

INSTRUCTIONS FOR STATEMENT OF INCOME, ASSETS, DEBTS, AND LIVING EXPENSES

These instructions are only intended to provide information on how to fill out this form. It is not intended to substitute legal advice. There may be additional documents and procedures for your particular type of civil action. If you have any legal questions regarding the specific facts of your case, please consult with an attorney.

For other questions, you may contact the Trial Court at (715) 284-2722. In addition, copies of the applicable law can be found on the Nation's website located at <https://ho-chunknation.com/home/government/legislative/ho-chunk-nation-laws/> or by contacting the Ho-Chunk Nation Legislature at (715) 284-9343 or (800) 294-9343.

Do not include these instruction sheets when you file the completed form.

Statement of Income, Assets, Debts, and Living Expenses: A Statement of Income, Assets, Debts, and Living Expenses provides the court with a summary of your financial situation.

Instructions:

- **Page 1, Lines 3-9:** Enter the case number, if known. Otherwise, leave this section blank and the Court will fill it in.
- **Page 1 (Left Side), Lines 12-14:** Enter your full, legal name on the line provided.
- **Page 1 (Left Side), Lines 15-18:** Enter the number of household members residing with you.
- **Page 1 (Left Side), Lines 19-27:** Enter your employer's information.
- **Page 1 (Right Side), Lines 12-27:** Check the corresponding box that applies to your situation.
- **Page 2, Lines 1-7:** Provide details about your monthly household income i.e. for each item listed, state how much each household member earns per month. Estimate to the best of your knowledge if exact figures are unknown. Attach additional statements for each household member if necessary.
- **Page 2, Lines 8-11:** Provide details about your mandatory monthly household deductions i.e. for each item listed, state how much each household member has deducted from their monthly income. Estimate to the best of your knowledge if exact figures are unknown. Attach additional statements for each household member if necessary.

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- **Page 2, Line 12:** Enter your net monthly household income i.e. total monthly income minus total mandatory monthly deductions.
- **Page 2, Lines 13-20:** Provide details about the assets you possess. For each asset, provide a description and estimate its value.
- **Page 2, Line 21:** Enter the total value of your assets.
- **Page 2, Lines 22-26:** Provide details about your long term debts and monthly expenses. For each long term debt or monthly expense, state the creditor's name, balance owed, and the monthly payment. Estimate to the best of your knowledge if exact figures are unknown.
- **Page 2, Line 27:** Enter the total amount owed i.e. long term debts plus monthly expenses.
- **Page 3, Lines 1-15:** Provide details about your other monthly debts and expenses i.e. state how much you spend per month on each item listed. Estimate to the best of your knowledge if exact figures are unknown.
- **Page 3, Line 16:** Enter your total monthly payments i.e. add up all your other monthly debts and expenses.
- **Page 3, Lines 17-28:** After you complete the form, you must sign and date the form and have it notarized.

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**IN THE
HO-CHUNK NATION TRIAL COURT**

**STATEMENT OF INCOME, ASSETS, DEBTS
AND LIVING EXPENSES**

Case No(s): ___ ___ - ___
 ___ ___ - ___
 ___ ___ - ___
 ___ ___ - ___

Under penalty of perjury, I state that the following information on this financial statement is true, accurate and complete to the best of my knowledge:

Name of Person Completing Form (please print): _____	I am completing this form as a: <input type="checkbox"/> Parent, child, or guardian seeking legal representation pursuant to the HOCAK NATION CHILDREN AND FAMILY ACT, 4 HCC § 3.24c. <input type="checkbox"/> Parent or guardian required to reimburse the Ho-Chunk 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 . <input type="checkbox"/> Spouse subject to a divorce proceedings in which either party seeks a division of assets and debts or spousal maintenance. DIVORCE AND CUSTODY ORDINANCE, 4 HCC § 9.8c-d. <input type="checkbox"/> 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. <input type="checkbox"/> Debtor seeking to establish civil garnishment exemption pursuant to WIS. STAT. § 812.34(b)-(c). <input type="checkbox"/> Other: _____
Number of Household Members: ___ Adults ___ Children	
Employer Information (please print): _____ Name _____ Address _____ City State Zip Code _____ (_____) _____ Telephone Number	

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STATEMENT OF MONTHLY HOUSEHOLD INCOME (if there are insufficient columns for all household members, attach additional schedules)			
Salary and wages (if weekly or biweekly, compute as a monthly figure.)			
Other income (Pensions, retirement, social security, disability, worker's compensation, public assistance)			
Child Support and /or maintenance from prior spouse			
Dividends, interest, rents, bonuses			
Per Capita Payments or Distributions			
Other:			
Total Monthly Income			
Itemized mandatory monthly deductions (Do not include savings or credit union deductions not required by law)			
Federal and state income taxes, social security, Medicare			
Union or other dues			
Retirement and pension funds			
Other mandatory monthly deductions			
Total Mandatory Monthly Deductions			
Net Monthly Income			
STATEMENT OF ASSETS			
Asset	Description	Fair Market / Cash Value	
Real Estate (List kind of property and location)			
Other real estate (List kind of property and location)			
Vehicle (Give year and make)			
Other Vehicles (Give year and make)			
Checking account (Give name of financial institution)			
Savings account (Give name of financial institution)			
IRA/Pension/Profit Sharing			
Life Insurance with cash value			
Stocks/Bonds/Certificates of Deposit			
Other assets valued over \$200			
Total Value of Assets			
LONG TERM DEBTS AND MONTHLY EXPENSES			
Long Term/Installment Debts	Creditor Name	Balance Owed	Monthly Payment
Mortgage Payment (Include property taxes and insurance if included in payment)			
Credit Cards			
Automobile Loans			
Other			
Other			
Total Owed			

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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:		
Total Monthly Payments		

_____ Signature

_____ Date Signed

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____
at _____
City State

Notary Public for _____
State

My commission expires: _____