

DOMESTIC RELATIONS FINANCIAL STATEMENT

GENERAL INFORMATION:

DATE OF BIRTH: _____ (Husband)
_____ (Wife)

SOCIAL SECURITY NO: _____ (Husband)
_____ (Wife)

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

DATE OF SEPARATION: _____

DATE OF DIVORCE: _____

CHILDREN OF THIS MARRIAGE:

NAME	DATE OF BIRTH
(1) _____	_____
(2) _____	_____
(3) _____	_____

EMPLOYMENT:

ARE **YOU** WORKING? YES/NO

CURRENT EMPLOYER: _____
EMPLOYER'S ADDRESS: _____

RATE OF PAY: \$ _____
HOW ARE YOU PAID? - weekly, bi-weekly, 1st/15th, monthly, annually

DO YOU PAY HEALTH/DENTAL INSURANCE THROUGH YOUR EMPLOYER? YES/NO
HEALTH: \$ _____ (per pay period)
DENTAL: \$ _____ (per pay period)

IF **YOU** ARE **NOT** CURRENTLY EMPLOYED, ANSWER THE FOLLOWING:

NAME OF LAST EMPLOYER: _____
DATES OF EMPLOYMENT: _____
RATE OF PAY: \$ _____
HOW WERE YOU PAID? - weekly, bi-weekly, 1st/15th, monthly, annually
REASON FOR LEAVING: _____

DO **YOU** RECEIVE ANY INCOME FROM ANY OTHER SOURCE? YES/NO
SOURCE: _____
AMOUNT RECEIVED: _____
HOW OFTEN: Weekly, Monthly, Bi-Monthly, Quarterly or Annually

DO YOU HAVE ANY DISABILITY THAT PREVENTS YOU FROM WORKING TO YOUR FULL CAPACITY? IF YES, PLEASE EXPLAIN:

IS YOUR **SPOUSE** CURRENTLY EMPLOYED: YES/NO

SPOUSE'S CURRENT EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

RATE OF PAY: \$ _____

HOW IS SPOUSE PAID? - weekly, bi-weekly, 1st/15th, monthly, annually

DOES YOUR SPOUSE PAY HEALTH/DENTAL INSURANCE THROUGH HIS/HER EMPLOYER? YES/NO

HEALTH: \$ _____ (per pay period)

DENTAL: \$ _____ (per pay period)

IF YOUR **SPOUSE** IS **NOT** CURRENTLY EMPLOYED, ANSWER THE FOLLOWING:

NAME OF LAST EMPLOYER: _____

DATES OF EMPLOYMENT: _____

RATE OF PAY: \$ _____

HOW WAS SPOUSE PAID? - weekly, bi-weekly, 1st/15th, monthly, annually

REASON FOR LEAVING: _____

DOES YOUR SPOUSE RECEIVE ANY INCOME FROM ANY OTHER SOURCE? YES/NO
SOURCE: _____

AMOUNT RECEIVED: _____

HOW OFTEN: Weekly, Monthly, Bi-Monthly, Quarterly or Annually

DOES YOUR SPOUSE HAVE ANY DISABILITY THAT PREVENTS HIM/HER FROM WORKING? IF YES, PLEASE EXPLAIN:

MONTHLY EXPENSES:

MARITAL RESIDENCE EXPENSES:

Mortgage (1st-_____). \$ _____
Mortgage (2nd-_____). _____
Homeowners Insurance
(if not included in mortgage). _____
Electricity _____
Gas. _____
Water. _____
Telephone. _____
Cable Television. _____
Internet Access. _____
Maintenance/Home Cleaning
 Lawn Cutting Service. _____
 Lawn Treatment. _____
 Maid Service. _____
House Repairs. _____

YOUR CURRENT RESIDENCE (if applicable-other than marital residence):

Rent/Lease. _____
Renter's Insurance _____
Electricity _____
Gas. _____
Water. _____
Telephone. _____
Cable Television. _____
Internet Access. _____
Maid Service. _____
Lawn Service. _____

MEDICAL:

Health Insurance. \$ _____
Dental Insurance. _____
Doctor Visits (not covered by insurance).. . . . _____
 You: _____
 Children: _____
 Spouse: _____
Dentist Visits (not covered by insurance). _____
 You: _____
 Children: _____
 Spouse: _____
Optometrist (not covered by insurance).. . . . _____

You: _____

Children: _____

Spouse: _____

Prescriptions (not covered by insurance) _____

You: _____

Children: _____

Spouse: _____

AUTOMOBILE:

Auto Payment (_____) \$ _____

Make/Model/Year _____

Auto Payment (_____) _____

Make/Model/Year _____

Auto Payment (_____) _____

Make/Model/Year _____

Auto Insurance _____

You: _____

Children: _____

Spouse: _____

Gas/Oil _____

Maintenance/Repair _____

OTHER CHILDREN EXPENSES:

Tuition _____

Provide breakdown for each child

Meal Plans _____

Books _____

Extracurricular Fees

_____ _____

_____ _____

_____ _____

_____ _____

CREDIT CARD EXPENSES:

_____	\$ _____
	Balance Due:	_____
	In Whose Name:	_____
_____	\$ _____
	Balance Due:	_____
	In Whose Name:	_____
_____	\$ _____
	Balance Due:	_____
	In Whose Name:	_____
_____	\$ _____
	Balance Due:	_____
	In Whose Name:	_____

