

District Court  Denver Juvenile Court  
Adams County, Colorado  
 Court Address: 1100 Judicial Ctr. Dr. Brighton CO 80001  
 In re:  
 The Marriage of:  
 The Civil Union of:  
 Parental Responsibilities concerning:  
 Petitioner: Richard Dorsey  
 and  
 Co-Petitioner/Respondent: Lauren Dorsey  
 Attorney or Party Without Attorney (Name and Address):  
 Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 FAX Number: \_\_\_\_\_ Atty. Reg. #: \_\_\_\_\_  
 Division B Courtroom

**▲ COURT USE ONLY ▲**

Case Number: 25DR649

**SWORN FINANCIAL STATEMENT**

I, Lauren Alicia Dorsey (full name)  am  am not currently employed.

I am employed \_\_\_\_\_ hours per week. I am paid  weekly  bi-weekly  twice a month  monthly.

My pay is based on a  Monthly Salary  Hourly rate of \$ \_\_\_\_\_  Other: unemployment benefits

Date employment began \_\_\_\_\_.

My occupation is: Nurse / Manager Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

If unemployed, what date did you last work? 03/07/2025

I am unemployed due to  disability  involuntary layoff at work  Other: health related to CO climate

This household consists of 1 adult(s), and 0 minor child(ren).

I believe the monthly gross income of the other party is \$ 2700.

Annual gross income (last tax year 2024) for Petitioner \$ 20781.51,  Co-Petitioner/Respondent \$ 119,003.<sup>00</sup>

**1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)**

Gross Monthly Income (before taxes and deductions) from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	\$ 0	Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance - entitlement program) <input type="checkbox"/> SSI (supplemental income - need based)	\$ 0
Unemployment & Veterans' Benefits	\$2912 <sup>(net)</sup>	Disability, Workers' Compensation	0
Pension & Retirement Benefits	0	Interest & Dividends	0
Public Assistance (TANF)	0	Other -	NA
<b>Total Monthly Income</b>			<b>\$2912.<sup>00</sup></b>
<b>Miscellaneous Income</b>			
Royalties, Trusts, and Other Investments	0	Contributions from Others	0
Dependent Children's monthly gross income. Source of Income: _____	0	All other sources, i.e. personal injury settlement, non-reported income, etc.	0
Rental Net Income	0	Expense Accounts	0
Child Support from Others	0	Other -	0
Spousal/Partner Support from Others	0	Other -	0
<b>Total Monthly Miscellaneous Income</b>			<b>0</b>
<b>Total Income</b>			<b>\$2912.<sup>00</sup></b>

## 2. Monthly Deductions (Mandatory and Voluntary)

Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax <del>(Payment plan)</del>	<del>\$300</del>	State/Local Income Tax	0
PERA/Civil Service	0	Social Security Tax	0
Medicare Tax	0	Other - _____	0
<b>Total Mandatory</b>			<del>\$300</del>
Voluntary Deductions	Cost Per Month		Cost Per Month
Life and Disability Insurance	0	Stocks/Bonds	0
Health, Dental, Vision Insurance Premium	0	Retirement & Deferred Compensation	0
Total number of people covered on Plan →	1	Other - _____	0
Child Care (deducted from salary)	0	Other - _____	0
Flex Benefit Cafeteria Plan	0		
<b>Total Voluntary Deductions</b>			0
<b>Total Monthly Deductions</b>			<del>\$300</del> \$0

## 3. Monthly Expenses

**Note:** List regular monthly expenses below that you pay on an on-going basis and that are not identified in the deductions above.

