

DISCLOSURE STATEMENT

NAME:	
ROLE:	
COUNTY:	
CASE NUMBER:	
JUDGE:	
DISCLOSURE STATEMENT #:	
DISCLOSURE STATEMENT DATE:	
DISCLOSED DOCUMENTS:	€ LINK:
	€ ATTACHED TO EMAIL:

DISTRIBUTED VIA EMAIL TO:

NAME:	ROLE:	EMAIL ADDRESS:

ACKNOWLEDGEMENTS AND ADVISORIES:

- Pursuant to ARFLP R. 43.1(f), the documents may be disclosed in unredacted condition as they are not being filed with the Court. Should you utilize these documents as exhibits or attachments to any pleadings, thereby making them public record, all sensitive data must be redacted by you pursuant to ARFLP R. 43.1(f)(2)(A).
- Under ARFLP R. 49, I hereby submit the following disclosure and certify that such disclosure includes all information in my possession, custody and control as well as any other information which can be determined, learned or otherwise obtained by reasonable investigation.
- I incorporate by reference all information contained in all other parties' disclosure statements, answers to interrogatories, responses to requests for production, requests for admission, correspondence, depositions taken or to be taken, documents produced according to subpoenas, medical records, and other items already exchanged among the parties
- As a party, herhas a continuing duty to disclose information and documents, and pursuant to ARFLP R. 49(b)(2)(A-B) shall make such amended and additional disclosures not more than 30 days after the information is revealed or discovered. The content of this Disclosure Statement is provisional and subject to supplementation, amendment, and change.



Legal advice. Demonstrative only*

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1	<u>Protective Orders:</u> The following are past or current protective orders and underlying petitions for protective orders involving a party or a member of the party's household.	
2	<u>Treatment Providers:</u> The name and address of each treatment provider and period of treatment involving any party for psychiatric or psychological issues, anger management, substance abuse or domestic violence.	
3	<u>Criminal Convictions:</u> The date, description, location and documentation of any criminal charge against or conviction of any party or member of the party's household.	
4	<u>Department of Child Safety:</u> The date, description, location and documentation of any DCS Contact or Investigation involving any party or member of the party's household including significant others and step-siblings.	

1	Affidavit of Financial Information	
2	Proof of income from all sources	
3	Proof of court-ordered child and spousal support actually paid in another case.	
4	Proof of all medical/dental/vision insurance premiums paid for the children in common.	
5	Proof of childcare expenses paid for children in common.	

6	Proof of private school tuition and expenses.	
7	Proof of special needs expenses.	
1	DATE OF MARRIAGE	
2	WIFE'S DATE OF BIRTH	
3	HUSBAND'S DATE OF BIRTH	
4	DATE OF SERVICE	
5	NUMBER OF PEOPLE IN THE HOUSEHOLD	
6	WIFE'S GROSS INCOME	
7	HUSBAND'S GROSS INCOME	
8	<p>OTHER CONSIDERATIONS:</p> <ul style="list-style-type: none"> ● Lacks sufficient property, including property apportioned to the spouse, to provide for that spouse's reasonable needs. ● Lacks earning ability in the labor market that is adequate to be self-sufficient. ● Is the parent of a child whose age or condition is such that the parent should not be required to seek employment outside the home. ● Has made a significant financial or other contribution to the education, training, vocational skills, career or earning ability of the other spouse or has significantly reduced that spouse's income or career opportunities for the benefit of the other spouse. 	

	<ul style="list-style-type: none"> Had a marriage of long duration and is of an age that may preclude the possibility of gaining employment adequate to be self-sufficient. 	
9	REQUESTED AMOUNT/DURATION	
10	PROPOSED SSWS	

Petitioner		
Respondent		
Rebuttal/Impeachment Witnesses		
All witnesses listed and/or called by any party, even if later withdrawn.		

#	<u>Description</u>
1.	
2.	
3.	
4.	