

IN THE DISTRICT COURT OF SHERWOOD, PULASKI COUNTY, ARKANSAS
SMALL CLAIMS DIVISION

PLAINTIFF

V.

CASE NO. SC - _____

DEFENDANT

FULL LEGAL NAME: _____
ADDRESS: MAILING: _____
PHYSICAL: _____
PHONE NUMBER: _____
CELL PHONE NUMBER: _____
WORK PHONE NUMBER: _____
SOCIAL SECURITY NUMBER: _____
DATE OF BIRTH: _____

AFFIDAVIT OF FINANCIAL MEANS AFTER JUDGMENT

ACA 16-66-221 requires that you prepare a schedule verified by affidavit, of all your property, both real and personal, including moneys, bank accounts, rights, credits and choses in action held by yourself or others for you, and that you specify what property you claim exempt under the provisions of the law.

The Statute requires that you file the schedules with the Clerk of the Court where the Judgment is filed within 45 days of the filing of the Judgment. The following is a schedule and affidavit. Complete it, have it notarized, and file it with the Clerk's office. Send Plaintiff's attorney a copy.

List all assets in your name held solely or with another person: (If more space is required, please attach a separate sheet.)

1. Bank(s)/Credit Union(s):

Name of Institution: _____

Address: _____

Type of Account: _____

Account Number: _____

Current Balance: _____

Name of Institution: _____

Address: _____

Type of Account: _____

Account Number: _____

Current Balance: _____

2. Savings and Loan(s):

Name of Institution: _____

Address: _____

Type of Account: _____

Account Number: _____

Current Balance: _____

Name of Institution: _____

Address: _____

Type of Account: _____

Account Number: _____

Current Balance: _____

3. Real Estate:
(Please include legal description if known)
Street Address: _____
City/State: _____

4. Vehicles:
(includes automobiles, trucks, boats, airplanes, jet skis, jeeps, and other vehicles)

Make: _____ Model: _____

Year: _____ Mileage: _____

License Number: _____
Amount of Lien against Vehicle: _____
Lienholder: _____

Make: _____ Model: _____

Year: _____ Mileage: _____

License Number: _____
Amount of Lien against Vehicle: _____
Lienholder: _____

5. Stocks, Bonds, Gold, Silver, Gems, Jewelry, Collectibles, etc.:

(Name number of shares or description, value, and where located.)

6. Employer(s) or Other Source of Income:

Name: _____ Rate of Pay: \$ _____/hour
Address: _____ week
Phone Number: _____ 2 weeks
_____ month

7. Business Interests:

Name: _____
Address: _____

Phone Number: _____
Type of Business: _____

Name(s) of other owner(s) if business is jointly owned: _____

Percentage of Ownership: _____

8. Value and list of household furniture, furnishings or personal effects (firearms, tools, etc.):

9. Other Personal Property not listed:

10. Debtors owing you money:
Name: _____
Address: _____
Phone Number: _____

11. Property which you claim as exempt (ask your Attorney):

12. In which County and State did you last assess?

I hereunto set my hand in seal and swear or affirm the above is whole, true and correct.

NAME _____

Social Security Number _____

Subscribed and sworn to before me this _____ day of _____, 200____.

Notary Public _____

My Commission Expires: _____