

## CHECKLIST: GETTING ORGANIZED

If divorce is at your doorstep, you need to develop an organizational system that will work for you—and prevent you from drowning in a sea of paperwork. You will save time, money, and lower your stress levels if you can put your hands on a document the moment your lawyer or CDFA® professional asks for it. An accordion folder is a good way to keep everything in one place—and it's portable so your files can go with you to meetings. You will want to label the tabs so they're specific to your situation. For instance:

- Documents For My Lawyer\*
- Documents From My Lawyer
- Documents For My CDFA Professional\*
- Documents From My CDFA Professional
- To-Do Lists

\* Documents for your lawyer and CDFA professional would include items such as:

1. Financial statements for both parties (if available);
2. At least three years of income tax returns for both parties (if possible);
3. Details regarding investments;
4. Employee benefit/retirement information;
5. Information regarding your mortgage(s);
6. Most recent paystubs for both parties (if possible);
7. List of assets;
8. List of debts;
9. Marital property inventory and/or receipts;
10. Non-marital property inventory and/or receipts;
11. Household inventory (use the "Household Inventory Worksheet" to help with this);
12. Household bills and/or receipts;
13. Bank account statements (joint and separate);
14. Credit card statements (joint and separate);
15. Child or spousal support (paid or received);
16. Insurance information; and
17. Any other documents that would have a bearing on your financial situation.

If you have never made a to-do list, now is the time to start. There's simply too much to remember, and too much that can fall through the cracks at this stressful time. There is software available that can track tasks and appointments, or you can purchase a diary or appointment book that you will refer to every day. Make sure to put deadlines on everything: you don't want to keep your lawyer waiting for a document you promised last week because you forgot about it.

# Client Checklist

Materials to be assembled by the client and/or client's lawyer and provided to the CDFA® professional may include, but are not necessarily limited to, the following:

## Court Case/Hearing Information

- Draft of Divorce Decree
- Friend of the Court Child Support Recommendation
- QDRO (Qualified Domestic Relations Order)
- Copies of any interrogatories/depositions/requests for information
- Information on the next court date, settlement meeting, or mediation session
- Information on any agreed upon deadlines

## Financial Data: Client and Spouse

- Tax returns for the last three years: client, spouse, and joint
  - Personal Tax Returns
  - W-2s and 1099s
  - Partnership/Corporate Returns
  - Any amended tax returns
- Partnership/Corporate Financial Statements
- Three most recent payroll stubs
- Social Security statements
- Life insurance policies and most recent statement (personal and through employer)
- Information on any cash or in-kind transactions
- Detailed breakdown of all expenses, whether personal or joint, on a month-to-month and annual basis
- Defined benefit and defined contribution pension plans:
  - Summary of plan description
  - Benefits booklet
  - Most recent statements (three years)
  - Benefits estimate:

- At Earliest Retirement Age
  - At Normal Retirement Age
  - At Current Age (if eligible)
  - Early Retirement Option Elections
- Stock options:
- Benefits booklet
  - Most recent statements (three years)
- IRA, Roth IRA, Keogh, SEP, 401(k), 403(b), 457 and Non-Qualified Deferred Compensation statements
- Primary residence and other real estate:
- Appraisal
  - Date of purchase
  - Purchase price
  - Original mortgage amount
  - Current mortgage amount
  - Interest rate/length of mortgage
  - Monthly payment
  - Particulars of second mortgage, if any
- Listing of all individual, joint and business non-investment assets (e.g., cars, boats, jewelry, collections, etc.) and their values as at the date of marriage, the date of separation or valuation, and the most current date
- Cancelled checks and bank statements for all personal, joint, business, partnership and corporate accounts for the previous six months
- Savings/passbook account statements for all personal, joint, business, partnership and corporate accounts for the previous three years
- Statements regarding securities, money markets, brokerage, CDs, commodities, mutual funds, investment accounts, annuities, stocks and bonds for all personal, joint, business, partnership and corporate accounts
- All employee benefit and executive compensation booklets and statements
- Wills, trusts, and amendments or codicils
- Business or partnership agreements
- Children's bank, savings, insurance and investment account statements for the previous three years
- Loan and credit card statements for all personal, joint, business, partnership and corporate accounts

### Financial Data: Other

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- \_\_\_\_\_  
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- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WORKSHEET: MY PRIORITIES

If you do not really know what your priorities are, you will not know what to ask for—and what to fight for, if necessary—and what you can live without. Saying “I want it all!” is useful neither to you nor your lawyer. Use this worksheet to help identify your priorities before entering into serious negotiations, and share this information with your lawyer. If you need more space, copy this worksheet onto separate pages of a legal or letter-sized notepad; use the top half of each page to list your priorities, and the bottom half to list your spouse’s. Add or delete items to suit your individual case.

