

**Please complete this form to the best of your ability.
If you do not have all of the information, do not be concerned.
We will deal with it at our first meeting.**

PART A - CASE INFORMATION

Wife's Information:

Name	
Street Address	
City	
State	
Zip Code	
Work Phone	
Home Phone	
E-mail	

Husband's Information:

Name	
Street Address	
City	
State	
Zip Code	
Work Phone	
Home Phone	
E-mail	

Date of this Statement:	
Wife Birth date:	
Husband Birth date:	
Date of Marriage:	
Date of Separation:	
Date of Divorce Complaint (if filed):	

Children from this Marriage:

Child #1:

Full Name	
Street Address	
City	
State	
Zip Code	
Date of Birth:	
Child resides with:	

Child #2:

Full Name	
Street Address	
City	
State	
Zip Code	
Date of Birth:	
Child resides with:	

Child #3:

Full Name	
Street Address	
City	
State	
Zip Code	
Date of Birth:	
Child resides with:	

Child #4:

Full Name	
Street Address	
City	
State	
Zip Code	
Date of Birth:	
Child resides with:	

Children from Other Relationships (For both parties):

Child #1:

Full Name	
Street Address	
City	
State	
Zip Code	
Date of Birth:	
Child resides with:	

Child #2:

Full Name	
Street Address	
City	
State	
Zip Code	
Date of Birth:	
Child resides with:	

Child #3:

Full Name	
Street Address	
City	
State	
Zip Code	
Date of Birth:	
Child resides with:	

PART B – EMPLOYMENT AND OTHER INFORMATION

Information about Wife’s Employer (Provide Name and Address of Business, if Self-Employed):

Employer's Name	
Street Address	
City	
State	
Zip Code	

Additional Identifying Information about Wife:

Social Security Number	
State Driver's License Number	

Information about Husbands Employer (Provide Name and Address of Business, if Self-Employed):

Employer's Name	
Street Address	
City	
State	
Zip Code	

Additional Identifying Information about Husband:

Social Security Number	
State Driver's License Number	

PART C - INCOME INFORMATION

LAST YEAR'S INCOME

	Wife	Husband	Other Household income
Gross earned income last calendar year (year _____)			
Unearned income (same year)			

PLEASE BRING WITH YOU THE FOLLOWING ITEMS:

1. **A full and complete copy of your last federal and state income tax returns with all schedules and attachments.**
2. **Your last calendar year's W-2 statement and 1099's, K-1 Statement.**
3. **Your three most recent pay stubs.**
4. **Bonus information including, but not limited to, percentage overrides, timing of payments, etc.; the last three statements of such bonuses, commissions, etc.**
5. **Your most recent corporate benefit statement or a summary thereof, showing the nature, amount and status of retirement plans, savings plans, income deferral plans, insurance benefits, etc.**
6. **Any agreements between the parties.**

PART D - MONTHLY EXPENSES

SCHEDULE A: SHELTER

If Tenant:	Wife's current budget <i>[use this column for current joint budget if the parties are still living in the same household]</i>	Husband's current budget <i>[do not use this column if the parties are still living in the same household]</i>
Rent		
Heat (if not furnished)		
Electric & Gas (if not furnished)		
Renter's Insurance		
Parking (at apartment)		
Other Charges (Itemize)		

If Homeowner:	Wife's current budget <i>[use this column for current joint budget if the parties are still living in the same household]</i>	Husband's current budget <i>[do not use this column if the parties are still living in the same household]</i>
Mortgage		
Real Estate Taxes (unless included with mortgage payment)		
Homeowners Insurance (unless included with mortgage payment)		
Other Mortgages or Home Equity Loans		
Heat (unless electric or gas)		
Electric & Gas		
Water and Sewer		
Garbage Removal		
Snow Removal		
Lawn Care		
Maintenance		
Repairs		
Other Charges (Itemize)		

Tenant or Homeowner:	Wife's current budget <i>[use this column for current joint budget if the parties are still living in the same household]</i>	Husband's current budget <i>[do not use this column if the parties are still living in the same household]</i>
Telephone		
Mobile/Cellular Telephone		
Service Contracts on Equipment		
Cable TV		
Plumber/Electrician		
Equipment and furnishings		
Internet Charges		
Other (Itemize)		

SCHEDULE B: TRANSPORTATION

Auto Payment		
Auto Insurance (number of vehicles ____)		
Registration, License		
Maintenance		
Fuel and Oil		
Commuting Expenses		
Other Charges (Itemize)		

SCHEDULE C: PERSONAL

Food at Home and household supplies		
Prescription Drugs		
Non-prescription drugs, cosmetics, toiletries and sundries		
School Lunch		
Restaurants		
Clothing		
Dry Cleaning, Commercial Laundry		
Hair Care		
Domestic Help		
Medical (exclusive of psychiatric)*		
Eye Care*		
Psychiatric/psychological/counseling*		
Dental (exclusive of orthodontic)*		
Orthodontic*		
Medical Insurance (hospitalization, etc.)*		
Club Dues and Memberships		
Sports and Hobbies		
Camps		
Vacations		
Children's Private School Costs		
Children's College Costs		
Parent's Educational Costs		
Children's Lessons (dancing, music, sports, etc.)		
Babysitting		
Day-Care Expenses		
Entertainment		
Alcohol and Tobacco		
Newspapers and Periodicals		
Gifts		
Contributions		
Payments to Non-Child Dependents		
Prior Existing Support Obligations		
(This family)		
(Other families - specify)		
Tax Reserve (not listed elsewhere)		
Life Insurance		

Savings/investment		
Debt Service (exclusive of mortgage)		
Parenting Time Expenses		
Pet/Veterinarian Expenses		
Professional Expenses (other than this proceeding)		
Other (specify)		

*unreimbursed only.

Statement of Assets

Description	Who Owns it? (H, W, J)*	Date of purchase /acquisition	If this should be exempt from equitable distribution, state reason?	Value (\$)	Date of Evaluation
Real Property					
Bank Accounts					
Vehicles					
Tangible Personal Property					
Stocks and Bonds					
Pension, Profit sharing, Retirement Plans, IRAs, 401Ks, etc. (list each employer)					

Businesses, Partnerships, Professional Practices					
Life Insurance (Cash surrender value)					
Loan Receivable					
Other (Specify)					

* H = Husband W = Wife J = Joint

Statement of Liabilities

Description	Responsible Party? (H, W, J)*	If this should be exempt from equitable distribution, state reason?	Monthly Payment	Total Owed	Date of Evaluation
Real Estate Mortgage					
Other Long Term Debts					
Revolving Charges					
Other Short Term Debts					
Contingent Liabilities					

* H = Husband W = Wife J = Joint