1 2 3	IN THE HO-CHUNK NATION TRIAL COURT						
4 5		STATEMENT OF INCOME, ASSETS, DEBTS AND LIVING EXPENSES					
6 7 8		Case No(s).:					
9 0 1	Under penalty of perjury, I state that the following information on this financial statement is rue, accurate and complete to the best of my knowledge:						
2 3 4 4 5 6 7 8	Name of Person Completing Form (please print):	I am completing this form as a: □ Parent, child, or guardian seeking legal representation pursuant to the HOCAK NATION CHILDREN AND FAMILY ACT, 4 HCC § 3.24c. □ Parent or guardian required to reimburse the HoChunk Nation for child placement assistance or pay child support to an appointed guardian pursuant to the HOCAK NATION CHILDREN AND FAMILY ACT, 4 HCC § 3.81, 3.114.					
9 0 1 2 3	Name Address	either party seeks a division of assets and debts or spousal maintenance. DIVORCE AND CUSTODY ORDINANCE, 4 HCC § 9.8c-d. Parent, guardian, or adult beneficiary requesting the release of Children's/Incompetent's Trust Fund (CTF/ITF) monies. PER CAPITA DISTRIBUTION ORDINANCE, 2 HCC § 12.8c.					
4 5 6 7	City State Zip Code () Telephone Number	☐ Debtor seeking to establish civil garnishment exemption pursuant to WIS. STAT. § 812.34(b)-(c). ☐ Other:					

1								
	STATEMENT OF MONTHLY HOUS	SEHOLD INCOME						
2	(if there are insufficient columns for all household me schedules)							
3	Salary and wages (if weekly or biweekly, con	mpute as a monthly						
4	figure.) Other income (Pensions, retirement, social security)	tv. disabilitv. worker's						
_	compensation, public assistance)							
5	Child Support and /or maintenance from prior spouse Dividends, interest, rents, bonuses							
6	Per Capita Payments or Distributions							
7	Other:							
	Total	Monthly Income						
8	Itemized mandatory monthly deductions or credit union deductions not required by law)	(Do not include savings						
9	Federal and state income taxes, social sect	urity, Medicare						
10	Union or other dues							
10	Retirement and pension funds	Retirement and pension funds						
11	Other mandatory monthly deductions							
10	Total Mandatory Mon	nthly Deductions						
12	Net	Monthly Income						
13	STATEMENT OF ASSETS							
14	Asset Description		cription		Fair Market / Cash Value			
	Real Estate (List kind of property and location)					Cusii vuiuc		
15	Other real estate (List kind of property and locati	on)						
16	Vehicle (Give year and make)							
	Other Vehicles (Give year and make)							
17	Checking account (Give name of financial institution)							
18	Savings account (Give name of financial instituti	ion)						
19	IRA/Pension/Profit Sharing							
1)	Life Insurance with cash value							
20	Stocks/Bonds/Certificates of Deposit							
21	Other assets valued over \$200							
21				Total Value of As	sets			
22	LONG TERM DEBTS AND MONTHLY EXPENSES							
	Long Term/Installment Debts	Creditor Nam	ie	Balance Owed	Mo	onthly Payment		
23	Mortgage Payment (Include property taxes and insurance if included in payment)							
24	Credit Cards							
25	Automobile Loans				\perp			
	Other				\perp			
26	Other							
27		Total O	wed					
//								

Other Monthly Debts/Expenses			
Rent (Do not duplicate mortgage payment above.)			
Repairs/maintenance on home			
Food			
Electricity/water/heat			
Telephone			
Laundry and dry cleaning			
Child support (paid for children not in your home)			
Maintenance (paid to an ex-spouse)			
Clothing and shoes			
Health insurance premiums			
Medical/dental/drug expenses not covered by insurance			
Life insurance premiums			
Other insurance premiums (specify):			
Child care			
Cable TV			
Transportation costs (oil/gas/commuting)			
School			
Entertainment/incidentals/newspapers/books/periodicals			
Hobbies			
Other:			
Other:			
Other:			
To	otal Monthly Payments		
	Signature		
	Date Sigr		
	Date Sigi	ieu	
SUBSCRIBED AND SWORN TO before me this	day of	20	
SOBSERIBLE THAT SWORLA TO SCIOLE HIC HIS	day or		
at			
atCity Sta	• tte		
	Notary Public for		
		State	
	My commission expires:		
Statement of Income, Assets, Debts and Living Expenses (2017)		Page 3 o	