### PROPERTY DIVISION

My priorities are:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

My spouse’s priorities are:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

### FINANCES (spousal support, division of retirement assets and debts)

My priorities are:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

My spouse’s priorities are:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

### CHILDREN (child support, custody, visitation)

My priorities are:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

My spouse’s priorities are:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**NOTE:** If you and your spouse do not agree on custody, write down why you feel your custody arrangements are reasonable and in your children’s best interest, and why your spouse’s are not.

A Certified Divorce Financial Analyst® (CDFA®) professional can help you to understand: the difference between personal vs. marital property; the general rules for how property is valued and divided during separation and divorce; retirement and pension plan issues; tax issues as they relate to spousal and child support; solutions for dealing with the family home; and provide you with data to help you decide which settlement to choose. For more information about how a CDFA professional can help, go to [www.InstituteDFA.com](http://www.InstituteDFA.com).



# Asset and Liability Comparison Worksheet

Date Prepared: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Asset	Asset Value	Client's Asset Value	Spouse's Asset Value
<b>Real Estate</b>			
<b>Primary Residence</b>			
Fair Market Value			
1st Mortgage			
2nd Mortgage			
<b>Primary Residence Net Equity:</b>	\$ _____	\$ _____	\$ _____
<b>Other Real Estate (1)</b>			
Fair Market Value			
1st Mortgage			
2nd Mortgage			
<b>Real Estate (1) Net Equity:</b>	\$ _____	\$ _____	\$ _____
<b>Other Real Estate (2)</b>			
Fair Market Value			
1st Mortgage			
2nd Mortgage			
<b>Real Estate (2) Net Equity:</b>	\$ _____	\$ _____	\$ _____
<b>Subtotal Real Estate:</b>	\$ _____	\$ _____	\$ _____

Asset	Asset Value	Client's Asset Value	Spouse's Asset Value
<b>Working Capital</b>			
<b>Cash</b>			
(1)			
<b>Subtotal Cash:</b>	\$ _____	\$ _____	\$ _____
<b>Checking Accounts</b>			
(1)			
(2)			
(3)			
<b>Subtotal Checking Accounts:</b>	\$ _____	\$ _____	\$ _____
<b>Savings Accounts</b>			
(1)			
(2)			
(3)			
<b>Subtotal Savings Accounts:</b>	\$ _____	\$ _____	\$ _____
<b>Money Market Accounts</b>			
(1)			
(2)			
(3)			
<b>Subtotal Money Market Accounts:</b>	\$ _____	\$ _____	\$ _____

Asset	Asset Value	Client's Asset Value	Spouse's Asset Value
<b>Certificates of Deposit</b>			
(1)			
(2)			
(3)			
<b>Subtotal CDs:</b>	\$ _____	\$ _____	\$ _____
<b>Treasury Bills and Savings Bonds</b>			
(1)			
(2)			
(3)			
<b>Subtotal T-Bills and Savings Bonds:</b>	\$ _____	\$ _____	\$ _____
<b>Mutual Funds</b>			
(1)			
(2)			
(3)			
<b>Subtotal Mutual Funds:</b>	\$ _____	\$ _____	\$ _____
<b>Individual Stocks</b>			
(1)			
(2)			
(3)			
<i>— Loans Against Brokerage Account</i>	\$ _____	\$ _____	\$ _____
<b>Subtotal Individual Stocks:</b>	\$ _____	\$ _____	\$ _____

Asset	Asset Value	Client's Asset Value	Spouse's Asset Value
<b>Individual Bonds</b>			
(1)			
(2)			
(3)			
— Loans Against Brokerage Account	\$ _____	\$ _____	\$ _____
<b>Subtotal Individual Bonds:</b>	\$ _____	\$ _____	\$ _____
<b>Subtotal Working Capital:</b>	\$ _____	\$ _____	\$ _____

Asset	Asset Value	Client's Asset Value	Spouse's Asset Value
<b>Retirement Accounts</b>			
<b>IRAs and Roth IRAs</b>			
(1)			
(2)			
(3)			
<b>Subtotal IRAs and Roth IRAs:</b>	\$ _____	\$ _____	\$ _____
<b>401(k), 403(b) &amp; 457 Plans</b>			
(1)			
(2)			
(3)			
<b>Subtotal 401(k), 403(b) &amp; 457 Plans:</b>	\$ _____	\$ _____	\$ _____

Asset	Asset Value	Client's Asset Value	Spouse's Asset Value
<b>Thrift Plans</b>			
(1)			
(2)			
(3)			
<b>Subtotal Thrift Plans:</b>	\$ _____	\$ _____	\$ _____
<b>Subtotal Retirement Plans:</b>	\$ _____	\$ _____	\$ _____

Asset	Asset Value	Client's Asset Value	Spouse's Asset Value
<b>Pension Plans</b>			
<b>Present Value</b>			
(1)			
(2)			
(3)			
<b>Subtotal Pensions:</b>	\$ _____	\$ _____	\$ _____
<b>Stock Options</b>			
(1)			
(2)			
(3)			
<b>Subtotal Stock Options:</b>	\$ _____	\$ _____	\$ _____

