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Financial Information

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Family Information Sheet

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PARTY 1'S BACKGROUND INFORMATION:

Name (First, Middle, Last): _____

Social Security Number: _____ Gender: Male. Female.

Date of Birth: _____ Date of Marriage: _____ Date Separated: _____

Address: _____

City, state Zip: _____, _____

Phone: _____ Cell Phone: _____

Email: _____

PARTY 2'S BACKGROUND INFORMATION:

Name (First, Middle, Last): _____

Social Security Number: _____ Gender: Male. Female.

Date of Birth: _____

Address: _____

City, state Zip: _____, _____

Phone: _____ Cell Phone: _____

Email: _____

CHILDREN

Child's Name	Date of Birth	Custody Husband or Wife (H/W)	Exemption Husband or Wife (H/W)	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Income and Expenses

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WAGES FOR PARTY 1

Annual wage and salary income, before taxes: _____

NON-WAGE INCOME FOR PARTY 1

Use this sheet to specify income that is not covered on any other sheet.
Specify an amount in whichever column (Week, Month, or Year) is most convenient.

Item	Amount per...		
	Week	Month	Year
Child support from previous relationship	_____	_____	_____
Alimony from previous relationship	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Public Assistance	_____	_____	_____
Bonuses	_____	_____	_____
Commissions	_____	_____	_____
Tips	_____	_____	_____
Overtime	_____	_____	_____
Disability Benefits	_____	_____	_____
Workers' Compensation	_____	_____	_____
Royalties	_____	_____	_____
Rent from Spouse	_____	_____	_____
Deferred Compensation	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Income and Expenses (cont.)

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Expense List

On this data sheet, specify the household, child, and personal expenses of everyday life. The list tries to be comprehensive, but there is no need to fill in every line.

Note: We suggest that you specify mortgage and/or rental expenses on the data sheets on "Real Estate," not on this data sheet. Specify alimony and support for this spouse on the "Alimony & Support" sheets. Specify education tuition as a "Major Expense," not here.

Enter the amount spent on this item, per week, or per month, or per year (not all three).

Enter Expenses for Party 1 Weekly Monthly Annual

Deductions

Union Dues _____

Mandatory Retirement _____

Other Mandatory expenses _____

Health Insurance _____

Dental Insurance _____

Previous Relship Child Support _____

Previous Relship Spousal Support _____

Spousal Support Partner Support

Necessary job-related expenses

Employment Unreimbursed Travel _____

Employment Uniforms _____

Employment Unreimbursed Education _____

a. Home

Rent Paid _____

Real property taxes

Real Estate Taxes, Assessments _____

Condo & Homeowner assoc. fees _____

Homeowner's or renter's insurance _____

Homeowners insurance _____

Renters insurance _____

Maintenance and repair

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Income and Expenses (cont.)

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Enter Expenses for Party 1

Weekly

Monthly

Annual

Painting and Wallpapering	_____	_____	_____
Repairs & Maintenance	_____	_____	_____
Appliance repairs and replacement	_____	_____	_____
Lawn & Garden	_____	_____	_____
Snow Removal	_____	_____	_____
Maid / Cleaning service	_____	_____	_____

b. Medical (after insurance proceeds / reimbursement)

Health care costs for Adults

Doctor	_____	_____	_____
Optical	_____	_____	_____
Dental	_____	_____	_____
Medication	_____	_____	_____
Psychiatric / psychological	_____	_____	_____
Other Health	_____	_____	_____

Health care costs for Children

Doctor	_____	_____	_____
Optical	_____	_____	_____
Dental	_____	_____	_____
Orthodontic	_____	_____	_____
Medication	_____	_____	_____

c. Child care

Child care / Pre or After school care	_____	_____	_____
Sitters	_____	_____	_____

d. Food and home supplies

Groceries	_____	_____	_____
Food for children	_____	_____	_____
Liquor	_____	_____	_____

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Income and Expenses (cont.)

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Enter Expenses for Party 1

Weekly

Monthly

Annual

Non-prescription medications _____

Cigarettes _____

Lottery _____

Pet expenses _____

Household Supplies _____

Other Supplies _____

e. Eating Out

Eating Out _____

f. Utilities (gas, electric, water, trash)

Gas and Propane _____

Heating Fuel Oil _____

Electricity _____

Other Utilities _____

Water and Sewer _____

Trash Removal _____

g. Telephone, cell phone and e-mail

Phone Lines _____

Cell Phone _____

Cable / Satellite TV _____

Internet Service Provider _____

h. Laundry and Cleaning

Laundry _____

Dry Cleaning _____

i. Clothes

Clothing for adults _____

Clothing for children _____

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Income and Expenses (cont.)

