

# WAIVER OF FINANCIAL DISCLOSURE

THIS DOCUMENT WAIVES A MANDATORY REQUIREMENT THAT ALLOWS YOU TO VIEW YOUR SPOUSE'S FINANCIALS (ASSETS AND DEBTS).

This Waiver of Financial Disclosure ("Waiver") is entered into on \_\_\_\_\_, 20\_\_\_\_ by and between:

Spouse 1: \_\_\_\_\_, with a mailing address of \_\_\_\_\_.

Spouse 2: \_\_\_\_\_ with a mailing address of \_\_\_\_\_.

Both spouses entered into this action, pro se or through counsel, hereby waive the mandatory disclosure required under state law and acknowledge the following:

## ACKNOWLEDGMENT

Each spouse agrees to the following statement with the placement of their initials:

\_\_\_\_\_/\_\_\_\_\_- I understand that the financials of the other spouse will not be disclosed to me in accordance with my rights under state law. This may or may not negatively affect my "standard of living" and my position in any additional agreements that are signed.

\_\_\_\_\_/\_\_\_\_\_- I understand that I am making this agreement out of my own free will and without coercion, intimidation, or threat of retaliation. I acknowledge that my spouse has not exerted any undue pressure or influence on me in this regard.

\_\_\_\_\_/\_\_\_\_\_- I have had reasonable time to determine whether to enter into this Waiver and fully understand its terms. It is known that any request for additional time for me to review this Waiver, and my rights, would be provided to me.

\_\_\_\_\_/\_\_\_\_\_- I agree that this waiver prohibits me from viewing any of the following documents: tax returns, pay stubs, bank statements, credit card balances, deeds to real estate, brokerage accounts, retirements accounts, life insurance policies, estate documents, child support payments, alimony payments, and any other sensitive financial information.

\_\_\_\_\_/\_\_\_\_\_- I understand once this Waiver is signed, it is considered final and legally binding.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

## NOTARY ACKNOWLEDGMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_ before me appeared  
\_\_\_\_\_ and \_\_\_\_\_ of  
this Waiver of Financial Disclosure who proved to me through government-issued photo  
identification to be the above-named persons, in my presence executed the foregoing  
instrument and acknowledged that (s)he executed the same as his/her free act and  
deed.

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
Print Name

My commission expires: \_\_\_\_\_

(SEAL)