Asset	Asset Value	Client's Asset Value	Spouse's Asset Value
<b>Corporate Incentive Programs</b>			
(1)			
(2)			
(3)			
<b>Subtotal Corporate Incentive Plans:</b>	\$ _____	\$ _____	\$ _____
<b>Business Interests</b>			
(1)			
(2)			
(3)			
— <i>Business Debt</i>	\$ _____	\$ _____	\$ _____
<b>Subtotal Business Interests:</b>	\$ _____	\$ _____	\$ _____

Asset	Asset Value	Client's Asset Value	Spouse's Asset Value
<b>Other Assets</b>			
<b>Cash Value of Life Insurance</b>			
(1)			
(2)			
(3)			
— <i>Loans Against Life Insurance</i>	\$ _____	\$ _____	\$ _____
<b>Subtotal Cash Value of Life Ins.:</b>	\$ _____	\$ _____	\$ _____
<b>Annuities</b>			
(1)			
(2)			
(3)			
<b>Subtotal Annuities:</b>	\$ _____	\$ _____	\$ _____
<b>Other</b>			
(1)			
(2)			
(3)			
<b>Subtotal Other:</b>	\$ _____	\$ _____	\$ _____
<b>Subtotal Other Assets:</b>	\$ _____	\$ _____	\$ _____

Asset	Asset Value	Client's Asset Value	Spouse's Asset Value
<b>Personal Property</b>			
<b>Automobiles</b>			
(1)			
(2)			
— <i>Auto Loan(s)</i>	\$ _____	\$ _____	\$ _____
<b>Subtotal Automobiles:</b>	\$ _____	\$ _____	\$ _____
<b>Motorcycle   RV</b>			
(1)			
(2)			
— <i>Motorcycle   RV Loan(s)</i>	\$ _____	\$ _____	\$ _____
<b>Subtotal Motorcycle   RV:</b>	\$ _____	\$ _____	\$ _____
<b>Boat</b>			
(1)			
— <i>Boat Loan</i>	\$ _____	\$ _____	\$ _____
<b>Subtotal Boat:</b>	\$ _____	\$ _____	\$ _____
Furniture			
Jewelry			
Furs			
Silverware   China			
Art – Collectible			
Antiques			
Collections			
Electronic Equipment			
Yard   Gardening Equip.   Tools			

Asset	Asset Value	Client's Asset Value	Spouse's Asset Value
Children's Property			
Other			
<b>Subtotal Other:</b>	\$ _____	\$ _____	\$ _____
<b>Subtotal Personal Property:</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSETS:</b>	\$ _____	\$ _____	\$ _____

Liability	Liability Value	Client's Liability Value	Spouse's Liability Value
<b>Loans</b> (Do not include loans/mortgages debited against assets in the Asset Worksheet.)			
Personal Loan			
Educational Loan			
Promissory Note			
Line of Credit			
(1)			
(2)			
<b>Subtotal Loans:</b>	\$ _____	\$ _____	\$ _____
<b>Credit Cards</b>			
(1)			
(2)			
(3)			
(4)			
<b>Subtotal Credit Cards:</b>	\$ _____	\$ _____	\$ _____

Liability	Liability Value	Client's Liability Value	Spouse's Liability Value
<b>Other Debt   Outstanding Liabilities</b>			
Back Taxes			
Professional Debts			
Business Liabilities			
Other:			
(1)			
(2)			
<b>Subtotal Other Debt:</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL LIABILITIES:</b>	\$ _____	\$ _____	\$ _____
<b>NET ASSETS AND LIABILITIES:</b>	\$ _____	\$ _____	\$ _____

## Pre-Tax Assets & Liabilities Division Summary

Date Prepared: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Assets</b>	<b>Pre-Tax Asset Value</b>	<b>Client's Asset Value</b>	<b>Spouse's Asset Value</b>
Real Estate			
Working Capital			
Retirement Accounts			
Pension Plans: Present Value			
Stock Options			
Corporate Incentive Programs			
Business Interests			
Other Assets			
Personal Property			
<b>Subtotal Assets:</b>	\$ _____	\$ _____	\$ _____

  

<b>Liabilities</b>	<b>Pre-Tax Liability Value</b>	<b>Client's Liability Value</b>	<b>Spouse's Liability Value</b>
Loans			
Credit Cards			
Other Debts   Outstanding Liabilities			
<b>Subtotal Liabilities:</b>	\$ _____	\$ _____	\$ _____

  

<b>Net Pre-Tax Assets and Liabilities:</b>	\$ _____	\$ _____	\$ _____
<b>Percentage:</b>		_____ %	_____ %



# Expense/Budget Comparison Worksheet

More detailed expense worksheets can be found on the Utah Divorce Analyst website at [www.utahdivorceanalyst.com](http://www.utahdivorceanalyst.com) if this form is insufficient for your needs.

