

Case Name \_\_\_\_\_ and \_\_\_\_\_ Case Number: \_\_\_\_\_

Petitioner  Respondent

**SUPPORTING LIST for Assets in Section F, G, H, and I of the Sworn Financial Statement**

Attach this supporting list **ONLY** if you have assets in **sections F & G**, any additional assets to report in **section H**, and/or separate property to report in **section I**. Report totals from this document to the appropriate sections on Sworn Financial Statement.

<b>F. Stocks, Bonds, Mutual Funds, Securities &amp; Investment Accounts (Name of Item or Fund)</b>	<b>P</b>	<b>R</b>	<b>J</b>	<b># of Shares</b>	<b>Account # (last 4-digits only, if applicable)</b>	<b>Current Value as of Today</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"/>			
<b>Total</b>						<b>\$</b>
<b>G. Pension, Profit Sharing, or Retirement Funds (Defined Contribution and/or Defined Benefit Plans)</b>	<b>P</b>	<b>R</b>	<b>J</b>	<b>Type of Plan (401K, IRA, 457, PERA, Military, etc.)</b>	<b>Account # (last 4-digits only, if applicable)</b>	<b>Current Value as of Today</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"/>			
<b>Total</b>						<b>\$</b>
<b>H. Miscellaneous Assets (Identify Type of Asset)</b>	<b>P</b>	<b>R</b>	<b>J</b>			<b>Estimated Value as of Today</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"/>			
<b>Total</b>						<b>\$</b>
<b>I. Separate Property (Identify Type)</b>	<b>P</b>	<b>R</b>	<b>J</b>			<b>Estimated Value as of Today</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"/>			
<b>Total</b>						<b>\$</b>

