



Rule 17.100—Form 124: Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children

Caution: This form may require you to provide protected or sensitive information.

Each party must complete a Financial Affidavit.

If fil you include protected information on this form, fill out or update the Protected Information Disclosure (form 111) if you have not already done so.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Case no. _____

**Financial Affidavit for a
Dissolution of Marriage
with no Minor or
Dependent Adult
Children**

I am

Check one

- A. ☐ Petitioner
B. ☐ Respondent

I, _____, state that this is a true and complete statement
Print your name
of my assets, debts, and present income as of the ____ day of _____, 20____.
Day Month Year

1. Assets *Things you and your spouse own.*

A. Real estate

Attach additional sheets if necessary.

**Owner (Whose name is on the deed?): P = Petitioner R = Respondent J = Joint (Both)*

Type of real estate	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Homestead <i>Address</i>		\$	\$ to:	\$
(2) Other real estate <i>Address</i>		\$	\$ to:	\$

☐ *Check this box if you have attached a page with additional information on other assets.*

B. Vehicles*Includes cars, trucks, motorcycles, and other motorized vehicles.***Owner (Whose name is on the car or vehicle title?): P = Petitioner R = Respondent J = Joint (Both)*

Vehicles <i>Make (e.g. Ford)</i> <i>Year</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net Value <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ *Check this box if you have attached a page with additional information on other vehicles.***C. Securities, stocks, & bonds****Owner (Whose name is on the securities, stocks, or bonds?):**P = Petitioner R = Respondent J = Joint (Both)*

Securities, stocks, & bonds <i>Company name</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ *Check this box if you have attached a page with additional information on other securities, stocks, & bonds.***D. Life insurance****Owner (Whose name is on the policy?): P = Petitioner R = Respondent J = Joint (Both)*

Life insurance <i>Company name</i>	Owner* <i>P,R,J</i>	Cash value <i>Not death benefit</i>	Loan from cash value <i>Total amount still owed on loan</i>	Cash value <i>Minus loan owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

☐ *Check this box if you have attached a page with additional information on life insurance.*

E. Bank accounts

*Owner (Whose name is on the checking or savings account?):

P = Petitioner R = Respondent J = Joint (Both)

Checking & savings accounts <i>Bank or Credit Union name If you do not use bank accounts, write "Cash"</i>	Owner* <i>P,R,J</i>	Cash value	Personal loans or overdraft accounts <i>Total amount you still owe on it</i>	Net value <i>Cash value minus loan / overdraft owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

☐ Check this box if you have attached a page with additional information on other checking & savings accounts.
F. Household*Owner: *P = Petitioner R = Respondent J = Joint (Both)*

Household contents <i>Describe</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Furniture a.		\$	\$ to:	\$
b.		\$	\$ to:	\$
c.		\$	\$ to:	\$
d.		\$	\$ to:	\$
(2) Appliances / Electronics a.		\$	\$ to:	\$
b.		\$	\$ to:	\$
c.		\$	\$ to:	\$
d.		\$	\$ to:	\$
(3) Other contents a.		\$	\$ to:	\$

b.		\$	\$ to:	\$
c.		\$	\$ to:	\$

☐ Check this box if you have attached a page with additional information on other household assets.

G. Retirement assets

*Owner (Whose name is on the retirement account?): P = Petitioner R = Respondent J = Joint (Both)

Retirement assets <i>Examples: Pensions, IRAs, 401(k)s, annuities, etc.</i>	Owner* P,R,J	Market value <i>What it would sell for</i>	Loan from retirement account <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus loan owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

For any **pension benefits**, identify the employer or plan sponsor and list dates of employment:

☐ Check this box if you have attached a page with additional information on other retirement assets.

H. Other assets

Items not listed in the other boxes should be listed here. For example: jewelry, furs, guns, sporting goods, farm animals.

*Owner: P = Petitioner R = Respondent J = Joint (Both)

Other assets <i>Describe</i>	Owner* P,R,J	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ Check this box if you have attached a page with additional information on other assets.