Date Prepared: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

	Client: _____		Spouse: _____	
HOME	Monthly	Annual	Monthly	Annual
Rent   Mortgage				
HOA Fees				
Property Taxes				
Phone				
Cell Phone				
Internet				
Cable   Satellite				
Security System				
Electricity				
Gas   Oil   Prop.   Wood				
Water   Sewer				
Trash Removal				
Lawn Care				
Snow Removal				
Repairs   Maintenance				
Cleaning Services				
Other: _____				
<b>Total Home Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

<b>FOOD AND ENTERTAINMENT</b>	Client: _____		Spouse: _____	
	Monthly	Annual	Monthly	Annual
Groceries   Snacks				
Fast Food				
Restaurant Meals				
Entertainment				
Movies   Theatre				
Hobbies				
Vacation   Travel				
Memberships   Clubs				
<b>Total Food and Entertainment Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

<b>MEDICAL</b>	Client: _____		Spouse: _____	
	Monthly	Annual	Monthly	Annual
Physicians				
Dentist				
Orthodontist				
Chiropractor   RMT				
Therapist   Counselor				
Optometrist   Vision Care				
Prescriptions				
Other: _____				
<b>Total Medical Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
<b>INSURANCE</b>	Monthly	Annual	Monthly	Annual
Life				
Health				
Dental				
Disability				
Long-Term Care				
Home				
Auto				
Other: _____				
<b>Total Insurance Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
<b>TRANSPORTATION</b>	Monthly	Annual	Monthly	Annual
Auto Payment				
Fuel				
Repairs   Maintenance				
Parking				
Tolls				
License				
Taxis   Public Transit				
Other: _____				
<b>Total Transportation Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

PERSONAL AND MISCELLANEOUS	Client: _____		Spouse: _____	
	Monthly	Annual	Monthly	Annual
Clothing				
Dry Cleaning				
Gifts   Holiday				
Vitamins   OTC Drugs				
Beauty   Hair Care				
Pet Care				
Books   Papers   Mags.				
Home Office Supplies				
Postage   Courier				
Business Expenses				
Education Expenses				
Donations				
Cash				
Service Fees (Bank, Investment, etc.)				
Other: _____				
<b>Total Personal and Misc. Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
<b>OTHER PAYMENTS</b>	Monthly	Annual	Monthly	Annual
Quarterly Taxes				
Credit Card Debt				
Loan Payments				
Professional Fees				
Elder-Care Support				
Spousal Support				
Child Support				
Other: _____				
<b>Total Other Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
<b>CHILD-RELATED EXPENSES</b>	Monthly	Annual	Monthly	Annual
Education   Tuition				
School Supplies + Trips				
Child Care (work-related)				
Child Care (not for work)				
Sports   Camps   Lessons				
Hobbies   Toys   Games				
School Meals				
Other: _____				
<b>Total Child-Related Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
<b>SUMMARY</b>	Monthly	Annual	Monthly	Annual
Home				
Food and Entertainment				
Medical				
Insurance				
Transportation				
Personal and Misc.				
Other Payments				
Child-Related				
<b>Total Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

This budget is offered as an alternative to the one prepared by IDFA for use by clients who need a more detailed worksheet. Please select whichever budget form you find most effective for you.

## **Monthly Budget**

### ***Household***

Rent/mortgage	_____
Home equity loan payments	_____
Real estate taxes (if not included in mortgage)	_____
Homeowner's (if not included in mortgage) or renter's insurance	_____
Homeowner association fees	_____
Gas	_____
Water	_____
Electric	_____
Telephone (include local and long distance)	_____
Cell phone	_____
Internet access and email	_____
Cable	_____
Home repairs and maintenance	_____
Appliances and appliance maintenance	_____
Food (include take out but do not include dining out)	_____
Alcohol	_____
Household supplies	_____
Baby sitters/child care	_____
Children's school and activity expenses	_____
Children's allowances	_____
Pet food and supplies	_____
Vet expenses	_____

Household help \_\_\_\_\_  
Charitable donations \_\_\_\_\_  
Furniture purchases or maintenance \_\_\_\_\_  
Lawn and yard expenses \_\_\_\_\_  
Other \_\_\_\_\_

***Personal***

Clothing \_\_\_\_\_  
Coin laundry and dry cleaning \_\_\_\_\_  
Haircuts and styling \_\_\_\_\_  
Gym membership \_\_\_\_\_

***Personal care services (nails, salon, facials, shoeshine, etc)***

\_\_\_\_\_ \_\_\_\_\_  
Other club memberships \_\_\_\_\_  
Life insurance premiums \_\_\_\_\_  
Health Insurance premiums \_\_\_\_\_  
Health insurance co-pays \_\_\_\_\_  
Prescription costs \_\_\_\_\_  
Vision care costs \_\_\_\_\_  
Dental costs \_\_\_\_\_  
Medical supplies or equipment \_\_\_\_\_  
Hobbies \_\_\_\_\_  
Tobacco expenses \_\_\_\_\_  
Other \_\_\_\_\_

***Financial Matters***

- Contributions to retirement accounts \_\_\_\_\_
- Taxes \_\_\_\_\_  
(amounts you owe in income tax, property tax, etc. which are not included elsewhere)
- Bank charges \_\_\_\_\_
- Finance charges on credit cards \_\_\_\_\_
- Payments and finance charges on personal loans \_\_\_\_\_
- Monthly contributions to medical savings accounts \_\_\_\_\_
- Other monthly deductions from pay not included elsewhere \_\_\_\_\_

***Transportation Expenses***

- Car loan or lease payment \_\_\_\_\_
- Auto insurance \_\_\_\_\_
- Repairs and maintenance \_\_\_\_\_
- Average for license, inspection and registration \_\_\_\_\_
- Bus, taxi, train, plane costs \_\_\_\_\_
- Gas \_\_\_\_\_
- Car wash \_\_\_\_\_
- Parking and tolls \_\_\_\_\_
- Other vehicle expenses (include boat, motorcycle, RV, other cars) \_\_\_\_\_
- Other \_\_\_\_\_

***Entertainment***

- Dining out \_\_\_\_\_
- Movies, theater, shows, attractions \_\_\_\_\_

Books, newspapers, magazines \_\_\_\_\_  
Video/DVD rentals \_\_\_\_\_  
Vacation \_\_\_\_\_  
Babysitters \_\_\_\_\_  
Other \_\_\_\_\_

**Gifts**

Holiday gifts (include all holidays you buy gifts for) \_\_\_\_\_  
Birthday, anniversary, wedding, baby, hostess, retirement gifts \_\_\_\_\_  
Cards, wrapping paper, gift bags, decorations \_\_\_\_\_  
Other \_\_\_\_\_

**School**

Tuition \_\_\_\_\_  
School books and supplies \_\_\_\_\_  
Student loan payments \_\_\_\_\_  
Activity and sports fees \_\_\_\_\_  
Uniforms and equipment \_\_\_\_\_  
Day care \_\_\_\_\_  
After school day care \_\_\_\_\_  
Other \_\_\_\_\_

**Other**

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_

# Sample Financial Affidavit

Client: \_\_\_\_\_

Date Prepared: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Re: Marriage of: \_\_\_\_\_

and: \_\_\_\_\_

Attorney: \_\_\_\_\_

Date of Filing: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

District Court: \_\_\_\_\_

County/State: \_\_\_\_\_

Case Number: \_\_\_\_\_ Judge: \_\_\_\_\_

Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Hours Worked per Week: \_\_\_\_\_

If variable, note average hours over the last year: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone No: ( \_\_\_\_\_ ) \_\_\_\_\_ — \_\_\_\_\_

Method of Payment:

- Weekly (52 Paychecks/Year)
- Every Other Week - Bi-Weekly (26 Paychecks/Year)
- Twice per Month - Bi-Monthly (24 Paychecks/Year)
- Monthly (12 Paychecks/Year)

Client: \_\_\_\_\_

Is your work seasonal, or do you not work during the summer?  Y  N

If **yes**, how many paychecks do you receive per year? \_\_\_\_\_

**Your Total Earned Income** (Attach Copies of Returns — Last 3 years)

Earned Income Reported on Last Federal Tax Return: \$ \_\_\_\_\_

Year of Last Tax Return: \_\_\_\_\_

Occupation Reported on Last Tax Return: \_\_\_\_\_

<b>Last Six Pay Dates</b>	<b>Gross Amount of Pay</b>	<b>Net Amount of Pay</b>
<small>(Attach Copies of Pay Vouchers from all Employers)</small>		

<b>Average Pay</b>	\$ _____	\$ _____

**Calculate Gross Monthly Pay from Primary Employment:** \$ \_\_\_\_\_

	x		/ 12	=	
<small>Gross Pay Per Check</small>		<small>No. of Paychecks Per Year</small>			<small>Monthly Gross Pay</small>

**Payroll Deductions from Primary Employment:** \$ \_\_\_\_\_

Withholding Status/No. of Exemptions:

Federal: \_\_\_\_\_ Additional Withholding: \_\_\_\_\_

State: \_\_\_\_\_ Additional Withholding: \_\_\_\_\_

Client: \_\_\_\_\_

	Deduction Per Paycheck	Monthly Deduction (Deduction x # Paychecks) / 12
Federal Withholding Tax	_____	_____
State Withholding Tax	_____	_____
Social Security	_____	_____
Medicare	_____	_____
Medical Insurance	_____	_____
Dental Insurance	_____	_____
Bonds	_____	_____
Credit Union	_____	_____
401(k)   403(b)   457	_____	_____
Loan Repayment	_____	_____
Union Dues	_____	_____
Charitable Contributions	_____	_____
Other	_____	_____
_____	_____	_____
<b>TOTAL DEDUCTIONS:</b>	_____	_____

**Net Monthly Income from Primary Employment:** \$ \_\_\_\_\_

\$ \_\_\_\_\_  
*Gross Monthly Income*

\$ \_\_\_\_\_  
*Monthly Deductions*

\$ \_\_\_\_\_  
*Net Monthly Income  
from Primary Employment*

**Other Sources of Income**

Source	Number of Payments Per Month	Amount of Payment
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**TOTAL:** \$ \_\_\_\_\_

