

WORKSHEET FOR FINANCIAL AFFIDAVIT

DATE _____

NAME _____

ADDRESS _____

TELEPHONE (HOME) _____ (W) _____

SOCIAL SECURITY NUMBER _____

EMPLOYER _____

EMPLOYER ADDRESS _____

OCCUPATION _____

SPOUSE INFORMATION:

SPOUSES' NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

PRIMARY OCCUPATION: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

ITEMS TO ATTACH TO QUESTIONNAIRE

1. **A current pay stub**
2. **Last years income tax return**
3. **Copy of deed to house**
4. **Copy of all mortgage deeds and notes**
5. **Copy of statement of pension rights and values**
6. **Copy of statements regarding the following:
Stocks, Bonds, Mutual Funds, IRA's, 401(k), Keogh, etc.**

I. INCOME:

Are you paid _____ weekly _____ bi-weekly _____ bi-monthly _____ monthly?

GROSS WAGES: _____ NET WAGES: _____

DEDUCTIONS: Federal Tax _____ Dental Ins. _____

FICA _____ Medical Ins. _____

State Tax _____ Life Ins. _____

Medicare _____ Union Dues _____

Savings Plan _____ Pension _____

Charity _____ Disability _____

Credit Union _____ Loan _____

Other _____

Has your income changed significantly over the last 90 days from that you were earning previously? YES ____ NO ____

If yes, explain: _____

OTHER INCOME SOURCES: (Please note if weekly or monthly)

Interest _____ Dividends _____

Rental _____ Self-Employment _____

Pension _____ Tips _____

Unemployment _____ Workers Comp _____

Commissions _____ Alimony _____

Child Support _____ Other _____

II. EXPENSES:

1. Monthly Rent or Mortgage _____ (Please circle one)
2. Yearly Real Estate Taxes _____
(Please check here if included in mortgage _____)
3. Utilities for your residence (Monthly payment to each company)
Fuel _____ Electricity _____ Trash Collection _____
Water _____ Cable _____ Telephone _____
Security _____ Gas _____ Lawn Care _____
Snow Removal _____ Other (Please specify) _____

4. Food _____ (Weekly Payments)
5. Clothing (self) _____ Children _____ (Estimate for one year)
6. Transportation:
Weekly Gas/Oil _____ Yearly Repairs _____
Monthly Auto Loan _____ Public Trans _____
Taxes _____
7. Insurance / Premiums (Please note whether Monthly or Yearly)
Medical/Dental _____ Automobile _____
Homeowner's _____ Life _____
Unreimbursed Medical/Dental Payments _____
(Include the deductible per year plus the unreimbursed medical/dental payments)
8. Child Support (Only If Court Ordered) _____
9. Alimony (Only If Court Ordered) _____
10. Miscellaneous Expenses: (Please note whether weekly, monthly or yearly)
Children's Activities _____ Children's Camp _____
Daycare _____ Diaper Service _____

Entertainment _____ Children's Lessons _____
 Charity _____ Therapist _____
 Dry Cleaning _____ Cigarettes _____
 Newspapers _____ Vacation _____
 Car Phone _____ Pet Food/Care _____
 Condo Fee _____ Pers. Prop Tax _____
 Sewer Assess _____ Car Tax _____
 Yearly/Weekly Gifts (Christmas, Birthdays, etc.) _____
 Other _____

III LIABILITIES

List creditors such as revolving credit (credit cards), personal loans, student loans, etc. (Do not include mortgages or equity loans.)

1. Creditor _____
 Source of Debt: Revolving / Loan (please circle one)
 Amount of Debt _____ Balance Due _____
 Monthly Payment (state only minimum required) _____
 Please circle type of account: Joint / Individual
 Name of Account Holder: _____
 Debt Incurred on: _____ (Date when account opened)
 Reason for debt: _____
 (Purchases of household goods, clothing, trips, cash advances, etc.)
 Do you feel that the balance due is a marital obligation (i.e. that it was incurred in the ordinary course of your financial affairs during your marriage)? _____

2. Creditor _____
 Source of Debt: Revolving / Loan (please circle one)
 Amount of Debt _____ Balance Due _____
 Monthly Payment (state only minimum required) _____
 Please circle type of account: Joint / Individual
 Name of Account Holder: _____
 Debt Incurred on: _____ (Date when account opened)
 Reason for debt: _____
 (Purchases of household goods, clothing, trips, cash advances, etc.)

Do you feel that the balance due is a marital obligation (i.e. that it was incurred in the ordinary course of your financial affairs during your marriage)? _____

3. Creditor _____

Source of Debt: Revolving / Loan (please circle one)

Amount of Debt _____ Balance Due _____

Monthly Payment (state only minimum required) _____

Please circle type of account: Joint / Individual

Name of Account Holder: _____

Debt Incurred on: _____ (Date when account opened)

Reason for debt: _____

(Purchases of household goods, clothing, trips, cash advances, etc.)

Do you feel that the balance due is a marital obligation (i.e. that it was incurred in the ordinary course of your financial affairs during your marriage)? _____

4. Creditor _____

Source of Debt: Revolving / Loan (please circle one)

Amount of Debt _____ Balance Due _____

Monthly Payment (state only minimum required) _____

Please circle type of account: Joint / Individual

Name of Account Holder: _____

Debt Incurred on: _____ (Date when account opened)

Reason for debt: _____

(Purchases of household goods, clothing, trips, cash advances, etc.)