I. Totals

(1) Total from attached pages	<i>Listed in 1A-H.</i>	\$
(2) Total net value of assets	<i>Listed in 1A-H.</i>	\$

2. Other debts *Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.*

**Whose debt is it? P = Petitioner R = Respondent J = Joint (Both)*

Other debts <i>List only those not included as “debt” or “loans” under “Assets” in part 1.</i>	Whose debt?* <i>P,R,J</i>	Amount owed
(1)		\$
(2)		\$
(3)		\$
(4)		\$
(5)		\$
(6)		\$
(7)		\$
(8)		\$
(9)		\$
(10)		\$
(11)		\$
(12)		\$
(13)		\$
(14)		\$
(15)		\$
<input type="checkbox"/> <i>Check this box if you have attached a page with additional information on other debts, and enter the total.</i>		\$
Total other debts <i>Including amounts shown on attached page, if any.</i>		\$

3. Income and deductions

A. Petitioner's income and deductions *If you are Respondent, give your best estimate for each amount.*

**How often is income paid or deduction taken?*

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Current income and deductions for Petitioner <i>Sources of income and deductions</i>	Income		Deductions	
	How often paid?* <i>W,B,M,T</i>	Gross amount <i>Before deductions</i>	How often taken?* <i>W,B,M,T</i>	Amount of deduction
(1) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(2) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(3) Unemployment assistance		\$		\$
(4) Family Investment Program		\$		\$
(5) Social Security		\$		\$
(6) Other <i>Identify:</i>		\$		\$
(7) Other <i>Identify:</i>		\$		\$
(8) Other <i>Identify:</i>		\$		\$
(9) Totals from attached pages, if any <input type="checkbox"/> <i>Check this box if you have attached a page with additional information on Petitioner's income and deductions.</i>		\$		\$
Totals <i>Current income and deductions for Petitioner</i>		\$ Income total		\$ Deductions total

Continued on next page

B. Respondent's income and deductions *If you are Petitioner, give your best estimate for each amount.***How often is income paid or deduction taken?**W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month*

Current income and deductions for Respondent <i>Sources of income and deductions</i>	Income		Deductions	
	How often paid?*	Gross amount <i>Before deductions</i>	How often taken?*	Amount of deduction
	<i>W,B,M,T</i>		<i>W,B,M,T</i>	
(1) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(2) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(3) Unemployment assistance		\$		\$
(4) Family Investment Program		\$		\$
(5) Social Security		\$		\$
(6) Other <i>Identify:</i>		\$		\$
(7) Other <i>Identify:</i>		\$		\$
(8) Other <i>Identify:</i>		\$		\$
(9) Totals from attached pages, if any <input type="checkbox"/> <i>Check this box if you have attached a page with additional information on Respondent's income and deductions.</i>		\$		\$
Totals <i>Current income and deductions for Respondent</i>		\$ Income total		\$ Deductions total

4. Expenses**A. Living arrangements***Check one*

- (1) ☐ My spouse and I live in the same home.
- (2) ☐ My spouse and I do not live in the same home.

B. My expenses

Note: You must complete this section if you or your spouse wants spousal support (alimony).

**How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly*

T = Two times a month A = Annually

Type of expense	Paid to	How often paid?*	Monthly payment
		W,B,M,T,A	
(1) House payment or rent			\$
(2) Food <i>At home & restaurants</i>			\$
(3) Transportation (<i>gas, bus fare</i>) <i>Not car loan payments – see (12).</i>			\$
(4) Clothing			\$
(5) Medical, dental <i>Not health insurance payments – see 4B(10).</i>			\$
(6) Utilities (<i>gas, electric</i>)			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense <i>Identify:</i>			\$
(15) Other expense <i>Identify:</i>			\$
(16) Other expense <i>Identify:</i>			\$
(17) Totals from attached pages, if any <input type="checkbox"/> <i>Check this box if you have attached a page with additional information on your expenses.</i>			\$
Total expenses			\$

5. Attorney help

Check one

- A. ☐ An attorney did not help me prepare or fill in this form.
B. ☐ An attorney helped me prepare or fill in this form.

If you check B, you must fill in the following information:

Name of attorney or organization, if any

Attorney's P.I.N. # – Ask the attorney

Business address of attorney or organization

City

State

ZIP code

(_____) _____
Attorney's phone number

(_____) _____
Attorney's fax number – optional

Attorney's email address

6. Certification of service by mailing or delivery

Section 6 to be completed **only** if submitting a **paper form** to the clerk of court for filing if the other party is **excused** from electronic filing.

This document will automatically be served on registered parties.

I, _____, certify that on _____, 20_____
Print your name Month Day Year

I mailed or gave a copy of this Financial Affidavit to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address

City

State

ZIP code

7. Oath and signature

I, _____, have read this Financial Affidavit, and I certify
Print your name

under penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Financial Affidavit and that the information I have provided in it is true and correct.

_____, 20_____
Signed on: Month Day Year

Your signature*

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address – if available

* This form may be signed either by using a digitized signature, see instructions at www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand signing.