Client: \_\_\_\_\_

**Deductions from Other Income**

<b>Deduction</b>	<b>Number of Payments/Month</b>	<b>Amount of Payment</b>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		<b>TOTAL: \$ _____</b>

**Net Monthly Income from Other Sources**

\$ _____	\$ _____	\$ _____
<i>Total Income from Other Sources</i>	<i>Total Deductions from Other Sources</i>	<i>Net Monthly Income from Other Sources</i>

**Net Monthly Income from All Sources**

\$ _____	\$ _____	\$ _____
<i>Net Monthly Income from Primary Employment</i>	<i>Net Monthly Income from Other Sources</i>	<i>Net Monthly Income from All Sources</i>

**Monthly Income of Dependent Children:** \$ \_\_\_\_\_

## PART B. EXPENSES

Client: \_\_\_\_\_

Date Prepared: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

	Monthly Expenses	Annual Expenses
<b>HOME EXPENSES</b>		
Rent   Mortgage	\$ _____	\$ _____
HOA Fees	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____
Internet	\$ _____	\$ _____
Security System	\$ _____	\$ _____
Cable   Satellite	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Gas   Fuel   Oil   Propane	\$ _____	\$ _____
Water   Sewer	\$ _____	\$ _____
Trash Removal	\$ _____	\$ _____
Grass Cutting   Fertilizing	\$ _____	\$ _____
Landscape Maintenance	\$ _____	\$ _____
Snow Removal	\$ _____	\$ _____
Exterminator	\$ _____	\$ _____
General Home Repairs   Maint.   Windows   Carpets	\$ _____	\$ _____
Home Impr.   Upgrades	\$ _____	\$ _____
Housecleaning	\$ _____	\$ _____
Misc. Household	\$ _____	\$ _____
 <b>TOTAL HOME EXPENSES:</b>	 \$ _____	 \$ _____

Client: \_\_\_\_\_

	Monthly Expenses	Annual Expenses
<b>FOOD EXPENSES</b>		
Groceries	\$ _____	\$ _____
Snacks	\$ _____	\$ _____
Fast Foods	\$ _____	\$ _____
Restaurant Meals	\$ _____	\$ _____
<b>TOTAL FOOD EXPENSES:</b>	\$ _____	\$ _____

<b>ENTERTAINMENT &amp; RECREATION EXPENSES</b>		
Entertainment (excl. dining out)	\$ _____	\$ _____
Videos   CDs   DVDs	\$ _____	\$ _____
Movies and Theater	\$ _____	\$ _____
Hobbies – <i>Self</i>	\$ _____	\$ _____
Classes   Lessons – <i>Self</i> (recreational)	\$ _____	\$ _____
Vacations   Travel	\$ _____	\$ _____
Memberships   Clubs – <i>Self</i>	\$ _____	\$ _____
<b>TOTAL ENT. &amp; REC. EXPENSES:</b>	\$ _____	\$ _____

<b>MEDICAL</b> (After Insurance – Excludes Children)		
Physicians	\$ _____	\$ _____
Dentist   Orthodontist	\$ _____	\$ _____
Optometrist   Vision Care	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____
<b>TOTAL MEDICAL EXPENSES:</b>	\$ _____	\$ _____

Client: \_\_\_\_\_

	Monthly Expenses	Annual Expenses
<b>INSURANCE</b>		
Life	\$ _____	\$ _____
Health   Dental (Post Divorce)	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Long Term Care	\$ _____	\$ _____
Home Insurance	\$ _____	\$ _____
Auto Insurance	\$ _____	\$ _____
Other Insurance	\$ _____	\$ _____
<b>TOTAL INSURANCE EXPENSES:</b>	\$ _____	\$ _____

	Monthly Expenses	Annual Expenses
<b>TRANSPORTATION EXPENSES FOR SELF</b>		
Auto Payment	\$ _____	\$ _____
Fuel	\$ _____	\$ _____
Repair   Maintenance	\$ _____	\$ _____
Parking   Tolls	\$ _____	\$ _____
License	\$ _____	\$ _____
<b>TOTAL TRANSPORT. EXPENSES:</b>	\$ _____	\$ _____

