
**Financial
Information**



Strategic Divorce Planning

Family Information Sheet

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: _____

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: _____

CHILDREN

Child's Name	Date of Birth	Custody Which Party	Exemption Party A or B (A/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	Week	Amount per... 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	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Detailed Expenses for Party#1:

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.

Item	Week	Amount per... Month	Year
Mandatory Deductions			
Mandatory Retirement	_____	_____	_____
Union Dues	_____	_____	_____
Other Mandatory	_____	_____	_____
Household			
Rent	_____	_____	_____
Condo Fee	_____	_____	_____
Homeowners' Insurance	_____	_____	_____
Renters' Insurance	_____	_____	_____
Real Estate Tax	_____	_____	_____
Cable TV	_____	_____	_____
Internet Access	_____	_____	_____
Phone	_____	_____	_____
Household Maintenance	_____	_____	_____
Furniture & Appliance	_____	_____	_____
Painting/Wallpapering	_____	_____	_____
Household Supplies	_____	_____	_____
Maid/Cleaning Service	_____	_____	_____
Lawn Service	_____	_____	_____
Snow Removal	_____	_____	_____
Trash Removal	_____	_____	_____
Utilities - Electricity	_____	_____	_____
Utilities - Gas/Propane Heat	_____	_____	_____

Item	Week	Amount per... Month	Year
Utilities - Oil Heat	_____	_____	_____
Utilities - Water/Sewer	_____	_____	_____
Utilities - Other	_____	_____	_____
Other Household	_____	_____	_____
Transportation			
Car Payments	_____	_____	_____
Car Insurance	_____	_____	_____
Car Gasoline/Oil	_____	_____	_____
Car Maintenance and Repair	_____	_____	_____
Car License/Stickers	_____	_____	_____
Car Other	_____	_____	_____
Tolls	_____	_____	_____
Parking	_____	_____	_____
Public/Alt. Transportation	_____	_____	_____
Other Transportation	_____	_____	_____
Child			
Child Care - Day Care	_____	_____	_____
Child Care - Sitters	_____	_____	_____
Child Clothing/School Uniforms	_____	_____	_____
Child Education Supplies	_____	_____	_____
Child Education Books/Fees	_____	_____	_____
Child Education Lunches	_____	_____	_____
Child Education Transportation	_____	_____	_____
Child Education Activities	_____	_____	_____

Item	Week	Amount per... Month	Year
Child Education Room & Board	_____	_____	_____
Child Grooming	_____	_____	_____
Child Groceries	_____	_____	_____
Child Medical Doctor	_____	_____	_____
Child Medical Dentist	_____	_____	_____
Child Medical Optical	_____	_____	_____
Child Medical Medication	_____	_____	_____
Child Allowance	_____	_____	_____
Child Lessons and Supplies	_____	_____	_____
Child Vacation	_____	_____	_____
Child Camp	_____	_____	_____
Child Entertainment	_____	_____	_____
Child Tutors	_____	_____	_____
Other Child	_____	_____	_____
Personal			
Bank Fees	_____	_____	_____
Cell Phone	_____	_____	_____
Cigarettes	_____	_____	_____
Clothes	_____	_____	_____
Dry Cleaning	_____	_____	_____
Education for Party	_____	_____	_____
Charitable	_____	_____	_____
Church/Synagogue/Mosque etc	_____	_____	_____
Credit Union (loan)	_____	_____	_____

Item	Week	Amount per... Month	Year
Deferred Compensation	_____	_____	_____
Dues/Clubs	_____	_____	_____
Employment Uniforms	_____	_____	_____
Employment Unreimbursed Travel	_____	_____	_____
Employment Unreimbursed Education	_____	_____	_____
Entertainment	_____	_____	_____
Food/Groceries	_____	_____	_____
Gifts	_____	_____	_____
Hair	_____	_____	_____
Horseback Riding	_____	_____	_____
Laundry	_____	_____	_____
Legal and Accounting	_____	_____	_____
Liquor, Beer, Wine	_____	_____	_____
Lottery Tickets	_____	_____	_____
Manicure/Pedicure	_____	_____	_____
Personal Property Insurance	_____	_____	_____
Pets	_____	_____	_____
Previous Relship Child Support	_____	_____	_____
Previous Relship Spousal Support	_____	_____	_____
Restaurants	_____	_____	_____
Savings	_____	_____	_____
Stamps and Stationery	_____	_____	_____
Sports/Hobbies/Lessons	_____	_____	_____
Subscriptions, Books	_____	_____	_____

