

Please fill in the following information as accurately as possible. Cross out non-applicable sections.

ONE FORM PER PERSON

Please include LAST FOUR DIGITS of all account numbers, where indicated
Attach copies of all supporting documents used to the back of this form.

<u> GROSS INCOME - AI</u>	LL SOURCES: You_		Spc	ouse_			
EMPLOYEE/RETIRE	EMENT BENEFITS						
Provider and Acct. #	Type of Benefit/date	Value/Vested		List Owner Name or Joint			
Checking or Savings A Name of Bank /Acct.	Type of Account	Average Balance			List Owner Name or Joint		
		-	,c Darance		List Owner Name of John		
			ge Balance		List Owner Ivallie of Joint		
			ge Butunee		List Owner Name of Joint		
			go Baranee		List Owner Name of Joint		
			go Baranec		List Owner Name or Joint		
			S Balance		List Owner Name or Joint		
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			S Dananee		List Owner Name or Joint		
•			S Balance		List Owner Name or Joint		
Term or Whole Life Face value	Insured			Owi	ner		
Гуре	Policy/Acct. #		Com	Owi			

MOTOR VEHICLES
Cars, Trucks, ATV's, Snowmobiles, Planes, Boats

Year /Make	Value	Registered to Whom	Titled to Whom	Name on Insurance

REAL ESTATE
Land, Buildings, Time Shares, Lease

Location & Type of	
Property:	
Deeded to Whom:	
Estimated Value:	
Mtg. Balance, Name of Lender, Acct. #	
Home Equity Line Of Credit, Name of Lender, Acct #	
Balance in Escrow:	
Location & Type of Property:	
Deeded to Whom:	
Estimated Value:	
Mtg. Balance, Name of Lender, Acct. #	
Home Equity Line Of Credit, Name of Lender, Acct #	
Balance in Escrow:	

Property: Deeded to Whom: Estimated Value: Mtg. Balance, Name of Lender, Acct # Home Equity Line Of Credit, Name of Lender, Acct # Balance in Escrow: BUSINESS Location & Type of Business: Date Established: % of Ownership & by Whom Liabilities - Lender, Acct. # Value Location & Type of Business: Date Established: % of Ownership & by Whom Liabilities - Lender, Acct. # Value		Location & Type of	
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by Whom Liabilities - Lender, Acct #		Date Established:	
Acct #		by Whom	
Value		Liabilities - Lender,	
		Value	

PERSONAL PROPERTY (please use additional paper if needed)

Item			Value
distribution			at will not be included in marital
Property Item/Type of accoun	t and Acct#	Value	Custodial Parent
		 	
		 	
	!	 	
		 	
		<u> </u>	
	Credit Cards,	Student Loans, P	Personal Loans, Automobile Loans)
Lender and Acct. #	An	nount Due	List Owner Name or Joint
			·
HEALTH INSURANCE			
HEALTH INSURANCE Provider	Туј	pe of Coverage	The Individuals Covered
	Tyl	pe of Coverage	The Individuals Covered
	Tyl	be of Coverage	The Individuals Covered
	Tyl	pe of Coverage	The Individuals Covered

Personal and Marriage Data

Your information:

Name:
A.K.A.
Address:
County:
Home Phone:
Work Phone:
Cell Phone:
E-Mail Address:
Place of Birth:
Date of Birth:
Age:
Social Security No.:

Your Employment Information:

Employer: Full-time or Part-time: Address: Phone Number:

Occupation: Education/Skill/Training:

Annual Income: Health Status:

Spouse's information:

Name:Maiden Name:Address:County:Home Phone:Work Phone:Cell Phone:E-Mail Address:Place of Birth:Date of Birth:Age:Social Security No:

Spouse's Employment Information:

Employer: Full-time or Part-time: Address: Phone Number:

Occupation: Education/Skill/Training:

Annual Income: Health Status:

Marriage information: Civil or Religious Ceremony

Place Married (City, State)

First Marriage:

You: Yes or No

Date Married:

Spouse: Yes or No

Date Separated Residences:Dep. Children from Prev.You: Yes or NoRelationship:Spouse: Yes or No

Who occupies marital

residence:

