

AOC-238 Doc. Code DSPV  
 AOC-239 Doc. Code DSFV  
Rev. 1-15  
Page 1 of 10  
Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
FCRPP 2 and FCRPP 3



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

Respondent

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_ Phone #: \_\_\_\_\_

Age: \_\_\_\_ Phone #: \_\_\_\_\_

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

Petitioner

Respondent

Employer Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

**III. MARRIAGE INFORMATION**

Date of Marriage: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Place of Marriage (city, county & state): \_\_\_\_\_

**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: \_\_\_\_\_

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Current Values:	

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_

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

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 <input type="checkbox"/> Attached	
SUBTOTAL (Column A)	

B. YOUR PERSONAL EXPENSES ( <u>not</u> 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 <input type="checkbox"/> Attached	
SUBTOTAL FROM COLUMN B	
SUBTOTAL FROM COLUMN A	
SUBTOTAL FROM CHILDREN'S EXPENSE LIST ATTACHMENT	
GRAND TOTAL OF COLUMN A, B, AND ATTACHMENTS	

**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



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.	<b>NON-MARITAL INTEREST.</b> 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}

AOC-238 Doc. Code DSPV

AOC 239 Doc. Code DSFV

Rev. 1-15

Page 10 of 10

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.