

Case Number

LIST OF PROPERTY AND DEBTS

List all property and debts, even if it is not in your name or it is with someone else.

In General, *Separate Property* = property or debts you or your husband/wife/partner had before you were married or after you separated, or are gifts or property you inherited.

In General, *Community Property* = property or debts you or your husband/wife/partner got between the date you were married and the date you separated.

Value = how much money you could get if you sold the item, not what you paid for it or what it would cost to replace it.

1. Property Items you own, for example, house, furniture, jewelry, cars:	<i>Check if Separate Property</i>		<i>List Date</i>	<i>Value</i>	<i>Money owed, if any</i>
	Petitioner	Respondent		\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$	\$
TOTAL				\$	\$

Bank accounts, credit union accounts, retirement funds:				
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
TOTAL				\$

2. Debts Bills, loans, credit cards, taxes:	<i>Check if Separate Property Debt</i>		<i>Date Debt occurred</i>	<i>Money owed</i>
	Petitioner	Respondent		\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	\$
TOTAL				\$

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date	Print Name	Signature
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