### A. Housing

	Cost Per Month		Cost Per Month
1 <sup>st</sup> Mortgage	0	2 <sup>nd</sup> Mortgage	0
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)	0	Condo/Homeowner's/Maintenance Fees	0
Rent	\$800	Other - _____	0
<b>Total Housing</b>			\$800

### B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	0	Water, Sewer, Trash Removal	0
Telephone (local, long distance, cellular & pager)	\$67	Property Care (Lawn, snow removal, cleaning, security system, etc.)	0
Internet Provider, Cable & Satellite TV	0	Other - <u>Mailbox</u>	\$20
<b>Total Utilities and Miscellaneous Housing Services</b>			\$87

### C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	\$1000	Dining Out	\$200
<b>Total Food &amp; Supplies</b>			\$1200

### D. Health Care Costs (Co-pays, Premiums, etc.)

	Cost Per Month		Cost Per Month
Doctor & Vision Care	0	Dentist and Orthodontist	0
Medicine & RX Drugs	0	Therapist	0
Premiums (if not paid by employer)	0	Other - _____	0
<b>Total Health Care</b>			0

**E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)**

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	0	Other Vehicle Payments	0
Fuel, Parking, and Maintenance	\$200	Insurance & Registration/Tax Payments (yearly amount(s) ÷ 12)	\$83
Bus & Commuter Fees	0	Other - _____	0
<b>Total Transportation</b>			\$283

**F. Children's Expenses and Activities**

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$100	Child Care	0
Extraordinary Expenses i.e. Special Needs, etc.	0	Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	0
Tuition	0	Other - _____	0
<b>Total Children's Expenses and Activities</b>			\$100

**G. Education for you - Please identify status:  Full-time student  Part-time student**

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.	0	Other - _____	
<b>Total Education</b>			0

**H. Maintenance (Spousal/Partner Support) & Child Support (that you pay)**

	Cost Per Month		Cost Per Month
Maintenance	0	Child Support	0
<input type="checkbox"/> This family		<input type="checkbox"/> This family	
<input type="checkbox"/> Other family		<input type="checkbox"/> Other family	
<b>Total Maintenance and Child Support</b>			0

**I. Miscellaneous (Please list on-going expenses not covered in the sections above)**

	Cost Per Month		Cost Per Month
Recreation/Entertainment	0	Personal Care (Hair, Nail, Clothing, etc.)	0
Legal/Accounting Fees	0	Subscriptions (Newspapers, Magazines, etc.)	0
Charity/Worship	0	Movie & Video Rentals	0
Vacation/Travel/Hobbies	0	Investments (Not part of payroll deductions)	0
Membership/Clubs	0	Home Furnishings	0
Pets/Pet Care	0	Sports Events/Participation	0
Other - _____		Other - Spotify	\$19
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	

Total Miscellaneous \$19

Total Monthly Expenses (Totals from A - I) \$2489

**4. Debts (unsecured)**

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., etc. **Do not** list debts that are liens against your property, such as mortgages and car loans, because that payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles.

**For name on account, "P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.**

Name of Creditor	Account Number (last 4-digits only)	P	C/R	J	Date of Balance	Balance	Minimum Monthly Payment Required	Reason for Which Debt was Incurred
Mission Lane	1843	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6/24/25	\$3603.26	\$157	moving/travel
Ally	1235	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6/24/25	\$3189.19	\$63	moving/travel
I.R.S.	yr 2024	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6/24/25	\$9141.37	\$300	tax owed
I.R.S.	yr 2023	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6/24/25	\$1124.94	7	tax owed
		<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"/>	<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"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Unsecured Debt Balance</b>						<b>\$17,058.<sup>76</sup></b>		→ Total Minimum Monthly Payment <b>\$520</b>

**SWORN FINANCIAL STATEMENT SUMMARY  
(INCOME/EXPENSES)**

Total Income (from Page 1)	\$ <u>2912</u>	A
Total Monthly Deductions (from Page 2)	\$ <u>0</u>	B
<b>Total Monthly Net Income (A minus B)</b>	<b>\$ <u>2912</u></b>	
Total Monthly Expenses (from Page 3)	\$ <u>2489</u>	C
<b>Total Minimum Monthly Payment Required - Debts Unsecured</b> (from Page 4)	<b>\$ <u>520</u></b>	<b>D</b>

Total Monthly Expenses and Payments (C plus D)

\$ 3009

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments)

(+/-) \$ -97

**5. Assets**

You MUST disclose all assets correctly. By indicating "None", you are stating affirmatively that you or the other party, do not have assets in that category. Please attach additional copies of pages 5 & 6 to identify your assets, if necessary.

