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Diana Mercer, Esq
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Worksheet of Monthly Income and Expenses

Name: _____

Note: The first 4 pages of this form are the most important. If you can complete them before our discussion of support, that will save you time and money. If you prefer to complete them during a mediation session, or with our Dispute Resolution Associate, that's fine, too.

BUDGET INFORMATION

Please base these figures on a monthly average. Please translate all items (e.g., weekly allowances, semi-annual insurance, etc.) into average monthly amounts.

- 1) Rental/mortgage and household:
 - a) Rent/mortgage payment--total... \$ _____
 - i) average principal.....\$ _____
 - ii) average interest.....\$ _____
 - b) Property Taxes:.....\$ _____
 - c) Property Insurance:\$ _____
 - d) Maintenance and Repairs.....
 - Gardener & Mowing \$ _____
 - Housekeeper \$ _____
 - Repairs \$ _____
 - Replacement costs budgeted
 - For furnace, water heater, roof,
 - Etc. \$ _____
 - Plumbers, electricians \$ _____
 - d) Maintenance and Repairs subtotal\$ _____
 - e) Homeowner's Insurance\$ _____

- 2) Medical (not covered by insurance)
 - a) Doctor\$ _____
 - b) Dentist\$ _____
 - c) Optometrist\$ _____
 - d) Contacts/glasses\$ _____
 - e) Orthodontist\$ _____
 - f) Prescriptions\$ _____
 - g) Medical Insurance.....\$ _____
 - h) Dental Insurance Premium.....\$ _____



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- i) Vitamins and supplements..... \$ _____
- j) Other: _____ \$ _____

Total: \$ _____

- 3) Childcare: daycare, nanny, work-related sitters..... \$ _____
- Childcare: occasional sitters..... \$ _____

- 4) Food and supplies
 - a) Groceries..... \$ _____
 - b) Shampoo, toothbrushes, cleaning supplies (misc. grocery store).....\$ _____
 - Total Grocery** \$ _____

- c) Eating Out (alone or w/friends).... \$ _____
- d) Lunches out while at work..... \$ _____
- d) Eating out w/children..... \$ _____

Total eating out: \$ _____

- 5) Utilities
 - a) Gas.....\$ _____
 - b) Electric.....\$ _____
 - c) Water.....\$ _____
 - d) Garbage collection.....\$ _____
 - e) Cable television..... \$ _____
 - f) Satellite Radio..... \$ _____
 - g) Other.....\$ _____

Total: \$ _____

- 6) Telephone
 - a) Telephone..... \$ _____
 - b) Cellular phone..... \$ _____
 - c) Children's cell phones..... \$ _____
 - d) Internet access..... \$ _____
 - e) E-mail accounts.....\$ _____
 - f) Other telephone \$ _____



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Total: \$ _____

- 7) Laundry
 - a) Laundry at Dry Cleaners..... \$ _____
 - b) Dry Cleaning..... \$ _____

- c) Household supplies for Laundry \$ _____
- d) Laundromat..... \$ _____

Total: \$ _____

- 8) Clothing
 - a) Your clothing \$ _____
 - b) Children \$ _____
 - c) Shoes \$ _____
 - d) Shoe Repair \$ _____
 - e) Alterations \$ _____
 - f) Other: _____ \$ _____

Total: \$ _____

- 9) Education..... \$ _____
 - a) Your tuition & school fees \$ _____
 - b) Continuing Education fees \$ _____
for your profession
 - c) Private School Tuition \$ _____
 - d) Tutors, books, videos \$ _____
 - e) Outside classes (self or children) \$ _____

- 10) Other
 - a) Travel (you and children)..... \$ _____
Annual vacation, trip to see Grandparents, unreimbursed work Travel, weekend trips, school trips, etc.
 - b) Entertainment..... \$ _____
Videos, children's parties, movies, Concerts, CD's, I-Pod downloads, Theater, etc.
 - c) Haircuts, manicures, personal care \$ _____
 - d) Gym membership, YMCA, other



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Dues and club memberships \$ _____

Total: \$ _____

11) Transportation

- a) Car payments..... \$ _____
Name of creditor: _____
- b) Gas and Oil \$ _____
- c) Repairs \$ _____
- d) Oil changes..... \$ _____
- e) License \$ _____
- f) Car Wash \$ _____
- g) Auto club \$ _____
- h) Parking \$ _____
- i) Public transportation..... \$ _____
- j) Other: _____ \$ _____

