

Serial: 165478

**IN THE SUPREME COURT OF MISSISSIPPI
NO. 89-R-99006-SCT**

IN RE: UNIFORM CHANCERY COURT RULES

ORDER

This matter is before the Court en banc on the Petition to Amend Rule 8.05 of the Uniform Chancery Court Rules filed by the Family Law Section of the Mississippi Bar. After due consideration, the Court finds that the petition should be granted to the limited extent that Rule 8.05 and Forms are amended and adopted as set forth in the exhibit to this order. All other suggested revisions are denied.

IT IS THEREFORE ORDERED that the Petition to Amend Rule 8.05 of Uniform Chancery Court Rules filed by the Family Law Section of the Mississippi Bar is hereby granted, in part. Rule 8.05 is amended as set forth in the exhibit to this order.

IT IS FURTHER ORDERED that the Clerk of this Court shall spread this order upon the minutes of the Court and shall forward a true certified copy hereof to West Publishing Company for publication in the next edition of the *Mississippi Rules of Court* and in the *Southern Reporter, Third Series (Mississippi Edition)*.

SO ORDERED, this the 28th day of October, 2010.

/s/ Michael K. Randolph
MICHAEL K. RANDOLPH, JUSTICE
FOR THE COURT

TO GRANT, IN PART: ALL JUSTICES.

Exhibit

RULE 8.05 FINANCIAL STATEMENT REQUIRED

Unless excused by Order of the Court for good cause shown, each party in every domestic case involving economic issues and/or property division shall provide the opposite party or counsel, if known, the following disclosures:

(A) A detailed written statement of actual income and expenses and assets and liabilities, such statement to be on the forms attached hereto as Exhibit "A", copies of the preceding year's Federal and State Income Tax returns, in full form as filed, or copies of W-2s if the return has not yet been filed; and, a general statement of the providing party describing employment history and earnings from the inception of the marriage or from the date of divorce, whichever is applicable; or,

(B) By agreement of the parties, or on motion and by order of the Court, or on the Court's own motion, a more detailed statement on the form attached hereto as Exhibit "B".

The party providing the required written statement shall immediately file a Certificate of Compliance with the Chancery Clerk for filing in the court file.

A party filing a document containing personal identifiers and/or sensitive information and data may (1) file an unredacted document under seal; this document shall be retained by the court as part of the record; or, (2) file a reference list under seal. The reference list shall contain the complete personal data identifiers and/or the complete sensitive information and data required by this Rule.

The foregoing disclosures shall be made by the plaintiff not later than the time that the defendant's Answer is due, and by the defendant at the time that the defendant's Answer is due, but not later than 45 days from the date of the filing of the commencing pleading. The Court may extend or shorten the required time for disclosure upon written motion of one of the parties and upon good cause shown.

When offered in a trial or a conference, the party offering the disclosure statement shall provide a copy of the disclosure statement to the Court, the witness and opposing counsel.

This rule shall not preclude any litigant from exercising the right of discovery, but duplicate effort shall be avoided.

The failure to observe this rule, without just cause, shall constitute contempt of Court for which the Court shall impose appropriate sanctions and penalties.

[Amended effective July 1 , 1996; amended effective January 8,2009, to provide procedures for filing documents containing sensitive personal information: amended effective July 1, 2011 to incorporate an optional long form financial statement.]

EXHIBIT "A"

IN THE CHANCERY COURT OF _____ COUNTY
STATE OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NUMBER

DEFENDANT

I. GENERAL INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

	NAME	DATE OF BIRTH
MINOR CHILDREN:	_____	_____
	_____	_____
	_____	_____
	_____	_____

II. INCOME STATEMENT

GROSS MONTHLY INCOME

- | | | | |
|-----|--|-----|-------|
| 1. | Salary and Wages, including commissions
bonuses, allowance and overtime | 1. | _____ |
| | NOTE: To arrive at a monthly income figure,
if paid weekly, multiply weekly income
by 4.3; if paid bi-weekly, multiply
bi-weekly income by 2.16 | | |
| 2. | Pensions and retirement | 2. | _____ |
| 3. | Social Security | 3. | _____ |
| 4. | Disability and unemployment insurance | 4. | _____ |
| 5. | Public assistance (welfare, AFDC payments, etc.) | 5. | _____ |
| 6. | Dividends and interest | 6. | _____ |
| 7. | Rental Income | 7. | _____ |
| 8. | Other income _____ | 8. | _____ |
| 9. | Other income _____ | 9. | _____ |
| 10. | TOTAL MONTHLY INCOME | 10. | _____ |

ITEMIZED MONTHLY DEDUCTIONS:

- | | | | |
|-----|-----------------------------|-----|-------|
| 1. | State Income Taxes | 1. | _____ |
| 2. | Federal Income Taxes | 2. | _____ |
| 3. | Social Security | 3. | _____ |
| 4. | Mandatory Insurance | 4. | _____ |
| 5. | Mandatory Retirement | 5. | _____ |
| 6. | Union or other dues | 6. | _____ |
| 7. | Other: (Specify) _____ | 7. | _____ |
| 8. | Other: (Specify) _____ | 8. | _____ |
| 9. | TOTAL MONTHLY DEDUCTIONS | 9. | _____ |
| 10. | NUMBER OF EXEMPTIONS: _____ | | |
| 11. | NET MONTHLY PAY | 11. | _____ |

III. EXPENSE STATEMENT

A. LIVING EXPENSES	AS OF _____		AS OF _____	
	SELF	CHILDREN	SELF	CHILDREN
1. Rent/Mortgage (Residence)				
2. Real Property Taxes				
3. Real Property insurance				
4. Maintenance (Residence)				
5. Food/Household Supplies				
6. Water, Sewer, etc.				
8. Gas (Residence)				
9. Telephone				
10. Laundry & Cleaning				
11. Clothing				
12. Insurance (Not payroll deducted)				
13. Medical				
14. Dental				
15. Child Care				
16. Children's Allowance				
17. Payment of Child support/alimony (Prior Marriage)				
18. School Expenses				
19. Entertainment				
20. Incidentals & Miscellaneous				
21. Transportation other than vehicle				
22. Gasoline & Oil (auto)				
23. Repair (auto)				
24. Insurance (auto)				
25. Auto payments				
26. Church donations				
27. Charitable donations				
28. Newspaper/Magazines				
29. Cable TV				
30. Pet Expenses				
31. Yard Expenses				
32. Maid				
33. Retirement (IRA, etc.)				
34. Pest Control				
B. TOTAL LIVING EXPENSES				

35. Installment Payments Notes, loans, charge accounts, etc.				
36				
37				
38				
39. OTHER EXPENSES				
40				
41				
TOTAL INSTALLMENT PAYMENTS:				
COMBINED TOTAL EXPENSES:				

IV. STATEMENT OF ASSETS

A. Real Estate

1 . Title in the name of: _____
Address: _____
Who paid cost: _____
How cost paid: _____

Value (estimate) _____
Mortgage Balance _____
Equity _____

2. Title in the name of: _____
Address: _____
Who paid cost: _____
How cost paid: _____

Value (estimate) _____
Mortgage Balance _____
Equity _____

3. Title in the name of: _____
Address: _____
Who paid cost: _____
How cost paid: _____

Value (estimate) _____
Mortgage Balance _____
Equity _____

Note: List mortgage balance also under liabilities on the next page. List the amount of your monthly payment under "V. LIABILITIES."

B. Motor Vehicles

1. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
How cost paid: _____

VALUE _____
- Loan Balance _____
=Equity _____

2. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
How cost paid: _____

VALUE _____
- Loan Balance _____
=Equity _____

IV. STATEMENT OF ASSETS (Continued)

3. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
How cost paid: _____

VALUE _____
- Loan Balance _____
=Equity _____

C. Other Personal Property (such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

	VALUES
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

D. Checking/Savings (name of Bank, Account Number and Amount in Account, including CDs, money markets, passbook accounts, etc.)

Name(s) on Account	Bank/Account Number	Type Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL VALUE			_____

E. Other Investments (IRAs, stock(s), mutual funds, pension plans, etc.)

Bank/Account Number	Type Investment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Life Insurance (exclude children)

Insured	Company	Face Amount	Cash	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL CASH VALUE (less loans)			_____	_____

G. All Other Assets

_____	_____
_____	_____
_____	_____
TOTAL VALUE	
TOTAL OF ALL ASSETS \$ _____	

V. STATEMENT OF LIABILITIES

(Include mortgage, car loan, credit cards, personal loans)

Note: Also include under items 35-44 on Exhibit "A"

	A. Creditor	Party Responsible for Payment	Current Balance	Monthly Payment	Who Makes Payments
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
B.	TOTAL LIABILITIES		_____		

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing Exhibit "A" including attachments, is true and correct and that this declaration was executed on the ____ day of _____, 20 ____.

Party's Signature

IN THE CHANCERY COURT OF _____ COUNTY
STATE OF MISSISSIPPI

PLAINTIFF

CIVIL ACTION NUMBER

DEFENDANT

CERTIFICATE OF COMPLIANCE

I, (name of party or attorney) , do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED on this the ___ day of _____, 20__ .