If the parties are married or partners in a civil union, check under the heading Joint (J) all assets acquired during the marriage/civil union but not by gift or inheritance. Under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage/civil union and assets acquired by gift or inheritance.

If the parties were NEVER married to each other or are using this form to modify child support, list all of each party's assets under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R).

"P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender)	P	C/R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
<input checked="" type="checkbox"/> None						
	<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						

B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender)	P	C/R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
<input type="checkbox"/> None						
2019 Anvil trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$8000	0	\$8000
2006 Scion TC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$500	0	\$500
2010 Mazda CX7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$3000	0	\$3000
1998 Dodge Ram 2500	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$5000	0	\$5000
Total				\$16,500		

C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution)	P	C/R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
<input type="checkbox"/> None						
On Tap Credit Union	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	checking	7815	\$452.45
On Tap Credit Union	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	savings	7813	\$5.00
Everbank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	savings	5823	\$607.19
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Total \$1064.64

D. Life Insurance (Name of Company/Beneficiary)	P	C/R	J	Type of Policy	Face Amount of Policy	Cash Value today
<input checked="" type="checkbox"/> None						
	<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						

E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total.	P	C/R	J	Current Possession Held by			Estimated Value as of Today Value = what you could sell it for in its current condition.
				P	C/R	J	
<input checked="" type="checkbox"/> None							
	<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"/>	<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							

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input checked="" type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	
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G. Pension, Profit Sharing, or Retirement Funds <input checked="" type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	
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H. Miscellaneous Assets <input checked="" type="checkbox"/> None If you own any of the assets identified below, please check the appropriate box and attach JDF 1111-SS to report the value.			
<input type="checkbox"/> Business Interests	<input type="checkbox"/> Stock Options	<input type="checkbox"/> Money/Loans owed to you	<input type="checkbox"/> IRS Refunds due to you
<input type="checkbox"/> Country Club & Other Memberships	<input type="checkbox"/> Livestock, Crops, Farm Equipment	<input type="checkbox"/> Pending lawsuit or claim by you	<input type="checkbox"/> Accrued Paid Leave (sick, vacation, personal)
<input type="checkbox"/> Oil and Gas Rights	<input type="checkbox"/> Vacation Club Points	<input type="checkbox"/> Safety Deposit Box/Vault	<input type="checkbox"/> Trust Beneficiary
<input type="checkbox"/> Frequent Flyer Miles	<input type="checkbox"/> Education Accounts	<input type="checkbox"/> Health Savings Accounts	<input type="checkbox"/> Mineral and Water Rights
<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____
Total			

I. Separate Property <input checked="" type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS to identify the property and to report the value.	Total	
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**Total Value/Balance of All Assets (A – I)**

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

I understand that if the information I have provided changes or needs to be updated before a final decree or order is issued by the Court, that I have a duty to provide the correct or updated information.

I understand that if I have omitted or misstated any material information, intentionally or not, the Court will have the power to enter orders to address those matters, including the power to punish me for any statements made with the intent to defraud or mislead the Court or the other party.

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### VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the 24 day of June, 2025, at Brighton, CO  
(date) (month) (year) (city or other location, and state OR country)

Lauren Dorsey  
(printed name of Petitioner or Co-Petitioner/Respondent)

Lauren Dorsey  
Signature of Petitioner or Co-Petitioner/Respondent

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### CERTIFICATE OF SERVICE

I certify that on June 24, 2025 (date) a true and accurate copy of the **SWORN FINANCIAL STATEMENT** was served on the other party by:

- Hand Delivery,  E-filed,  Faxed to this number: \_\_\_\_\_, or  
 By placing it in the United States mail, postage pre-paid, and addressed to the following:

To: Richard Dorsey  
dorseydriver01@gmail.com

Lauren Dorsey  
Your signature