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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Enter the name of the county in which this case is filed. | | | | | | **STATE OF WISCONSIN, CIRCUIT COURT,**  **COUNTY** | | | | | | | |  | | | | | | | |
| Enter the name of the Petitioner/Joint Petitioner A. | | | | | | In RE: The marriage of  **Petitioner/Joint Petitioner A**    Name (First, Middle and Last)  and | | | | | | | |
| On the far right, check Petitioner/Joint Petitioner A **or** Respondent/Joint Petitioner B. | | | | | |
| **Financial Disclosure**  **Statement of**  **Petitioner/Joint Petitioner A**  **Respondent/Joint Petitioner B**  Case No. | | | | | | | |
| Enter the name of the Respondent/Joint Petitioner B. | | | | | | **Respondent/Joint Petitioner B**    Name (First, Middle and Last) | | | | | | | |
| Enter the case number. | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 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** | | | | | **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. |  | | | | | | | | |  | | | |  | | | | |  |
| 2. |  | | | | | | | | |  | | | |  | | | | |  |
| 3. |  | | | | | | | | |  | | | |  | | | | |  |
| 4. |  | | | | | | | | |  | | | |  | | | | |  |
| 5. |  | | | | | | | | |  | | | |  | | | | |  |
| 6. |  | | | | | | | | |  | | | |  | | | | |  |
| 7. |  | | | | | | | | |  | | | |  | | | | |  |
| 8. |  | | | | | | | | |  | | | |  | | | | |  |
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| **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  monthlytwice 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. | 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** |
| **Household Items** | | | | | | | | | | **A** | **B** | | **T** | A | **B** | | **T** |
| Household furniture & accessories | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Household appliances | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Kitchen equipment | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| China, silver, crystal | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Jewelry | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Clothing | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Antiques | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Art | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Electronic equipment | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Sports equipment | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Recreational vehicles, boats | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Tools | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Other: | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| Other: | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
| **Automobiles:**  Year, Make, Model | | | | | | | | | | **A** | **B** | | **T** | A | **B** | | **T** | **Amount Owed** | | | **Estimated Value Today** |
|  | | | | | | | | | |  |  | |  |  |  | |  |  | | |  |
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| **Life Insurance**  Name of Company & Policy # | | | | | | | | | | **A** | **B** | | **T** | **Beneficiary** | | | | **Face Amount** | | | **Cash Value Today** |
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| **Business Interests** Name of Business & Address | | | | | | | | | | **A** | **B** | | **T** | **Type of Business** | | | | **% of Ownership** | | | **Value minus Indebtedness** |
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| **Securities: *Stocks, Bonds, Mutual Funds, Commodity Accounts***  Name of Company & # of shares | | | | | | | | | | **Ownership or Title held by** | | | | | | | |  | | | **Value Today** |
| A = Joint Petitioner A  **B = Joint Petitioner B T = Together** | | | | | | | |
| **A** | **B** | | **T** |  | | | |
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| **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** |
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| **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** |
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| **Other Personal Property** Description of Asset | | | | | | | | | | **A** | **B** | | **T** | **Type of Property** | | | |  | | | **Value** |
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| **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** |
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| **Real Estate** | | | | | | | | **Parcel 1** | | | | | **Parcel 2** | | | | | **Parcel 3** | | | |
| Type of Property | | | | | | | |  | | | | |  | | | | |  | | | |
| Address: Street, City, State | | | | | | | |  | | | | |  | | | | |  | | | |
| Ownership/Title | | | | | | | | A  B  T | | | | | A  B  T | | | | | A  B  T | | | |
| Current Fair Market Value | | | | | | | |  | | | | |  | | | | |  | | | |
| Current Mortgage Balance | | | | | | | |  | | | | |  | | | | |  | | | |
| Other Liens | | | | | | | |  | | | | |  | | | | |  | | | |
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| **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** | |
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| **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** |
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| **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** | | |
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| **10.** | **CURRENT LITIGATION** | | | | | | | | | | | | | | | | | | | | |
|  | Are you a party in any other lawsuit or litigation? **Yes  No** | | | | | | | | | | | | | | | | | | | | |
|  | **If yes,** identify the lawsuit or litigation. | | | | | | | | | | | | | | | | | | | | |
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| **11.** | **BANKRUPTCY** | | | | | | | | | | | | | | | | | | | | |
|  | Have you ever filed for bankruptcy?  **Yes  No** | | | | | | | | | | | | | | | | | | | | |
|  | **If yes**, identify the following: | | | | | | | | | | | | | | | | | | | | |
|  | Type of filing | | | |  | | | | | | | | | | | | | | | | |
|  | Date of filing | | | |  | | | | | | | | | | | | | | | | |
|  | Current status | | | |  | | | | | | | | | | | | | | | | |
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| **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) | | | | | | | | | | | | | | | | | |