



6. Are **you** employed? \_\_\_\_\_ If yes, please state:  
Name of Employer and Address: \_\_\_\_\_  
Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
Employed Since: \_\_\_\_\_ :Previous Year Income \$ \_\_\_\_\_  
Level of Education: \_\_\_\_\_ Special Skills/Training: \_\_\_\_\_

7. Is your **spouse** employed? \_\_\_\_\_ If yes, please state:  
Name of Employer and Address: \_\_\_\_\_  
Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
Employed Since: \_\_\_\_\_ :Previous Year Income \$ \_\_\_\_\_  
Level of Education: \_\_\_\_\_ Special Skills/Training: \_\_\_\_\_

8 Health - Please describe **your** health, include any past problems: \_\_\_\_\_  
\_\_\_\_\_  
Please describe your **spouse's** health, include any past problems: \_\_\_\_\_  
\_\_\_\_\_

9. Have you any interest in reconciliation? \_\_\_\_\_, does your spouse (as far as you know)? \_\_\_\_\_.  
Has counseling been considered? \_\_\_\_\_

10. Do you have a will? \_\_\_\_\_ Should it be reviewed? \_\_\_\_\_

11. List all prior marriages of yourself and your spouse. (Include name of prior spouse and how, when and where prior marriage terminated.)  
\_\_\_\_\_

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12. List names and ages of any **prior relationship of yourself or your spouse** and state date of birth and with whom such children live, *include any child support which is due or payable*  
\_\_\_\_\_  
\_\_\_\_\_

13. Do you anticipate a dispute about custody of the children? \_\_\_\_\_

14. Spouse's Attorney: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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15. Should creditors be notified? \_\_\_\_\_

16. Are there joint bank accounts to which spouse has access? \_\_\_\_\_  
If so, specify institution address, name and account numbers: \_\_\_\_\_  
\_\_\_\_\_

17. Does your spouse have credit cards for which you are responsible? \_\_\_\_\_  
If so, specify institution address, name and account numbers: \_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION:** *Note the financial information called for on the following pages is important. If you need help in completing any item, please let us know)*

18. **ASSETS:** Estimate the value of each of the following items of property. If any item is located in a jurisdiction other than that in which you live, indicate where such item is located, and, if necessary, give details on a separate sheet. Indicate whether the asset is held by the Husband (H), the Wife (W) or Jointly (J). Indicate how much of each asset held in joint ownership was contributed by Husband (H) and how much by Wife (W).

		Market Value	Debt Owed	H/W/J
A)	Real Estate Location:			
B)	IRA, Keogh, Pension, Profit Sharing, other retirement plans. Specify financial institution or plan name and account number			
C)	Tax Deferred Annuity Plan(s). Specify financial institution or plan name and account number			
D)	Life Insurance. Specify financial institution or plan name and account number			
E)	Savings and Checking Accounts, Money Market Accounts, & CDs. Specify financial institution or plan name and account number			
F)	Automobiles (year, make, model)			
G)	Other Assets (Personal Property, Securities, Stocks, Bonds, Business Interest). Attach sheet if necessary.			
<b>TOTAL ASSETS</b>				

19. **LIABILITIES**

		Total Owed	Payment	H/W/J
A)	Mortgages on Real Estate, include second mortgages, home equity loans and mortgages on second homes or income property, not previously listed. Attach additional sheet if necessary.	\$	\$	
B)	Notes to Banks and others	\$	\$	
C)	Loans on Insurance Policies	\$	\$	
D)	Credits Card Debt	\$	\$	
	_____	\$	\$	
	_____	\$	\$	
	_____	\$	\$	
E)	Other Debts/Liabilities: _____	\$	\$	
	_____	\$	\$	
	_____	\$	\$	
	_____	\$	\$	
<b>TOTAL LIABILITIES</b>		\$		

20. **YOUR MONTHLY EXPENSES**

a.	rent/mortgage	\$		l.	life insurance	\$
b.	home insurance	\$		m.	medical insurance	\$
c.	maintenance/repair	\$		n.	uninsured medicals	\$
d.	heat	\$		o.	incidentals/toiletries	\$
e.	electric/gas	\$		p.	auto expenses	\$
f.	telephone	\$		q.	auto payment, if any	\$
g.	water/sewer	\$		r.	child care	\$
h.	food	\$		s.	other	\$
i.	house supplies	\$				\$
j.	laundry/cleaning	\$				\$
k.	clothing	\$			<b>Total Monthly Expenses</b>	\$

21. **WEEKLY INCOME**

CLIENT SPOUSE, *if known*

a.	Base pay from salary, wages	\$	\$
b.	. Overtime, commissions, tips, bonuses, part-time job	\$	\$
c.	Dividends and interest	\$	\$
d.	Income from trusts and annuities	\$	\$
e.	Pensions and retirement funds	\$	\$
f.	Social Security	\$	\$
g.	Disability, unemployment insurance, worker's comp.	\$	\$
h.	Public Assistance (Welfare, AFDC)	\$	\$
i.	other sources (child support, alimony, rent)	\$	\$
		\$	\$

22. **ITEMIZED DEDUCTIONS**

client

spouse, *if known*

a.	Federal income tax (claiming _____ exemptions)	\$	\$
b.	State income tax (claiming _____ exemptions)	\$	\$
c.	FICA	\$	\$
d.	Medicare	\$	\$
e.	Medical Insurance	\$	\$
f.	Union Dues	\$	\$
	<b>TOTAL DEDUCTIONS</b>	\$	\$

23. **ADJUSTED INCOME** - subtract deductions from income.....\$ \_\_\_\_\_

24. **OTHER DEDUCTIONS**

	client	spouse, <i>if known</i>
a. credit union (loan repayment or savings)	\$	\$
b. savings	\$	\$
c. retirement	\$	\$
d. other (specify)	\$	\$
TOTAL DEDUCTIONS	\$	\$

25. **NET WEEKLY INCOME** (subtract deductions from adjusted: \$ \_\_\_\_\_)

26. **GROSS YEARLY INCOME FROM PRIOR YEAR** \$ \_\_\_\_\_

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**PLEASE LIST ANY OTHER INFORMATION WHICH YOU FEEL WILL HAVE AN IMPACT ON YOUR DIVORCE.**