



STERLING LAW OFFICES, S.C.

Financial Disclosure Statement

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Serving the Milwaukee, Madison, and Fox Valley Areas

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Milwaukee, WI 53202
(414) 431-8697

[Brookfield Office](#)

Sterling Law Offices, S.C.
200 S Executive Dr
#101
Brookfield, WI 53005
(262) 221-8355

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625 57th St
#501
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#6
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Racine, WI 53403
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----- Madison Area Offices -----

[Madison Office](#)

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2810 Crossroads Dr
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[Baraboo Office](#)

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[Beaver Dam Office](#)

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[Middleton Office](#)

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#600
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----- Fox Valley Area Offices -----

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215
Sheboygan, WI 53081
(920) 287-0400

[Green Bay Office](#)

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225 S Monroe Ave
Suite 102
Green Bay, WI 54301
(920) 393-2900

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17 Forest Ave
#017
Fond du Lac, WI 54935
(920) 944-6665

[Oshkosh Office](#)

Sterling Law Offices, S.C.
111 N Main St
#400
Oshkosh, WI 54901
(920) 479-2058

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

Enter the name of the county in which this case is filed.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	<div style="text-align: center;">Financial Disclosure Statement of</div> <div style="text-align: center;"><input type="checkbox"/> Petitioner/Joint Petitioner A <input type="checkbox"/> Respondent/Joint Petitioner B</div> <div style="text-align: right; margin-top: 20px;">Case No. _____</div>
Enter the name of the Petitioner/Joint Petitioner A.	IN RE: THE MARRIAGE OF	
On the far right, check Petitioner/Joint Petitioner A or Respondent/Joint Petitioner B.	Petitioner/Joint Petitioner A _____ Name (First, Middle and Last)	
Enter the name of the Respondent/Joint Petitioner B.	and Respondent/Joint Petitioner B _____ Name (First, Middle and Last)	
Enter the case number.	Name (First, Middle and Last) _____	

This form must be filed with the court within the time period set by the court but no later than 90 DAYS after the service of the **Summons** and **Petition** on the Respondent/Joint Petitioner B or the filing of a **Joint Petition**. Failure by either party to complete and file this form or attachments as required will authorize the court to accept the statement of the other party as the basis for its decisions. **Deliberate failure to provide complete disclosure is perjury.**

1. PROOF OF INCOME

- Attach a statement reflecting income earned to date for the current year.
- Attach most recent W-2 Statement.

2. GENERAL INFORMATION

Name	_____
Address	_____
Address	_____
City	_____ State _____ Zip _____
Phone [Day]	_____ Phone [Evening] _____
Alternative Phone	_____ Social Security Number _____
Occupation	_____
Employer	_____
Address	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ Fax _____
Payroll Office	<input type="checkbox"/> Same as employer
Address	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ Fax _____

3. MEMBERS OF YOUR HOUSEHOLD

Enter the name and relationship of all people living in your household. **Check yes or no** to identify if they contribute to payment of household expenses.

☐ I live alone.

	Name	Relationship	This person helps pay expenses	
			Yes	No
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>

6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

4. MONTHLY INCOME

Income from wages / salary is received: (check one)

To calculate monthly gross income use the multiplier shown:

- ☐ weekly -multiply weekly income by 4.33 ☐ every other week (bi-weekly) multiply bi-weekly income by 2.17
☐ monthly ☐ twice a month-multiply semi-monthly income by 2

MONTHLY GROSS INCOME

1.	Gross monthly income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime. (See above how to calculate.)	
2.	Pensions and retirement funds received	
3.	Social Security benefits received	
4.	Disability and Unemployment Insurance received	
5.	Public Assistance Funds received	
6.	Interest and Dividends received	
7.	Child Support and maintenance (spousal support) received from any prior marriage/relationship	
8.	Rental payments received (from property you rent to others)	
9.	Bonuses received	
10.	Other sources of income received: (please specify)	
11.		
12.		
13.		
Total Gross Income (add lines 1-12)		

MONTHLY DEDUCTIONS

14.	Number of tax exemptions claimed	
15.	Monthly federal income tax withheld	
16.	Monthly state income tax withheld	
17.	Social Security	
18.	Medicare	
19.	Medical insurance	
20.	Other insurances	
21.	Union or other dues	
22.	Retirement or pension fund	
23.	Savings plan	
24.	Credit union	
25.	Child support or spousal support payments	
26.	Other deductions: (please specify)	
27.		
28.	Total Monthly Deductions (add lines 14 – 27)	
MONTHLY NET INCOME (subtract line 28 from line 13)		

5. ANTICIPATED MONTHLY EXPENSES

My Monthly Expenses

1.	Rent or mortgage payment (primary residence)	
2.	Real Estate Property taxes (residence)	
3.	Repairs and maintenance (including maintenance of appliances and furnishings)	
4.	Food (include eating out) and household supplies	
5.	Utilities (electricity, heat, water, sewage, trash)	
6.	Telephone (local, long distance & cellular)	
7.	Cable and Internet Services	

