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# Financial Information

# Family Information Sheet

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## PARTY#1'S BACKGROUND INFORMATION (PARTY A):

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: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

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

Employer city, state, zip: \_\_\_\_\_

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

## PARTY#2'S BACKGROUND INFORMATION (PARTY B):

Name (First, Middle, Last): \_\_\_\_\_

Social security Number: \_\_\_\_\_ Gender:  Male.  Female.

Date of Birth: \_\_\_\_\_

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

City, state Zip: \_\_\_\_\_, \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

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

Employer city, state, zip: \_\_\_\_\_

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

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**CHILDREN**

<b>Child's Name</b>	<b>Date of Birth</b>	<b>Custody Which Party</b>	<b>Exemption Party A or B (A/B)</b>	

# Income and Expenses

## WAGES FOR PARTY#1

Annual wage and salary income, before taxes: \_\_\_\_\_

## WAGE-LIKE 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 .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____

**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

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**Deductions**

Union Dues ..... \_\_\_\_\_

Mandatory Retirement ..... \_\_\_\_\_

Other Mandatory expenses ..... \_\_\_\_\_

Health Insurance ..... \_\_\_\_\_

Dental Insurance ..... \_\_\_\_\_

Previous Relationship Child Support ..... \_\_\_\_\_

Previous Relationship 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 ..... \_\_\_\_\_

Maintance and repair

**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 .....	_____	_____	_____
Therapy/counseling .....	_____	_____	_____
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 .....	_____	_____	_____

**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 ..... \_\_\_\_\_

**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 ..... \_\_\_\_\_



**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 .....	_____	_____	_____

**Enter Expenses for Party#1**

Weekly

Monthly

Annual

Hair .....	_____	_____	_____
Manicure, Pedicure .....	_____	_____	_____
Children - Grooming .....	_____	_____	_____
Local Income Tax .....	_____	_____	_____
Other Miscellaneous expenses .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____

**r. Expenses paid by others**

Amount of expenses paid by others .....	_____	_____	_____
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**5. REAL ESTATE:**

<b>Basic Info:</b>	<b>1st Property</b>	<b>2nd Property</b>	<b>3rd Property</b>
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Address:	_____	_____	_____
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_____	_____	_____	_____
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Current Value:	_____	_____	_____
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Original Cost:	_____	_____	_____
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Title (A, B, J)*:	_____	_____	_____
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**1st Mortgage:**

Balance:	_____	_____	_____
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Interest Rate (%):	_____	_____	_____
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Monthly Payment*:	_____	_____	_____
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Statement Month/Year:	_____	_____	_____
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Who will pay (A/B/Both):	_____	_____	_____
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**2nd Mortgage:**

Balance:	_____	_____	_____
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Interest Rate (%):	_____	_____	_____
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Monthly Payment*:	_____	_____	_____
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Statement Month/Year:	_____	_____	_____
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Who will pay (A/B/Both):	_____	_____	_____
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\* For monthly payment include interest & principal only, do NOT include taxes or insurance.

\* Title (A-Party A, B-Party B, J-Joint)



