



Dailey Law Offices

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DIVORCE/DISSOLUTION PACKET - GENERAL INFORMATION

CLIENT

SPOUSE

Full Legal Name _____

Full Legal Name _____

Residence _____

Residence _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Phone Number (work) _____

Phone Number (work) _____

Phone Number (home) _____

Phone Number (home) _____

Social Security Number _____

Social Security Number _____

Driver's License:

Driver's License:

Number _____

Number _____

Issued by the State of _____

Issued by the State of _____

How long has client been a resident of:

How long has client been a resident of:

County? _____

County? _____

State? _____

State? _____

Former (legal/maiden) name: _____

Former (legal/maiden) name: _____

Restore to maiden name: Yes No

Restore to maiden name: Yes No

Birth date _____ Age _____

Birth date _____ Age _____

MARITAL STATUS

1. Date of this marriage: _____

2. Place of marriage:

a. City: _____ State: _____ County: _____

3. Number of prior marriages: Client _____ Spouse _____

4. Other marriage(s) ended by (death, divorce, annulment):

Client _____ Spouse _____

5. Is Client presently living with spouse (check one)? Yes No

If no, who left? _____

Date of separation _____

6. Is the wife currently pregnant? (check one)? Yes No

a. If yes, when is the baby expected to be born? _____

CHILDREN BY THIS MARRIAGE

Full Name	Age	Birth date	Social Security Number
_____	_____	____/____/____	____-____-____
_____	_____	____/____/____	____-____-____
_____	_____	____/____/____	____-____-____

Children attend school in who's school district Father Mother Open enrollment Other, please explain _____

Residences of Children for last five years:

1. From ____/____/____ To PRESENT DATE Residing with _____
Complete Address: _____
2. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____
3. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____
4. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____
5. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____
6. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____
7. From ____/____/____ To ____/____/____ Residing with _____
Complete Address: _____

List any health problems for either party or dependent children _____

CHILDREN BY OTHER MARRIAGES

1. Name _____ Age _____ Birth date ____/____/____
Residing at _____
2. Name _____ Age _____ Birth date ____/____/____
Residing at _____
3. Name _____ Age _____ Birth date ____/____/____
Residing at _____

HEALTH INSURANCE

	FATHER	MOTHER
Are your child(ren) currently enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In a low-income government-assisted Health care program (Healthy Start/Medicaid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not enrolled, do you have health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship?	YEARLY AMOUNT \$ _____	YEARLY AMOUNT \$ _____
Under the available insurance, what would be the annual premium for a plan covering you along (NOT including children or spouse)?	YEARLY AMOUNT \$ _____	YEARLY AMOUNT \$ _____
If you are enrolled in a health insurance plan through a group or individual plan, which of the following people is/are covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Yourself _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your spouse _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minor child(ren) of this relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other individuals _____	Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

FATHER - Name of the group (employer or organization that provides health insurance):

Name of Health Insurance Provider: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Policy Number: _____

MOTHER - Name of the group (employer or organization that provides health insurance):

Name of Health Insurance Provider: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Policy Number: _____

CRIMINAL CASES

Do you or anyone in the household have any criminal convictions, including guilty pleas? Yes No

If so, please complete the following:

Name: _____ What crime: _____

Case Number: _____ County: _____

EMPLOYMENT

CLIENT

SPOUSE/OPOSING PARTY

Employer _____

Employer _____

Payroll Address _____

Payroll Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

How long? _____

How long? _____

Position/Title _____

Position/Title _____

Scheduled pay per year: 12 24 26 52

Scheduled pay per year: 12 24 26 52

BASE YEARLY INCOME

\$ _____ 3 years ago – 20 _____ \$ _____

\$ _____ 2 years ago – 20 _____ \$ _____

\$ _____ Last year – 20 _____ \$ _____

YEARLY OVERTIME, COMMISSIONS AND/OR BONUSES

\$ _____ 3 years ago – 20 _____ \$ _____

\$ _____ 2 years ago – 20 _____ \$ _____

\$ _____ Last year – 20 _____ \$ _____

CURRENT INCOME

\$ _____ Base yearly income \$ _____

\$ _____ Average Overtime \$ _____

Commission/Bonus from last three years

\$ _____ Unemployment \$ _____
 \$ _____ Disability \$ _____
 (Worker's Comp, Social Security, Other)
 \$ _____ Retirement Benefits \$ _____
 \$ _____ Spousal Support Received \$ _____
 \$ _____ Interest and dividend income \$ _____
 \$ _____ Other income \$ _____
 _____ Please specify _____
 \$ _____ TOTAL YEARLY INCOME \$ _____
 \$ _____ Supplemental Security Income \$ _____
 (SSI or public assistance)
 \$ _____ Court-ordered child support \$ _____
 received for minor or dependent child(ren)
NOT of this relationship

EDUCATION/EMPLOYMENT SKILL

1. What level of education do the parties have at this time
 Client: _____ Spouse: _____
2. Did each party have at the time the parties were married?
 Client: Yes _____ No _____ Spouse: Yes _____ No _____
3. Did either party help finance the other's education? If so, who? _____
 How? _____ To what extent? _____
4. Does client wish to pursue an education or job training? _____
 If so, in what field of study or program? _____
 How long will it take to complete the field of study or program? _____
 What is the estimated expense to complete the field of study or program? _____

ASSETS

CASH ON HAND Total \$ _____

REAL ESTATE – property 1

Complete Address: _____
 City: _____ State: _____ Zip Code: _____
 Name on Mortgage: _____
 Name on Deed: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

Real Estate Taxes:

Included in Mortgage: Yes No Yearly: _____

Listed for sale: Yes No If yes, name of Realty Company: _____

Date listed: _____ Listing Price: _____

Other Lien holders:

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

REAL ESTATE – property 2

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Name on Mortgage: _____

Name on Deed: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

Real Estate Taxes:

Included in Mortgage: Yes No Yearly: _____

Listed for sale: Yes No If yes, name of Realty Company: _____

Date listed: _____ Listing Price: _____

Other Lien holders:

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

IF ADDITIONAL PROPERTIES EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL PROPERTY

MOTOR VEHICLES (Cars, Trucks, Motorcycles, Boats, RV's, etc.)

1. Year: _____ Make: _____ Model: _____

Name of principal driver: _____

Name on Title: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

2. Year: _____ Make: _____ Model: _____

Name of principal driver: _____

Name on Title: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

3. Year: _____ Make: _____ Model: _____

Name of principal driver: _____

Name on Title: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

4. Year: _____ Make: _____ Model: _____

Name of principal driver: _____

Name on Title: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

IF ADDITIONAL VEHICLES EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL VEHICLES

FINANCIAL ACCOUNTS

1. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (Checking, savings, CDs, POD accounts, money market accounts, etc):

Value: _____ Date of Value: _____

2. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (Checking, savings, CDs, POD accounts, money market accounts, etc):

Value: _____ Date of Value: _____

3. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (Checking, savings, CDs, POD accounts, money market accounts, etc):

Value: _____ Date of Value: _____

4. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (Checking, savings, CDs, POD accounts, money market accounts, etc):

Value: _____ Date of Value: _____

IF ADDITIONAL ACCOUNTS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ACCOUNTS

RETIREMENT ACCOUNTS/PENSION

1. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (profit-sharing, IRA's, 401K plans, etc.):

Value: _____ Date of Value: _____

2. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (profit-sharing, IRA's, 401K plans, etc.):

Value: _____ Date of Value: _____

3. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (profit-sharing, IRA's, 401K plans, etc.):

Value: _____ Date of Value: _____

IF ADDITIONAL ACCOUNTS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ACCOUNTS

PUBLICLY HELD STOCKS, BONDS, SECURITIES, MUTUAL FUNDS

1. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account:

Value: _____ Date of Value: _____

2. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account:

Value: _____ Date of Value: _____

3. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account: _____

Value: _____ Date of Value: _____

IF ADDITIONAL ACCOUNTS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ACCOUNTS

CLOSELY HELD STOCKS & OTHER BUSINESS INTERESTS AND NAME OF COMPANY

1. Name: _____

Titled to: Husband Wife Both

Description of account (type of ownership and number): _____

Value: _____ Date of Value: _____

2. Name: _____

Titled to: Husband Wife Both

Description of account (type of ownership and number): _____

Value: _____ Date of Value: _____

IF ADDITIONAL ACCOUNTS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ACCOUNTS

LIFE INSURANCE

1. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account: Term (only good upon death) Whole Life

Cash Value: _____ Date of Value: _____

2. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account: Term (only good upon death) Whole Life

Cash Value: _____ Date of Value: _____

IF ADDITIONAL ACCOUNTS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ACCOUNTS

SAFE DEPOSIT BOX

- 1. Name of location: _____
Titled to: Husband Wife Both
Description of contents: _____

Value: _____ Date of Value: _____
- 2. Name of location: _____
Titled to: Husband Wife Both
Description of contents: _____

Value: _____ Date of Value: _____

IF ADDITIONAL BOXES EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL BOXES

FURNITURE & APPLIANCES (list those in your possession and in spouses possession)

- 1. Description: _____
Who has possession: Husband Wife Both
Value: _____ Date of Value: _____
- 2. Description: _____
Who has possession: Husband Wife Both
Value: _____ Date of Value: _____
- 3. Description: _____
Who has possession: Husband Wife Both
Value: _____ Date of Value: _____
- 4. Description: _____
Who has possession: Husband Wife Both
Value: _____ Date of Value: _____
- 5. Description: _____
Who has possession: Husband Wife Both
Value: _____ Date of Value: _____
- 6. Description: _____
Who has possession: Husband Wife Both
Value: _____ Date of Value: _____
- 7. Description: _____
Who has possession: Husband Wife Both

Value: _____ Date of Value: _____

8. Description: _____

Who has possession: Husband Wife Both

Value: _____ Date of Value: _____

9. Description: _____

Who has possession: Husband Wife Both

Value: _____ Date of Value: _____

IF ADDITIONAL FURNITURE/APPLIANCES EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL FURNITURE/APPLIANCES

TRANSFER OF ASSETS

(Name and address of any person, other than creditors, that has received money or property from you exceeding \$300.00 in value in the past 12 months and the reason for each transfer)

1. Name: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Titled to: Husband Wife Both

Description of transfer: _____

Reason for transfer: _____

Value: _____ Date of transfer: _____

2. Name: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Titled to: Husband Wife Both

Description of transfer: _____

Reason for transfer: _____

Value: _____ Date of transfer: _____

3. Name: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Titled to: Husband Wife Both

Description of transfer: _____

Reason for transfer: _____

Value: _____ Date of transfer: _____

IF ADDITIONAL TRANSFERS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL TRANSFER

ANY OTHER ASSETS NOT LISTED ABOVE

1. _____

Titled to: Husband Wife Both

Description: _____

Value: _____ Date of Value: _____

2. _____

Titled to: Husband Wife Both

Description: _____

Value: _____ Date of Value: _____

IF ADDITIONAL ASSETS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ASSETS

SEPARATE PROPERTY CLAIM

1. Category: Pre-marital Inheritance Acquired after separation Other, please explain

Description: _____

Why do you claim separate property: _____

Fair Market Value: _____

2. Category: Pre-marital Inheritance Acquired after separation Other, please explain

Description: _____

Why do you claim separate property: _____

Fair Market Value: _____

3. Category: Pre-marital Inheritance Acquired after separation Other, please explain

Description: _____

Why do you claim separate property: _____

Fair Market Value: _____

IF ADDITIONAL EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR THE SAME

DEBTS

SECURED

- 1. Type (Mortgage, Vehicles, etc.): _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____

- 2. Type (Mortgage, Vehicles, etc.): _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____

- 3. Type (Mortgage, Vehicles, etc.): _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____

- 4. Type (Mortgage, Vehicles, etc.): _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____

- 5. Type (Mortgage, Vehicles, etc.): _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____

- 6. Type (Mortgage, Vehicles, etc.): _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____

- 7. Type (Mortgage, Vehicles, etc.): _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____

- 8. Type (Mortgage, Vehicles, etc.): _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____

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UNSECURED (including credit cards)

1. Type: _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____
2. Type: _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____
3. Type: _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____
4. Type: _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____
5. Type: _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____
6. Type: _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____
7. Type: _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____
8. Type: _____
Name of Creditor: _____
Name(s) on account: Husband Wife Both
Total Debt Due: _____ Monthly Payment: _____

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IF ADDITIONAL EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR THE SAME

BANKRUPTCY - Yes No

1. Filed by: Husband Wife Both
Date of filing: _____ Case Number: _____
Date of discharge or relief from stay: _____
Type of case: 7 11 12 13
Monthly payments: Yes No Amount: _____ Current: Yes No
2. Filed by: Husband Wife Both
Date of filing: _____ Case Number: _____
Date of discharge or relief from stay: _____
Type of case: 7 11 12 13
Monthly payments: Yes No Amount: _____ Current: Yes No