Client: \_\_\_\_\_

	Monthly Expenses	Annual Expenses
<b>CLOTHING EXPENSES</b>		
Clothing – <i>Self</i>	\$ _____	\$ _____
Laundry   Dry Cleaning	\$ _____	\$ _____
<b>TOTAL CLOTHING EXPENSES:</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>MISCELLANEOUS</b>		
Gifts   Holiday Expenses	\$ _____	\$ _____
Vitamins   Non-Rx Drugs	\$ _____	\$ _____
Toiletries	\$ _____	\$ _____
Beauty Salon   Hair   Nails	\$ _____	\$ _____
Pet Care   Vet	\$ _____	\$ _____
Books   Papers   Magazines	\$ _____	\$ _____
Stationary   Office Supplies	\$ _____	\$ _____
Postage   Courier	\$ _____	\$ _____
Business Exp. (Non-Reimbursed)	\$ _____	\$ _____
Education – <i>Self</i> (Non-Reim.)	\$ _____	\$ _____
Bed   Bath   Kitchen Items	\$ _____	\$ _____
Floral Arrangements	\$ _____	\$ _____
Photo Developing   Printing	\$ _____	\$ _____
Contributions   Donations	\$ _____	\$ _____
Cash	\$ _____	\$ _____
Other Miscellaneous	\$ _____	\$ _____
<b>TOTAL MISC. EXPENSES:</b>	<b>\$ _____</b>	<b>\$ _____</b>

Client: \_\_\_\_\_

	Monthly Expenses	Annual Expenses
<b>OTHER PAYMENTS</b>		
Quarterly Taxes & Other Tax Payments	\$ _____	\$ _____
Credit Card   Loan   Debt Payments	\$ _____	\$ _____
Service Fees (Banks, Investment Accts.)	\$ _____	\$ _____
Eldercare Expenses	\$ _____	\$ _____
Spousal Support Payments	\$ _____	\$ _____
Child Support Payments	\$ _____	\$ _____
Professional Fees (Financial Planning, Acc't, Legal)	\$ _____	\$ _____
Mediation   Arbitration   Court Costs	\$ _____	\$ _____
Therapy   Counseling	\$ _____	\$ _____
<b>TOTAL OTHER PAYMENTS:</b>	\$ _____	\$ _____
<b>TOTAL MONTHLY EXPENSES:</b> (Excluding Children)	\$ _____	\$ _____

Client: \_\_\_\_\_

	Monthly Expenses	Annual Expenses
<b>CHILD-RELATED EXPENSES</b>		
Education   Tuition	\$ _____	\$ _____
School Supplies   Field Trips	\$ _____	\$ _____
Childcare –Work Related <small>(After Tax Credit)</small>	\$ _____	\$ _____
Childcare <small>(Non-Work Related)</small>	\$ _____	\$ _____
Sports   Camps   Lessons	\$ _____	\$ _____
Hobbies   Toys   Games	\$ _____	\$ _____
School Meals   Luncheons	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Medical <small>(Not Covered by Insurance)</small>	\$ _____	\$ _____
Dentist   Orthodontist <small>(Not Covered by Insurance)</small>	\$ _____	\$ _____
Optometrist   Vision Care <small>(Not Covered by Insurance)</small>	\$ _____	\$ _____
Prescriptions <small>(Not Covered by Insurance)</small>	\$ _____	\$ _____
Allowances	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
<b>TOTAL CHILD-RELATED EXPENSES:</b>	\$ _____	\$ _____

<b>TOTAL MONTHLY EXPENSES:</b>	\$ _____	\$ _____
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## PART C. ASSETS

Client: \_\_\_\_\_

Date Prepared: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Assets

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
<b>REAL ESTATE</b>					
<b>Primary Residence</b>					
Fair Market Value	_____	_____	_____	_____	\$ _____
1st Mortgage	_____	_____	_____	_____	\$ _____
2nd Mortgage	_____	_____	_____	_____	\$ _____
Net Equity	_____	_____	_____	_____	\$ _____
<b>Other Real Estate (1)</b>					
Fair Market Value	_____	_____	_____	_____	\$ _____
1st Mortgage	_____	_____	_____	_____	\$ _____
2nd Mortgage	_____	_____	_____	_____	\$ _____
Net Equity	_____	_____	_____	_____	\$ _____
<b>Other Real Estate (2)</b>					
Fair Market Value	_____	_____	_____	_____	\$ _____
1st Mortgage	_____	_____	_____	_____	\$ _____
2nd Mortgage	_____	_____	_____	_____	\$ _____
Net Equity	_____	_____	_____	_____	\$ _____
<b>Other Real Estate (3)</b>					
Fair Market Value	_____	_____	_____	_____	\$ _____
1st Mortgage	_____	_____	_____	_____	\$ _____
2nd Mortgage	_____	_____	_____	_____	\$ _____
Net Equity	_____	_____	_____	_____	\$ _____
<b>SUBTOTAL REAL ESTATE:</b>					\$ _____

Client: \_\_\_\_\_

## Assets (Continued)

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
<b>WORKING CAPITAL</b>	_____	_____	_____	_____	\$ _____
Cash	_____	_____	_____	_____	\$ _____
				<b>SUBTOTAL CASH:</b>	\$ _____
<b>CHECKING ACCOUNTS</b>	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				<b>SUBTOTAL CHECKING ACCOUNTS:</b>	\$ _____
<b>SAVINGS ACCOUNTS</b>	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				<b>SUBTOTAL SAVINGS ACCOUNTS:</b>	\$ _____
<b>MONEY MARKET ACCOUNTS</b>	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				<b>SUBTOTAL MONEY MARKET ACCOUNTS:</b>	\$ _____
<b>CERTIFICATES OF DEPOSITS</b>	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				<b>SUBTOTAL CERTIFICATES OF DEPOSITS:</b>	\$ _____