Do you feel that the balance due is a marital obligation (i.e. that it was incurred in the ordinary course of your financial affairs during your marriage)? _____

5. Creditor _____

Source of Debt: Revolving / Loan (please circle one)

Amount of Debt _____ Balance Due _____

Monthly Payment (state only minimum required) _____

Please circle type of account: Joint / Individual

Name of Account Holder: _____

Debt Incurred on: _____ (Date when account opened)

Reason for debt: _____

(Purchases of household goods, clothing, trips, cash advances, etc.)

Do you feel that the balance due is a marital obligation (i.e. that it was incurred in the ordinary course of your financial affairs during your marriage)? _____

IV. ASSETS:

1a. REAL ESTATE (Home address): _____

Value: _____

Has property been appraised recently? YES / NO (circle one)

If yes, was it a WRITTEN or VERBAL appraisal? (Circle one)

Name of appraiser: _____

Appraisal value: _____

Name(s) on title of property: _____

b. Bank which holds first mortgage: _____

Mortgage balance: _____ as of _____

Bank which holds second mortgage _____

Mortgage balance: _____ as of _____

TOTAL MORTGAGE BALANCE: _____

Is mortgage current? YES / NO (circle one)

Do you have a home equity line of credit or other mortgages?

YES / NO (Circle one)

If yes, name of bank: _____

Maximum line of credit amount: _____

Amount presently borrowed and outstanding: _____

In whose name is the line of credit? _____

c. Is there currently a sewer lien on the property? YES / NO

Are there any other attachments or liens on the property? (List and explain)

d. When purchased: _____

e. Amount of down payment on property: _____

Source of down payment on property: _____

2a. Other Real Estate: Address: _____

Value: _____

Has property been appraised recently? YES / NO (Circle one)

If yes, was it a WRITTEN or VERBAL appraisal? (Circle one)

Name of appraiser: _____

Appraisal value: _____

Name(s) on title of property: _____

b. Bank which holds first mortgage: _____

Mortgage balance: _____ as of _____

Bank which holds second mortgage _____

Mortgage balance: _____ as of _____

TOTAL MORTGAGE BALANCE: _____

Is mortgage current? YES / NO (circle one)

Do you have a home equity line of credit or other mortgages?

YES / NO (Circle one)

If yes, name of bank: _____

Maximum line of credit amount: _____

Amount presently borrowed and outstanding: _____

In whose name is the line of credit? _____

c. Is there currently a sewer lien on the property? YES / NO

Are there any other attachments or liens on the property? (list and explain)

d. When purchased: _____

e. Amount of down payment on property: _____

Source of down payment on property: _____

3. MOTOR VEHICLES (Our office can determine the value of the car)

Car 1: Year: _____ Make: _____

Model: _____ Loan Balance: _____

Title in whose name: _____

Who primarily drives the vehicle? _____

Whom do you wish to retain the vehicle after

the dissolution: _____

Car 2: Year: _____ Make: _____

Model: _____ Loan Balance: _____

Title in whose name: _____

Who primarily drives the vehicle? _____

Whom do you wish to retain the vehicle after
the dissolution: _____

Car 3: Year: _____ Make: _____

Model: _____ Loan Balance: _____

Title in whose name: _____

Who primarily drives the vehicle? _____

Whom do you wish to retain the vehicle after
the dissolution: _____

4. OTHER PERSONAL PROPERTY: (i.e. coin, stamp, gun collection, boats, etc.) If you have any appraisals as to the value of the personal property, please indicate below along with the value of the property.

TOTAL VALUE: _____

5. SAVINGS OR CHECKING ACCOUNTS: (State name of bank, type of account, in whose name account is listed and amount in each account)

TOTAL VALUE: _____

6. STOCKS, BONDS, MUTUAL FUNDS: (List company, number of shares, estimated value per share and who owns the shares)

TOTAL VALUE: _____

7. LIFE INSURANCE:

a. Whole or Universal

List only policies if life insurance is Whole or Universal Life Insurance Policies.

Name of insured: _____

Company name: _____

Company Address: _____

Face Amount: _____ Cash Value: _____

Amount of Loan: _____

Primary Beneficiary named: _____

Second Beneficiary named: _____

* Additional policies list on reverse side.

b. Term

List only policies if life insurance is term insurance.

Do not list policies held for your children.

Name of insured: _____

Company name: _____

Company Address: _____

Face Amount: _____

Primary Beneficiary named: _____

Second Beneficiary named: _____

8. PENSION AND RETIREMENT PLANS: (State name of account, value of account and date of the value of the account. Also list any loans against the account.)

Pension: _____

IRA: _____

KEOGH: _____

401(k): _____

Stock Purchase Plan with employer (ESOP): _____

Employee incentive Savings Plan: _____

9. INHERITANCE / GIFTS RECEIVED: (Circle one)

Amount: _____

Received from whom? _____

Date received: _____

10. Assets owned prior to marriage which you presently still hold either jointly or in your sole name. Please describe the asset, value at time of the marriage and present value.

TOTAL VALUE: _____

11. STOCK OPTIONS: Please indicate whether vested. If not, indicate date of vesting and
Number of shares.

TOTAL VALUE: _____

V. MEDICAL HISTORY:

1. Please give a brief history of yourself:

Any medical conditions: _____

Any daily medications prescribed: _____

Any surgery or extensive hospitals stays in past 5 years: _____

2. Please give a brief medical history of your spouse:

Any medical conditions: _____

Any daily medications prescribed: _____

Any surgery or extensive hospitals stays in past 5 years: _____

Last update-Jan. 31, 2001-