Item	Week	Amount per... Month	Year
Tax - Local Income Tax	_____	_____	_____
Therapist/Counselor	_____	_____	_____
Toiletries/Grooming/Drug Store	_____	_____	_____
Travel	_____	_____	_____
Vacations	_____	_____	_____
Voluntary Retirement	_____	_____	_____
Other Personal	_____	_____	_____
Health and Medical			
Health Insurance	_____	_____	_____
Dental Insurance	_____	_____	_____
Disability Insurance	_____	_____	_____
Medical/Doctor	_____	_____	_____
Dental	_____	_____	_____
Drug & Prescription	_____	_____	_____
Optical	_____	_____	_____
Orthodontist	_____	_____	_____
Other Health	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WAGES FOR PARTY#2

Annual wage and salary income, before taxes: _____

WAGE-LIKE INCOME FOR PARTY#2

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	Week	Amount per... 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	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Detailed Expenses for Party#2:

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.

Item	Week	Amount per... Month	Year
Mandatory Deductions			
Mandatory Retirement	_____	_____	_____
Union Dues	_____	_____	_____
Other Mandatory	_____	_____	_____
Household			
Rent	_____	_____	_____
Condo Fee	_____	_____	_____
Homeowners' Insurance	_____	_____	_____
Renters' Insurance	_____	_____	_____
Real Estate Tax	_____	_____	_____
Cable TV	_____	_____	_____
Internet Access	_____	_____	_____
Phone	_____	_____	_____
Household Maintenance	_____	_____	_____
Furniture & Appliance	_____	_____	_____
Painting/Wallpapering	_____	_____	_____
Household Supplies	_____	_____	_____
Maid/Cleaning Service	_____	_____	_____
Lawn Service	_____	_____	_____
Snow Removal	_____	_____	_____
Trash Removal	_____	_____	_____
Utilities - Electricity	_____	_____	_____
Utilities - Gas/Propane Heat	_____	_____	_____

Item	Week	Amount per... Month	Year
Utilities - Oil Heat	_____	_____	_____
Utilities - Water/Sewer	_____	_____	_____
Utilities - Other	_____	_____	_____
Other Household	_____	_____	_____
Transportation			
Car Payments	_____	_____	_____
Car Insurance	_____	_____	_____
Car Gasoline/Oil	_____	_____	_____
Car Maintenance and Repair	_____	_____	_____
Car License/Stickers	_____	_____	_____
Car Other	_____	_____	_____
Tolls	_____	_____	_____
Parking	_____	_____	_____
Public/Alt. Transportation	_____	_____	_____
Other Transportation	_____	_____	_____
Child			
Child Care - Day Care	_____	_____	_____
Child Care - Sitters	_____	_____	_____
Child Clothing/School Uniforms	_____	_____	_____
Child Education Supplies	_____	_____	_____
Child Education Books/Fees	_____	_____	_____
Child Education Lunches	_____	_____	_____
Child Education Transportation	_____	_____	_____
Child Education Activities	_____	_____	_____

Item	Week	Amount per... Month	Year
Child Education Room & Board	_____	_____	_____
Child Grooming	_____	_____	_____
Child Groceries	_____	_____	_____
Child Medical Doctor	_____	_____	_____
Child Medical Dentist	_____	_____	_____
Child Medical Optical	_____	_____	_____
Child Medical Medication	_____	_____	_____
Child Allowance	_____	_____	_____
Child Lessons and Supplies	_____	_____	_____
Child Vacation	_____	_____	_____
Child Camp	_____	_____	_____
Child Entertainment	_____	_____	_____
Child Tutors	_____	_____	_____
Other Child	_____	_____	_____
Personal			
Bank Fees	_____	_____	_____
Cell Phone	_____	_____	_____
Cigarettes	_____	_____	_____
Clothes	_____	_____	_____
Dry Cleaning	_____	_____	_____
Education for Party	_____	_____	_____
Charitable	_____	_____	_____
Church/Synagogue/Mosque etc	_____	_____	_____
Credit Union (loan)	_____	_____	_____