8.	Laundry and dry cleaning	
9.	Clothing and shoes	
10.	Medical, dental and prescription drug expenses (not covered by insurance)	
11.	Insurance (life, health, accident, auto, liability, disability, homeowner's or renter's-excluding insurance that is paid through payroll deductions)	
12.	Childcare (babysitting and day care)	
13.	Child support or spousal support payments (due to previous marriage or relationship) (Exclude payments made through payroll deductions)	
14.	School expenses (child and adult education)	
15.	Entertainment (include clubs, social obligations, travel, recreation)	
16.	Incidentals (grooming, tobacco, alcohol, gifts, holidays and special occasions)	
17.	Transportation (other than automobile)	
18.	Auto payments (loans/leases)	
19.	Auto expenses (gas, oil, repairs, maintenance)	
20.	Newspapers, magazines, books	
21.	Care and maintenance of pets (food, vet, grooming)	
22.	Payments to any dependents not living in your home and not included in a category above (including college age children)	
23.	Hobbies	
24.	Other taxes than those listed above (exclude payroll deductions)	
25.	Other expenses (include expenses of other real properties owned, professional services such as counseling and tax/legal advice, etc)	
	Other Monthly installment payments:	
26.	Mortgage (other than primary mortgage)	
27.	Other vehicle payments	
28.	Credit card debt (total minimum monthly payments)	
29.	Court ordered obligations	
30.	Student loans	
31.	Personal loans	
TOTAL MONTHLY EXPENSES (Add lines 1-31)		

6. ASSETS: List ALL assets that you own individually and together with the other party without regard to how they have been or will be divided later

If you do not have assets in an asset category, write "none" under the heading and enter "zero" in the estimated value column. If you need more space, please attach additional sheets.

A = Joint Petitioner A B = Joint Petitioner B T = Together	Ownership or Title Held by			Current Possession			Amount Owed	Estimated Value Today
	A	B	T	A	B	T		
Household Items								
Household furniture & accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Household appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
China, silver, crystal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Petitioner/Joint Petitioner A: _____
 Respondent/Joint Petitioner B: _____

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Antiques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electronic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sports equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recreational vehicles, boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Automobiles: Year, Make, Model	A	B	T	A	B	T	Amount Owed	Estimated Value Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Life Insurance Name of Company & Policy #	A	B	T	Beneficiary			Face Amount	Cash Value Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Business Interests Name of Business & Address	A	B	T	Type of Business			% of Ownership	Value MINUS Indebtedness
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Securities: Stocks, Bonds, Mutual Funds, Commodity Accounts Name of Company & # of shares	Ownership or Title held by A = Joint Petitioner A B = Joint Petitioner B T = Together						Value Today	
	A	B	T					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Petitioner/Joint Petitioner A: _____
 Respondent/Joint Petitioner B: _____

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Pension, Retirement Accounts, Deferred Compensation, 401K Plans, IRAs, Profit Sharing, etc. Name of Company & Type of Plan	A	B	T	% Vested if known	Date of Valuation	Value Today		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Cash and Deposit Accounts (Savings and Checking) Name of Bank or Financial Institution	A	B	T	Type of Account	Account # Last 4 digits	Balance Today		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other Personal Property Description of Asset	A	B	T	Type of Property		Value		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Assets Acquired Description of Asset	Ownership			Acquired by			Date Acquired	Value Today
	A = Joint Petitioner A B = Joint Petitioner B T = Together			G - Gift I - Inherited B - Before Marriage				
	A	B	T	G	I	B		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Petitioner/Joint Petitioner A: _____
 Respondent/Joint Petitioner B: _____

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Real Estate	Parcel 1		Parcel 2			Parcel 3			
Type of Property									
Address: Street, City, State									
Ownership/Title	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> T	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> T	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> T
Current Fair Market Value									
Current Mortgage Balance									
Other Liens									

7. MEDICAL, HOMEOWNERS/RENTERS, AUTOMOBILE, OTHER INSURANCE

What type of insurance policies do you have?

Name of Company, Group # & Policy #	A	B	T	Type of Insurance	Date Issued
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

8. DEBTS: List ALL debts that you owe individually and together with the other party without regard to who will be responsible for payment later.

If there are additional DEBTS, please attach a separate sheet of paper with the creditor's name and address, the type of obligation, who pays (A, B, T) and the current balance.

Creditor's Name & Address	Type of Obligation	Who Currently Pays			Monthly Payment	Current Balance
		A	B	T		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

9. DISPOSAL OF ASSETS

Did you dispose of any assets (sold, given away, or destroyed) in the 12 months before the case was filed?

☐ Yes ☐ No

If yes, complete chart below:

Property / Asset	Date of Disposal	Fair Market Value on Date of Disposal

10. CURRENT LITIGATION

Are you a party in any other lawsuit or litigation? ☐ Yes ☐ No

If yes, identify the lawsuit or litigation. _____

11. BANKRUPTCY

Have you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, identify the following:

Type of filing _____
Date of filing _____
Current status _____

12. DECLARATION

I declare under the penalty of perjury that the above, including all attachments, are complete, true, and correct.

Sign and print your name.

Enter the date on which you signed your name.

Note: This signature does not need to be notarized.



Signature

Print or Type Name

Address

Email Address

Telephone Number

Date

State Bar No. (if any)