Total: \$ _____

12) Insurance

- a) Auto..... \$ _____
- b) Medical and Dental..... \$ _____
- c) Life..... \$ _____
- d) Disability..... \$ _____
- e) Other: _____ \$ _____

Total: \$ _____

13) Savings and Investments..... \$ _____

14) Charitable Contributions..... \$ _____

15) Children

- a) Allowance..... \$ _____
- b) School lunches..... \$ _____
- c) Summer camp..... \$ _____
- d) Private School..... \$ _____
- e) Nursery school..... \$ _____
- g) Lessons..... \$ _____
- h) Activities..... \$ _____
- i) Participatory sports..... \$ _____



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- j) Tutors.....\$ _____
- k) School activities.....\$ _____
- l) School pictures.....\$ _____
- m) Yearbooks.....\$ _____
- n) Other: _____\$ _____
- Total:** \$ _____

16) Debts

a) List of installment debts (car payments, credit cards, etc.):

Payment to	Payment for	Monthly Payment	Balance	Date Last Payment Made

Total Monthly Payments: \$ _____

Personal Education and employment Information:

Are you currently employed? _____

If YES: Name, address, and telephone number of employer:

When did you start work there? _____

Approximate number of hours worked per week: _____



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What was your gross monthly income?: _____

If you do NOT work, date job ended: _____

What is your occupation: _____

Completed high school or equivalent? _____

If no, please indicate highest year of education completed: _____

Number of years of college completed: _____

Degree (circle one) BA or BS

Number of years of graduate school completed: _____

Degree (circle one) MA MBA MFA JD MD PhD other: _____

Professional/occupational license(s) (specify):

Vocational training

Income Information:

*Most of this information is easily extracted from your current pay stubs and looking at your most recent tax returns. **Attach copies of your three most recent pay stubs and return them to the office with this worksheet.***

Most recent tax filing (year) _____

Filing status: Single head of household married, filing separately married, filing jointly with: _____

Did you file California state tax (circle one) yes no

If you answered no, in which state did you file _____

If you file taxes in any additional states, please list below:

Estimate of other party's income: \$ _____



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Total gross (before taxes) earnings for the past 12 months (do NOT include welfare, AFDC, SSI, spousal support from this marriage, or ANY child support):
 \$ _____

Total gross earnings last month: \$ _____

Of the following deductions, only some may apply to you. If the deductions aren't shown on your pay stub, then just write none, or leave the line blank. All of these deductions are based on monthly figures. If you're having problems with these figures, please call us after you've provided us with a pay stub.

Type of Deduction	Monthly amount last month	Average monthly amount over the past 12 months
State Income Tax		
Federal Income Tax		
Social Security & Hospital tax (FICA and MEDI), self employment tax, or the amount used to secure retirement or disability		
Health Insurance for you and children		
State Disability Insurance		
Mandatory Union Dues		
Mandatory Retirement and Pension		
Child/Spousal support actually being paid from PREVIOUS relationship		
Necessary job-related expenses (attach explanation)		
Hardship deductions		

Dividends/Interest	Monthly amount last month	Average monthly amount over the past 12 months
Rental Property Income		
Trust Income		



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Other: (specify)		
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Are you self-employed? If so, please provide a list of business expenses for the past year, or year-to-date, and attach your Federal Tax Schedule C for the last two years.

Income from self-employment, after business expenses for all businesses:

I am the: sole proprietor business partner

other (specify): _____

Number of years in business: _____

Name of business: _____

Type of business: _____

Have you received one time money (lottery winnings or inheritance, etc.) in the last 12 months?: yes no

If you answered yes, please specify source and amount:

Has your financial situation changed significantly over the last 12 months?:

Yes No

If you answered yes, please specify:

Enter below the average monthly amount for the following:

AFDC, welfare, spousal support from this marriage, and child support from previous relationships received each month: \$ _____

Cash and checking accounts: \$ _____

Savings, Credit Union, certificates of deposit, and money market accounts:\$ _____

Stocks, bonds, and other liquid assets: \$ _____

All other significant property, real or personal: \$ _____



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Expense Information:

List all persons living in your home whose expenses are included in your figures and their age, relationship to you, and gross monthly income (child support received from previous relationship, etc.): _____

List all other persons living in your home, whose expenses are not covered by you, their age, relationship to you and gross monthly income: _____