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Enter Expenses for Party 1

Weekly

Monthly

Annual

j. Education

Adult education expenses	_____	_____	_____
Children education expenses			
Lessons Extracurricular Activities	_____	_____	_____
Education Supplies	_____	_____	_____
Tuition / Tutors	_____	_____	_____
Books / Fees	_____	_____	_____
School lunch	_____	_____	_____
School Transportation	_____	_____	_____
School-sponsored activities	_____	_____	_____
School room and board	_____	_____	_____

k. Entertainment, gifts, and vacation

Travel	_____	_____	_____
Vacations (not including children	_____	_____	_____
Vacations (children only	_____	_____	_____
Entertainment	_____	_____	_____
Gifts	_____	_____	_____
Sports and hobbies	_____	_____	_____
Newspapers, magazines, books	_____	_____	_____
Computer / Supplies / Software	_____	_____	_____
Club dues and membership	_____	_____	_____
Horseback	_____	_____	_____
Children - Clubs / Summer Camps	_____	_____	_____
Children - Entertainment	_____	_____	_____
Children - Allowance	_____	_____	_____
Children - Other	_____	_____	_____

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Income and Expenses (cont.)

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Enter Expenses for Party 1

Weekly

Monthly

Annual

I. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)

Gasoline	_____	_____	_____
Repairs and Maintenance	_____	_____	_____
Insurance	_____	_____	_____
License / City Stickers	_____	_____	_____
Payments (lease or financing	_____	_____	_____
Rental/replacements	_____	_____	_____
Parking	_____	_____	_____
Tolls	_____	_____	_____
Public Transportation	_____	_____	_____
Other	_____	_____	_____

m. Insurance

Personal Property Insurance	_____	_____	_____
Disability Insurance	_____	_____	_____

n. Savings and investments

Savings	_____	_____	_____
Voluntary Retirement	_____	_____	_____

o. Charitable contributions

Charitable	_____	_____	_____
Religious organizations	_____	_____	_____

p. Monthly payments with debts

=> Note: Enter monthly payments with debts on "Income from Assets" screen above.

q. Other

Credit Union	_____	_____	_____
Deferred compensation	_____	_____	_____
Legal and Accounting	_____	_____	_____
Bank charges/credit card fees	_____	_____	_____

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Income and Expenses (cont.)

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Enter Expenses for Party 1	Weekly	Monthly	Annual
Hair	_____	_____	_____
Manicure, Pedicure	_____	_____	_____
Children - Grooming	_____	_____	_____
Local Income Tax	_____	_____	_____
Other Miscellaneous expenses	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
s. Expenses paid by others			
Amount of expenses paid by others	_____	_____	_____

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Assets and Liabilities (cont.)

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2. DEBTS:

Description	Current Balance	Interest Rate (%)	Monthly Payment

3. PERSONAL ITEMS:

Description	Current Value	Original Cost	Title* (M/H/W)	Type*

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Assets and Liabilities (cont.)

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* Title (H-Husband, W-Wife, J-Joint)

* Type (1-Household, 2-Furniture, 3-Art, 4-Jewelry, 5-Paintings, 6-Prints, 7-Antiques, 8-Precious Object, 9-Gold or Metals, 10-Collections, 11-Trademarks, 12-Patents, 13-Other)

4. VEHICLES:

Description	Make/Model/Year	Current Value	Original Cost	Type*	Title* (H/W/J)	Lien

* Type (1-Car, 2-Truck, 3-RV, 4-Boat, 5-Plane)

* Title (H-Husband, W-Wife, J-Joint)

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Assets and Liabilities (cont.)

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5. REAL ESTATE:

Basic Info:	1st Property	2nd Property	3rd Property
Address:	_____	_____	_____
	_____	_____	_____
Current Value:	_____	_____	_____
Original Cost:	_____	_____	_____
Title (H, W, J)*:	_____	_____	_____
1st Mortgage:			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (H/W/Both):	_____	_____	_____
2nd Mortgage:			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (H/W/Both):	_____	_____	_____

* For monthly payment include interest & principal only, do NOT include taxes or insurance.

* Title (H-Husband, W-Wife, J-Joint)

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Assets and Liabilities (cont.)

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6. IRA/401k ACCOUNTS:

Description	Current Value	Title* (H/W)

* Title (H-Husband, W-Wife)

7. LIFE INSURANCE:

Description	Cash Value	Amount of Premium Paid By Husband	Amount of Premium Paid By Wife	Title* (H/W)

* Title (H-Husband, W-Wife)

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Assets and Liabilities (cont.)

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8. BUSINESS:

Description	Current Value	Original Cost	Annual Cash Flow	Form of Business (I/P/C)*	Title* (H/W)

* Title (H-Husband, W-Wife, J-Joint)
* Form of Business (I-Individual, P-Partnership or S Corporation, C-C Corporation)

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