Client: \_\_\_\_\_

### Assets (Continued)

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
TREASURY BILLS   SAVINGS BONDS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
<b>SUBTOTAL TREASURY BILLS   SAVINGS BONDS:</b>					\$ _____
MUTUAL FUNDS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
<b>SUBTOTAL MUTUAL FUNDS:</b>					\$ _____
INDIVIDUAL STOCKS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	— <i>Loans Against Brokerage Account</i>				
<b>SUBTOTAL INDIVIDUAL STOCKS:</b>					\$ _____
INDIVIDUAL BONDS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	— <i>Loans Against Brokerage Account</i>				
<b>SUBTOTAL INDIVIDUAL BONDS:</b>					\$ _____

Client: \_\_\_\_\_

## Assets (Continued)

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
<b>RETIREMENT ACCOUNTS</b>					
<b>IRAs</b>	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				<b>SUBTOTAL IRAs:</b>	\$ _____
<b>Roth IRAs</b>	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				<b>SUBTOTAL ROTH IRAs:</b>	\$ _____
<b>401(k), 403(b), 457 Plans</b>	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				— Loans Against Plans	\$ _____
				<b>SUBTOTAL 401(k), 403(b), 457 PLANS:</b>	\$ _____
<b>Thrift Plans</b>	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				<b>SUBTOTAL THRIFT PLANS:</b>	\$ _____
				<b>SUBTOTAL RETIREMENT ACCOUNTS:</b>	\$ _____



Client: \_\_\_\_\_

## Assets (Continued)

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
<b>OTHER ASSETS</b>					
Cash Value Life Insurance	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				— Loans against Life Insurance	\$ _____
				<b>SUBTOTAL CASH VALUE LIFE INSURANCE:</b>	\$ _____
Annuities	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				<b>SUBTOTAL ANNUITIES:</b>	\$ _____
Other	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				<b>SUBTOTAL OTHER:</b>	\$ _____
				<b>SUBTOTAL OTHER ASSETS:</b>	\$ _____
<b>PERSONAL PROPERTY</b>					
Automobile(s)	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				— Auto Loans	\$ _____
				<b>SUBTOTAL AUTOMOBILE(S):</b>	\$ _____

Client: \_\_\_\_\_

### Assets (Continued)

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
<b>Boat</b>	_____	_____	_____	_____	\$ _____
				— Boat Loan	\$ _____
				<b>SUBTOTAL BOAT:</b>	\$ _____
Furniture	_____	_____	_____	_____	\$ _____
Jewelry	_____	_____	_____	_____	\$ _____
Furs	_____	_____	_____	_____	\$ _____
Silverware   China	_____	_____	_____	_____	\$ _____
Art – Collectible	_____	_____	_____	_____	\$ _____
Antiques	_____	_____	_____	_____	\$ _____
Collections	_____	_____	_____	_____	\$ _____
Electronic Equipment	_____	_____	_____	_____	\$ _____
Lawn Equipment/Tools	_____	_____	_____	_____	\$ _____
Children’s Property	_____	_____	_____	_____	\$ _____
Other	_____	_____	_____	_____	\$ _____
				<b>SUBTOTAL PERSONAL PROPERTY:</b>	\$ _____

**TOTAL ASSETS:** \$ \_\_\_\_\_

## PART D. LIABILITIES

Client: \_\_\_\_\_

Date Prepared: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Liabilities

	Ownership (Indiv./Jnt./Bus.)	Source of Info.	Valuation Date	Interest Rate	Term of Loan	Outstanding Debt	Monthly Payment
<b>LOANS</b> (N.B. Do Not Include Loans/Mortgages Debited Against Assets)							
Personal	_____	_____	_____	_____	_____	_____	_____
Educational	_____	_____	_____	_____	_____	_____	_____
Promissory Note	_____	_____	_____	_____	_____	_____	_____
Line of Credit	_____	_____	_____	_____	_____	_____	_____
						<b>SUBTOTAL LOANS: \$</b> _____	

<b>CREDIT CARDS</b>							
MasterCard	_____	_____	_____	_____	_____	_____	_____
VISA	_____	_____	_____	_____	_____	_____	_____
Amex	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
						<b>SUBTOTAL CREDIT CARDS: \$</b> _____	

<b>OTHER DEBT/OUTSTANDING LIABILITY</b> (N.B. Do Not Include Loans/Mortgages Debited Against Assets)							
Back Taxes	_____	_____	_____	_____	_____	_____	_____
Professional Debts	_____	_____	_____	_____	_____	_____	_____
Business Liabilities	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____
						<b>SUBTOTAL OTHER DEBT: \$</b> _____	

**TOTAL LIABILITIES: \$** \_\_\_\_\_