterinarian/pet expenses	
	10.	Child support payments (for Child(ren) of a prior marriage or relationship pursuant to court order or agreement)	
	11.	Alimony and maintenance payments (prior marriage pursuant to court order or agreement)	
	12.	Loan payments	
	13.	Unreimbursed business expenses	

	14.	Safe Deposit Box rental fee	
		TOTAL: MISCELLANEOUS	0.00
(n)		Other: Monthly	
	1.		
	2.		
	3.		
		TOTAL: OTHER	0
		TOTAL: MONTHLY EXPENSES	0.00

III.		<u>GROSS INCOME INFORMATION:</u>	
	(a)	Gross (total) 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 and income tax returns. List any amount deducted from gross income for retirement benefits or tax deferred savings.	
	(b)	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 (indicate percentage of amount due to lost wages)	
		3. Disability benefits (indicate percentage of amount due to lost wages)	
		4. Unemployment insurance benefits	
		5. Social Security benefits	
		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	
	(c)	If any child or other member of your household is employed, set forth name and that person's annual	

		income:	
	(d)	List any maintenance and/or child support you are receiving pursuant to court order or agreement	
	(e)	Other:	

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)

		TOTAL: Cash	0.00
		TOTAL: Checking Accounts	0.00
		TOTAL: Savings Accounts	0.00
		TOTAL: Accounts	0.00
		TOTAL: Real Estate	0.00
		TOTAL: Retirement Accounts	0.00
		TOTAL: Vehicles	0.00
		TOTAL: Jewelry, Art, Antiques, etc.	0.00
		TOTAL: Value of Business Interests	0.00
		TOTAL: Cash Surrender Value of Life Insurance	0.00

		TOTAL: Investment Accounts	0.00
		TOTAL: Loans to Others and Accounts Receivable	0.00
		TOTAL: Contingent Interests	0.00
		TOTAL: Other Assets	0.00
		TOTAL: ASSETS	0.00

V. LIABILITIES

		TOTAL: Accounts Payable	0.00
		TOTAL: Credit Card Debt	0.00
		TOTAL: Mortgages Payable	0.00
		TOTAL: Home Equity and Other Lines of Credit	0.00
		TOTAL: Notes Payable	0.00
		TOTAL: Broker Margin Accounts	0.00
		TOTAL: Taxes Payable	0.00
		TOTAL: Loans on Life Insurance Policies	0.00
		TOTAL: Installment accounts payable	0.00
		TOTAL: Other Liabilities	0.00
		TOTAL: LIABILITIES	0.00

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.

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:

The foregoing statements and a rider consisting of _____ pages annexed hereto and made a part hereof, have been carefully read by the undersigned who states that they are true and correct and states same, under oath, subject to the penalties of perjury.

Patty Plaintiff

Sworn to before me this ____
day of September, 2023

This is the _____ Statement of Net Worth
I have filed in this proceeding.

Notary Public

Attorney Certification:

Sydney Kerin, Esq.

REQUIRED ATTACHMENTS:

Retainer Agreement

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