Item	Week	Amount per... Month	Year
Deferred Compensation	_____	_____	_____
Dues/Clubs	_____	_____	_____
Employment Uniforms	_____	_____	_____
Employment Unreimbursed Travel	_____	_____	_____
Employment Unreimbursed Education	_____	_____	_____
Entertainment	_____	_____	_____
Food/Groceries	_____	_____	_____
Gifts	_____	_____	_____
Hair	_____	_____	_____
Horseback Riding	_____	_____	_____
Laundry	_____	_____	_____
Legal and Accounting	_____	_____	_____
Liquor, Beer, Wine	_____	_____	_____
Lottery Tickets	_____	_____	_____
Manicure/Pedicure	_____	_____	_____
Personal Property Insurance	_____	_____	_____
Pets	_____	_____	_____
Previous Relship Child Support	_____	_____	_____
Previous Relship Spousal Support	_____	_____	_____
Restaurants	_____	_____	_____
Savings	_____	_____	_____
Stamps and Stationery	_____	_____	_____
Sports/Hobbies/Lessons	_____	_____	_____
Subscriptions, Books	_____	_____	_____

Item	Week	Amount per... Month	Year
Tax - Local Income Tax	_____	_____	_____
Therapist/Counselor	_____	_____	_____
Toiletries/Grooming/Drug Store	_____	_____	_____
Travel	_____	_____	_____
Vacations	_____	_____	_____
Voluntary Retirement	_____	_____	_____
Other Personal	_____	_____	_____
Health and Medical			
Health Insurance	_____	_____	_____
Dental Insurance	_____	_____	_____
Disability Insurance	_____	_____	_____
Medical/Doctor	_____	_____	_____
Dental	_____	_____	_____
Drug & Prescription	_____	_____	_____
Optical	_____	_____	_____
Orthodontist	_____	_____	_____
Other Health	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assets and Liabilities

1. INVESTMENTS, CHECKING ACCOUNTS, ETC:

Description	Current Value	Original Cost	Annual Income	Type*	Title* (A/B/J)

* Title (A-Party A, B-Party B, J-Joint)
* Type (1-Cash, 2-Checking, 3-Money Market, 4-Savings, 5-Credit Union, 6-Brokerage Acct, 7-Escrow Acct, 8-CD, 9-US Savings Bonds, 10-Stock, 11-Bond, 12-Stock Fund, 13-Mutual Fund, 14-Bond Fund, 15-Real Estate)

2. DEBTS:

Description	Current Balance	Interest Rate (%)	Monthly Payment

3. PERSONAL ITEMS:

Description	Current Value	Original Cost	Title* (A/B/J)	Type*

* Title (A-Party A, B-Party B, J-Joint)
 * Type (1-Household, 2-Furniture, 3-Art, 4-Jewelry, 5-Paintings, 6-Prints, 7-Antiques, 8-Precious Object, 9-Gold or Metals, 10-Collections, 11-Trademarks, 12-Patents, 13-Other)

4. VEHICLES:

Description	Make/Model/Year	Current Value	Original Cost	Type*	Title* (A/B/J)	Lien

* Type (1-Car, 2-Truck, 3-RV, 4-Boat, 5-Plane)
 * Title (A-Party A, B-Party B, J-Joint)

5. REAL ESTATE:

Basic Info:	1st Property	2nd Property	3rd Property
Address:	_____	_____	_____
	_____	_____	_____
Current Value:	_____	_____	_____
Original Cost:	_____	_____	_____
Title (A, B, J)*:	_____	_____	_____
1st Mortgage:			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (A/B/Both):	_____	_____	_____
2nd Mortgage:			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (A/B/Both):	_____	_____	_____

* For monthly payment include interest & principal only, do NOT include taxes or insurance.

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

6. IRA/401k ACCOUNTS:

Description	Current Value	Title* (A/B)

* Title (A-Party A, B-Party B)

7. LIFE INSURANCE:

Description	Cash Value	Amount of Premium Paid By Party A	Amount of Premium Paid By Party B	Title* (A/B)

* Title (A-Party A, B-Party B)

8. BUSINESS:

Description	Current Value	Original Cost	Annual Cash Flow	Form of Business (I/P/C)*	Title* (A/B)

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

* Form of Business (I-Individual, P-Partnership or S Corporation, C-C Corporation)