MONTHLY EXPENSES

- Rent or first mortgage _____ \$ _____
Real estate taxes _____ \$ _____
Real estate/homeowners insurance _____ \$ _____
Second mortgage _____ \$ _____
Utilities
o Electric _____ \$ _____
o Gas, fuel oil, propane _____ \$ _____
o Water and sewer _____ \$ _____
o Telephone _____ \$ _____
o Trash collection _____ \$ _____
o Internet/Cable/satellite television _____ \$ _____
Cleaning, maintenance, repair _____ \$ _____
Lawn service, snow removal _____ \$ _____
Food:
o Groceries (including food, paper, cleaning products, toiletries) _____ \$ _____
o Restaurant _____ \$ _____
Transportation
o Vehicle loan/leases _____ \$ _____
o Vehicle maintenance (oil, repair, license) _____ \$ _____
o Gasoline _____ \$ _____
o Parking, public transportation _____ \$ _____
Clothing

○ Clothes (other than children's)	_____	\$ _____
○ Dry cleaning, laundry	_____	\$ _____
Personal grooming		
○ Hair, nail care	_____	\$ _____
Cellular phone	_____	\$ _____
Work/education-related child care	_____	\$ _____
Other child care	_____	\$ _____
Unusual parenting time travel	_____	\$ _____
Special and unusual needs of child(ren)	_____	\$ _____
Clothing	_____	\$ _____
School supplies	_____	\$ _____
Extracurricular activities or lessons	_____	\$ _____
School lunches	_____	\$ _____
Life Insurance	_____	\$ _____
Auto Insurance	_____	\$ _____
Health Insurance	_____	\$ _____
Disability Insurance	_____	\$ _____
Education Tuition		
○ Self	_____	\$ _____
○ Child(ren)	_____	\$ _____
Books, fees, other	_____	\$ _____
College loan repayment	_____	\$ _____
Healthcare expenses		
○ Physicians	_____	\$ _____
○ Dentists	_____	\$ _____
○ Optometrists/opticians	_____	\$ _____
○ Prescriptions	_____	\$ _____
○ Other	_____	\$ _____
Extraordinary obligations for other minor/handicapped child(ren)	_____	\$ _____
Child support for children who were born of this relationship	_____	\$ _____
Spousal support paid to former spouse(s)	_____	\$ _____
Subscriptions, books	_____	\$ _____

Entertainment _____ \$ _____

Charitable contributions _____ \$ _____

Memberships (associations, clubs) _____ \$ _____

Travel, vacations _____ \$ _____

Pets _____ \$ _____

Gifts _____ \$ _____

Bankruptcy payments _____ \$ _____

Attorney fees _____ \$ _____

Required deductions from wages (excluding taxes, social security and medicare) _____ \$ _____

Additional taxes paid (not deducted from wages) _____ \$ _____

Other _____ \$ _____

Installment payments (do not repeat any already listed) (ex. Car, credit cards, rent to own, cash advance)

- To Whom _____
 Purpose _____
 Balance Due _____ Monthly payment \$ _____
- To Whom _____
 Purpose _____
 Balance Due _____ Monthly payment \$ _____
- To Whom _____
 Purpose _____
 Balance Due _____ Monthly payment \$ _____
- To Whom _____
 Purpose _____
 Balance Due _____ Monthly payment \$ _____
- To Whom _____
 Purpose _____
 Balance Due _____ Monthly payment \$ _____
- To Whom _____
 Purpose _____
 Balance Due _____ Monthly payment \$ _____
- To Whom _____
 Purpose _____
 Balance Due _____ Monthly payment \$ _____
- To Whom _____
 Purpose _____
 Balance Due _____ Monthly payment \$ _____

Please provide the following information:

1. How you would like to divide the marital home
2. How you would like to divide the marital vehicles
3. How you would like to divide all joint checking/savings accounts
4. If each spouse will maintain his/her own retirement accounts
5. How you would like to divide all marital debt
6. Describe the shared parenting plan for the minor child(ren)
 - a. Residential parent
 - b. Visitation schedule
 - i. Summer break
 - ii. Spring break
 - iii. Winter break
 - iv. Weekends
 - c. Tax exemption for children (check one)
 - Alternate
 - Client
 - Spouse

Please provide the following documents:

1. Most recent pay advice
2. Income taxes for the last two years
3. Most recent retirement statement

Completed by:

Name

Date