GENERAL EXPENSES:

Cell Phone	(Name of Provider: _____).	.....	_____
Cell Phone	(Name of Provider: _____).	.....	_____
Food	.....	\$	_____
Clothing	.....		_____
Dry Cleaning/Laundry	.....		_____
Entertainment	.....		_____
Tithes	.....		_____
Professional Dues	.....		_____
Membership Dues	.....		_____
Newspaper/Magazines	.....		_____
Personal Grooming	.....		_____
Pet Care/Veterinarian	.....		_____
Other:			
_____		_____
_____		_____
_____		_____
_____		_____

ASSETS:

A. REAL ESTATE:

(1) Location: _____
Date Acquired: _____
Deeded to: _____
(Provide us with copy of deed)
Fair Market Value: _____
(Provide us with copy of appraisal)
Pay-Off: _____
Mortgage to: _____
EQUITY: _____
Insured By: _____
Address: _____
Agent: _____

(2) Location: _____
Date Acquired: _____
Deeded to: _____
(Provide us with copy of deed)
Fair Market Value: _____
(Provide us with copy of appraisal)
Pay-Off: _____
Mortgage to: _____
EQUITY: _____
Insured By: _____
Address: _____
Agent: _____

(3) Location: _____
Date Acquired: _____
Deeded to: _____
(Provide us with copy of deed)
Fair Market Value: _____
(Provide us with copy of appraisal)
Pay-Off: _____
Mortgage to: _____
EQUITY: _____
Insured By: _____
Address: _____
Agent: _____

B. PERSONAL PROPERTY:

(1) Motor Vehicle: _____ (in _____'s possession)
Make/Model/Year

Fair Market Value: \$ _____
Debt on Vehicle: \$ _____
Equity in Vehicle: \$ _____
Owner Info: _____
Insured By: _____
Address: _____
Name of Agent: _____

(2) Motor Vehicle: _____ (in _____'s possession)
Make/Model/Year

Fair Market Value: \$ _____
Debt on Vehicle: \$ _____
Equity in Vehicle: \$ _____
Owner Info: _____
Insured By: _____
Address: _____
Name of Agent: _____

(3) Motor Vehicle: _____ (in _____'s possession)
Make/Model/Year

Fair Market Value: \$ _____
Debt on Vehicle: \$ _____
Equity in Vehicle: \$ _____
Owner Info: _____
Insured By: _____
Address: _____
Name of Agent: _____

(4) Business Equipment:

Fair Market Value: \$ _____
Financed Through: _____
Pay-Off: \$ _____
Insured By: _____
Address: _____
Name of Agent: _____

(5) Miscellaneous Personal Property (such as trailers, 4-wheelers, boats, etc.):

Make/Model/Year

Fair Market Value: \$ _____

Debt on Vehicle: \$ _____

Equity in Vehicle: \$ _____

Owner Info: _____

Insured By: _____

Address: _____

Name of Agent: _____

(6) Miscellaneous Property - contd.

Make/Model/Year

Fair Market Value: \$ _____

Debt on Vehicle: \$ _____

Equity in Vehicle: \$ _____

Owner Info: _____

Insured By: _____

Address: _____

Name of Agent: _____

Make/Model/Year

Fair Market Value: \$ _____

Debt on Vehicle: \$ _____

Equity in Vehicle: \$ _____

Owner Info: _____

Insured By: _____

Address: _____

Name of Agent: _____

- List all Furniture/Furnishings/Miscellaneous Household Items Acquired During the Marriage
- Note which items are in each parties' possession
- Do not list any items that were gifts

C. BANK ACCOUNTS:

JOINT ACCOUNT:

Name of Bank: _____
Type of Account: _____
Account No: _____
Balance: _____
Date Closed (if applicable): _____

Name of Bank: _____
Type of Account: _____
Account No: _____
Balance: _____
Date Closed (if applicable): _____

Name of Bank: _____
Type of Account: _____
Account No: _____
Balance: _____
Date Closed (if applicable): _____

YOUR ACCOUNT:

Name of Bank: _____
Type of Account: _____
Account No: _____
Balance: _____

Name of Bank: _____
Type of Account: _____
Account No: _____
Balance: _____

SPOUSE'S ACCOUNT:

Name of Bank: _____
Type of Account: _____
Account No: _____
Balance: _____

Name of Bank: _____
Type of Account: _____
Account No: _____
Balance: _____

BUSINESS ACCOUNT:

Name of Bank: _____

Type of Account: _____

Account No: _____

Balance: _____

D. INVESTMENTS (401K, Pension Plan, FERS, Thrift Savings, Etc.):

Name of Account: _____

Type of Account: _____

Account No: _____

In whose name is the account: _____

Balance: _____

Name of Account: _____

Type of Account: _____

Account No: _____

In whose name is the account: _____

Balance: _____

Name of Account: _____

Type of Account: _____

Account No: _____

In whose name is the account: _____

Balance: _____

Name of Account: _____

Type of Account: _____

Account No: _____

In whose name is the account: _____

Balance: _____

E. LIFE INSURANCE:

Name of Company: _____

Owner of Policy: _____

Policy Date: _____ Expires: _____

Face Amount: _____

Beneficiary: _____

Name of Company: _____

Owner of Policy: _____

Policy Date: _____ Expires: _____

Face Amount: _____

Beneficiary: _____