Information about the dependent child(ren), herein referred to as the "child(ren)":

Full Name: Social Security No.: Date of Birth: Age: Health Status: Parent Living With:

MONTHLY HOUSEHOLD BUDGET

Fill this out for you as an individual in terms of **FUTURE** monthly expenses. Fill out as much of the information as you can. In some cases an educated guess may be called for if the amount is unknown. **One form per person.**

II. EXPENSES

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1	a) H	lΩ	119	SI	n	a
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1. Rent

Mortgage/taxes/ Amortization/HELOC

(b) Utilities

1. Fire Wood

2. Gas

3. Electricity

(c) Food

1. Groceries

2. School Lunches

3. Lunches at work

4. Dining out

(d) Clothing

1. Husband

2. Wife

(e) Laundry

1. Laundry at home

2. Dry cleaning

(f) Insurance

1. Life

2. Homeowner's/tenant's

3. Flood Insurance

4. Automotive

5. Umbrella policy

3. Condominium charges

4. Cooperative Apartment

Maintenance

Total: Housing

4. Telephone/Internet/Cable

5. Water

Total: Utilities

5. Liquor/alcohol

6. Other

Total: Food

3. Children

4. Other

Total: Clothing

3. Other

Total: Laundry

6. Medical plan

7. Dental plan

8. Optical plan

9. Disability

- 10. Worker's Comp.

11. Other:

Total: Insurance

(g) Unreimbursed medical

1. Medical

2. Dental

3. Optical

4. Pharmaceutical

5. Surgical, nursing, hospital

6. Other

Total: Unreimbursed Medical

(h) Household maintenance

- 1. Repairs
- 2. Furniture, furnishings,

housewares

- 3. Cleaning Supplies
- 4. Appliances/main.

- 5. Painting
- 6. Sanitation/carting
- 7. Gardening/landscape
- 8. Snow removal
- 9. Extermination
- 10. Other

Total: Household Maintenance

Total: Household Help

Personal (Y/N):

(i) Household help

- 1. Babysitter
- 2. Domestic (Maid, etc.

- 3. Nurse
- 4. Other:

(i) Automotive

1. Year

Make:

Model:

.

2. Year: Model: Make:

Model:

. . .

3. Year: Model:

Make:

Personal (Y/N): Business(Y/N)

Business (Y/N):

Personal (Y/N): Business(Y/N):

- 1. Payments
- 2. Gas and oil
- 3. Repairs

- 4. Car wash
- 5. Registration/license
- 6. Parking and Tolls
- 7. Other

Total: Automotive

(k) Educational

- 1. Nursery and preschool
- 2. Primary and secondary
- 3. College
- 4. Post-graduate
- 5. Religious Instruction

- 6. School trans.
- 7. School supp./books
- 8. Tutoring
- 9. School events
- 10. Other

Total: Educational

(I) Recreational

- 1. Summer camp
- 2. Vacations
- 3. Movies
- 4. Theatre, ballet, etc.
- 5. Video rentals
- 6. Tapes, CD's, etc.
- 7. Cable Television
- 8. Team Sports

- 9. Country/pool club
- 10. Health club
- 11. Sporting goods
- 12. Hobbies
- 13. Music/dance lessons
- 14. Sports lessons
- 15. Birthday parties
- 16. Other

Total: Recreational

(m) Income Taxes

- 1. Federal
- 2. State

- 3. City
- 4. Social Security and Medicare

Total: Taxes

(n) Miscellaneous

- 1. Beauty Parlor / barber
- 2. Beauty aids/ cosmetics, drug items
- 3. Cigarettes/tobacco
- 4. Books, magazines, Newspapers
- 5. Children's allowances
- 6. Gifts
- 7. Charitable contribution
- 8. Religious organization dues

- 9. Union and organization dues
- 10. Commutation and transportation
- 11. Veterinarian/pet exp
- 12. Child support payments (prior marriage)
- 13. Alimony & maintenance payment (prior marriage)
- 14. Personal Loan Payments
- 15. Unreimbursed business exp

Total: Miscellaneous

(o) Other

- 1.
- 2.
- 3.

Total: Other

TOTAL MONTHLY EXPENSES:

TOTAL ANNUAL EXPENSES: