



Marriage and Family Financial Statement

This form is intended to help you organize financial, asset and debt information with respect to your marriage and family. It is important that this information be accurate and complete as it will form the basis of many of the material issues that are to be addressed. Please complete it carefully and prayerfully. Since motives are as important to our Lord as outward actions, you are asked in several places to state your motive for making a specific proposal. As stewards of what God has given you, you are ultimately accountable to Him for how you manage the resources He has given you. Accordingly, you are encouraged to remember the following and complete the following pages:

Philippians 2:3-5

Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves. Each of you should look not only to your own interests, but also to the interests of others. Your attitude should be the same as that of Christ Jesus:

Hebrews 4:13

Nothing in all creation is hidden from God's sight. Everything is uncovered and laid bare before the eyes of him to whom we must give account.

1 Samuel 16:7

But the LORD said to Samuel, "Do not consider his appearance or his height, for I have rejected him. The LORD does not look at the things man looks at. Man looks at the outward appearance, but the LORD looks at the heart.

Make as many copies of any page as you need. If a question or request for information can be more easily answered by attaching a separate statement, document or paper of some sort, please do so. Just be sure to include that in the copy that you provide to your spouse. Do the best that you can to complete the statement fully and accurately. If you don't have access to information you need to complete a section or if you are uncertain about a section, simply make a note of that. We will try to fill in any gaps during our time together.

As you complete and exchange these forms, remember that any proposal you make with respect to a specific asset or debt item is not final and binding until a final agreement is signed with respect to that item. When you are finished, sign below and give a complete copy along with all required documents to your spouse and to your mediator. To insure that everyone is fully informed and that our time together is productive, this needs to be completed and provided to your spouse not later than seven (7) calendar days before the first mediation meeting.

I affirm the truthfulness of the information I have provided and provided a complete copy of this statement to my spouse on the date noted at right.	Date:
Name:	
Signature – Please provide your signature by typing your name in this space. /s/	Date:

PART 1

SUMMARY OF PROPERTY FOR DISTRIBUTION

NOTE: This page is a summary of the values given in the rest of the Affidavit. Complete this page **after** the rest of the Affidavit has been completed.

Category	Net Fair Market Value
1. Real Estate <i>(from Form A)</i>	
2. Vehicles <i>(from Form B)</i>	
3. Bank Accounts <i>(from Form C)</i>	
4. Investments <i>(from Form D)</i>	
5. Jewelry <i>(from Form E)</i>	
6. Collections <i>(from Form F)</i>	
7. Household Goods <i>(from Form G)</i>	
8. Retirement Benefits <i>(from Form H)</i>	
9. Life Insurance Policies <i>(from Form I)</i>	
10. Business Interests <i>(from Form J)</i>	
11. Other Items <i>(from Form K)</i>	
12. Other Property You Contend Should be Distributed <i>(from Form L)</i>	
13. Debts <i>(from Form M)</i>	
14. Post-Separation Distribution of Property <i>(from Form N)</i>	
TOTAL NET Fair Market Value	

**FORM A
REAL ESTATE**

Description of Property	Fair Market Value	Loan Balance	Net Value	Who Has Possession?	Proposed Distribution To
1.				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
2.				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
3.				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
4.				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
5.				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

**Form B
VEHICLES**

Description (Year/Make/Model)	Fair Market Value	Loan Balance	Net Value	Who Has Possession?	Proposed Distribution To
1.				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
2.				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
3.				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
4.				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

Form C
Bank ACCOUNTS

DESCRIPTION OF ACCOUNT (Institution, Type, Account No., Etc.)	Net Fair Market Value	Owner	Proposed Distribution To
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
5.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
6.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
7.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

FORM D
INVESTMENTS

DESCRIPTION OF INVESTMENT (Stock: Name of Company, number of shares, value per share) (Bonds: Name of Issuing Company, Face Amount, Maturity Date)	Net Fair Market Value	Owner	Proposed Distribution To
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
5.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

FORM E

JEWELRY

DESCRIPTION OF PROPERTY	Net Fair Market Value	Owner	Proposed Distribution To
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
5.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
6.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
7.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
8.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
9.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
10.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

FORM F **COLLECTIONS**

DESCRIPTION OF PROPERTY <i>(Examples: art, coins, collectables, etc.)</i>	Net Fair Market Value	Owner	Proposed Distribution To
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
5.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
6.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
7.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
8.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
9.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
10.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

FORM G
HOUSEHOLD GOODS

DESCRIPTION OF PROPERTY	Net Fair Market Value	Owner	Proposed Distribution To
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
5.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
6.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
7.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
8.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
9.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
10.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
11.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
12.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
13.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
14.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

FORM G
HOUSEHOLD GOODS *(continued)*

DESCRIPTION OF PROPERTY	Net Fair Market Value	Owner	Proposed Distribution To
15.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
16.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
17.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
18.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
19.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
20.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
21.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
22.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
23.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
24.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
25.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
26.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
27.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
28.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

ALTERNATIVE FORM G

IN LIEU OF LISTING HOUSEHOLD GOODS, I WOULD PREFER:

(CHECK ONE OF THE FOLLOWING)

<input type="checkbox"/>	1. Both parties have conferred and agreed to obtain a non-binding appraisal of all household goods by a date certain. The choice of appraiser and allocation of cost have been agreed between the parties.
<input type="checkbox"/>	2. Same as 1 above except that the following issues are submitted for the mediator to decide: <input type="checkbox"/> A. Choice of appraiser <input type="checkbox"/> B. Allocation between the parties of the appraiser's fee
<input type="checkbox"/>	3. Both parties have agreed to participate in a binding auction of household goods on a set date, with each item being distributed to the higher "bidder" per the attached procedure or other procedure set for in a separate agreement.
<input type="checkbox"/>	4. All household goods have been previously divided to my satisfaction and no values for household goods shall be included in either my share or my spouse's share for purposes of proceeding.
<input type="checkbox"/>	5. I will accept whatever my spouse lists for household goods, their value, and the distribution thereof.

AUCTIONS OF HOUSEHOLD GOODS

If the parties to a proceeding agree to participate in a binding auction instead of listing their household goods on Form G, the following rules shall apply unless the parties enter into a written stipulation regarding a different procedure to be followed:

- (1) The auction shall occur by a date set by the mediator.
- (2) The parties shall jointly prepare a list of all items of household goods to be auctioned. To the extent possible, items shall be listed by their location in the former marital residence. If a party claims that an item is his or her separate property, such contention shall be noted on the list. If the parties dispute the existence of the item or property, the dispute shall be noted on the list.
- (3) Both parties must attend the auction. If a party is represented by an attorney, the attorney or a representative of the attorney (e.g., a paralegal) must attend the auction.
- (4) The auction shall begin with the first item on the list, and shall proceed in the order in which items have been listed.
- (5) The parties shall flip a coin to determine which party is to have the first bid on the first item on the list. Thereafter, the first bid shall be rotated on each successive item.
- (6) All bids after the initial bid must increase by at least \$10.00 on each item on which the initial bid is less than \$100.00, and by \$25.00 on each item on which the initial bid is at least \$100.00.
- (7) There shall be a 30-second time limit for making a bid. Failure to bid within the time limit results in an allocation of the item to the other party at the previous bid.
- (8) When there are no more bids on an item, the item shall be deemed to have been "purchased" by and distributed to the party making the last and highest bid, at a net fair market value equal to the amount of such bid.
- (9) The list of household goods shall contain a column for each party, and as items are bid off, the amount of the last and highest bid shall be recorded in the column of the party making such bid.
- (10) This auction process shall determine the net fair market value of each item of property, and shall determine the party to whom the item of property is to be distributed.
- (11) If there are disputes as to whether items of property are separate property or marital property, the dispute shall remain for resolution in this proceeding.
- (12) If there are disputes as to whether all items of property have been identified and listed, the disputes will be resolved through mediation and if necessary, arbitration as the parties have agreed. In addition, if there is no bid on an item which is included on the list of household goods, the Court shall value and distribute the item, unless the parties agree otherwise.

FORM H RETIREMENT BENEFITS

PLANS WITH ACCOUNT BALANCES

(IRA Accounts and Defined Contribution Plans such as:
401(k) Plans, Profit-Sharing Plans, and Retirement Savings Plans)

DESCRIPTION OF INVESTMENT <small>(Include Name of Plan, Type of Plan, and Account Number)</small>	Net Fair Market Value	Owner	Proposed Distribution To
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
5.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

PLANS WITH MONTHLY OR OTHER PAYMENTS

(Pension Plans and Other Defined Benefit Plans)

FIRST PLAN		NET VALUE	PROPOSED DISTRIBUTION TO
Participant: <input type="checkbox"/> Husband <input type="checkbox"/> Wife	DOB:		
Plan Name:			<input type="checkbox"/> Husband <input type="checkbox"/> Wife
Date employment began:		Date participation began:	
Is participant still participating? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, date participation ended:	
Total accrued benefit as of DOS:		Amount of Benefit \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other	
SECOND PLAN		NET VALUE	PROPOSED DISTRIBUTION TO
Participant: <input type="checkbox"/> Husband <input type="checkbox"/> Wife	DOB:		
Plan Name:			<input type="checkbox"/> Husband <input type="checkbox"/> Wife
Date employment began:		Date participation began:	
Is participant still participating? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, date participation ended:	
Total accrued benefit as of DOS:		Amount of Benefit \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other	

FORM I
LIFE INSURANCE POLICIES

DESCRIPTION (Company, Policy Number, Face Amount)	Net Cash Value (if any)	Policy Owner	Proposed Distribution To
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
5.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

FORM J
BUSINESS INTERESTS

DESCRIPTION OF PROPERTY (Name of Business, Type of Business Organization, e.g. partnership, corporation, etc.)	Amount of Percentage of Ownership	Net Fair Market Value	Owner	Proposed Distribution To
1.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
2.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
3.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
4.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
5.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

FORM K
OTHER ITEMS NOT LISTED ABOVE

(Professional Sports PSLs, Tax Refunds, Security Deposits, Frequent Flyer Miles, etc.)

DESCRIPTION	Net Fair Market Value	Who Has Possession?	Proposed Distribution To
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
5.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
6.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
7.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
8.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
9.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
10.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

FORM L
OTHER PROPERTY YOU CONTEND SHOULD BE DISTRIBUTED TO YOU OR SPOUSE

DESCRIPTION OF ASSEST & VALUE	Who Should Receive This Item? (Proposed)		Explain Why
	Husband	Wife	
1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	
11.	<input type="checkbox"/>	<input type="checkbox"/>	
12.	<input type="checkbox"/>	<input type="checkbox"/>	
13.	<input type="checkbox"/>	<input type="checkbox"/>	
14.	<input type="checkbox"/>	<input type="checkbox"/>	
15.	<input type="checkbox"/>	<input type="checkbox"/>	
16.	<input type="checkbox"/>	<input type="checkbox"/>	
17.	<input type="checkbox"/>	<input type="checkbox"/>	
18.	<input type="checkbox"/>	<input type="checkbox"/>	
19.	<input type="checkbox"/>	<input type="checkbox"/>	

FORM M DEBTS

DEBT (Name of Creditor and Account Number and, if secured, the collateral)	AMOUNT OWED	DEBTOR	Proposed Distribution To	Explain Why
1.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
2.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
3.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
4.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
5.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
6.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
7.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
8.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
9.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
10.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
11.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
12.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
13.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
14.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
15.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
16.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
17.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	

FORM N
POST-SEPARATION (IF ANY) DISPOSITION OF PROPERTY

DESCRIPTION	DATE OF DISPOSITION	TYPE OF DISPOSITION	AMOUNT OF BENEFIT TO EACH PARTY	
			To Husband	To Wife
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>	<input type="checkbox"/>
16.			<input type="checkbox"/>	<input type="checkbox"/>
17.			<input type="checkbox"/>	<input type="checkbox"/>

**PART 2
CURRENT FINANCIAL INFORMATION**

**SECTION A
INCOME INFORMATION
(COMPLETE IN ALL CASES)**

CURRENT EMPLOYMENT		
Your Name:		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	
Employer Address:	City:	State:
Income: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, employer name:	
Employer Address:	City:	State:
Income: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		

MONTHLY GROSS INCOME	
I receive the following AVERAGE MONTHLY GROSS INCOME from the following sources. (Based on 4.33 weeks or 2.165 bi-weekly periods per month)	
SOURCE	AMOUNT
A. Wages/Salary/Tips	
B. Bonuses	
C. Commissions	
D. Interest/Dividends/Investments	
E. Rent	
F. Business Profit	
G. Social Security	
H. Pension/Retirement	
I. Other (Itemize) ¹	
TOTAL MONTHLY GROSS INCOME	

¹ "Other Income" includes (but is not limited to): severance pay, trust income, annuity income, capital gains, Workers Compensation benefits, Unemployment Insurance benefits, disability pay, insurance benefits, gifts, prizes and alimony and maintenance received from any person(s) not a party in this case.

MONTHLY BUSINESS EXPENSES
I have the following average MONTHLY expenses in connection with my business profit and/or rental income (including <i>only</i> expenses [and <i>not</i> depreciation] that are deductible on Schedule "C" and/or "E" of my IRS Form 1040 income tax return).
<input type="checkbox"/> Check here if this section does not apply to you.
TOTAL EXPENSES: \$

SECTION B
CHILD SUPPORT INFORMATION
(Complete in Child Support Cases Only)

MONTHLY CHILD SUPPORT EXPENSES	
I have the following average MONTHLY expenses.	
SOURCE	AMOUNT
A. Court-ordered or Separation Agreement-required child support for my children <u>not</u> living with me (and not part of this matter). Number of Children: Ages of Children:	
B. Responsibility for my other children who live with me (and not part of this matter). Number of Children: Ages of Children:	
C. Work-related child care costs (in this matter)	
D. Child(ren)'s portion of my health insurance cost	
E. Extraordinary expenses for child(ren) (itemize)	
TOTAL MONTHLY CHILD SUPPORT EXPENSES	

Gross monthly income of other responsible parent in other matter, if applicable.	
Number of nights the child(ren) spend with me each year.	

**THE FOLLOWING DOCUMENTATION RULES APPLY TO
ALL CHILD SUPPORT AND SPOUSAL SUPPORT CASES**

At or prior to the time I provide my spouse with a copy of this completed statement, I have given or will give my spouse the following:

- (a) The full address(es) of all land in which I have any ownership interest.
- (b) For the last three (3) months, proof of all my income, including, but not limited to, copies of all paystubs, pay and expense vouchers, employee benefit statements, stock option statements, company financial statements and tax returns and/or Form 1040, Schedule "C" (if I am self-employed or employed by a closely-held corporation).
- (c) For the last three (3) months, statements showing all accounts in banks, credit unions, brokerage accounts, and all other financial institutions for which I have been an authorized signer.
- (d) A listing of all outstanding debts with written documentation or account statements for each creditor showing the principal balance I now owe and the terms of payment.
- (e) For the last two (2) years, all federal tax returns filed by me or for me, including all schedules and attachments (Forms W-2, 1099, etc.) together with all year-end tax documentation (Forms W-2, 1098, 1099, Requests for Extension, etc.) for the most recent tax year, if that return has not yet been filed.
- (f) For the last two (2) years, all personal financial statements I gave to anyone, anywhere.

SECTION C
(Complete in all cases)

[NOTE: To convert weekly income to monthly, multiply by 4.33; to convert biweekly income to monthly, multiply by 2.165]

MONTHLY NET INCOME	
I have the following average monthly deductions from my gross income.	
DEDUCTION	AMOUNT
A. Federal Income Taxes	
B. State Income Taxes	
C. Social Security Taxes (FICA)	
D. Medical Insurance	
E. Life Insurance	
F. Retirement (401K, 403B, etc.)	
G. Medicare	
H. Other	
TOTAL MONTHLY DEDUCTIONS	
Monthly Gross Income (from Section A above)	
Less Total Monthly Deductions	
MONTHLY NET INCOME	

MONTHLY NEEDS & EXPENSES Part 1 – Shared Family Expenses	
I have the following average <i>monthly</i> needs and expenses.	
ITEM	AMOUNT
A. House Payment/Rent (incl. taxes & ins)	
B. Electricity	
C. Heat (gas, etc.)	
D. Water	
E. Cable/Internet/Satellite	
F. Phone (land line/cell)	
G. Food/Supplies	
H. Maintenance	
I. Car Payment	
J. Gas	
K. Miscellaneous/Other	
Subtotal	
I pro-rated the above subtotal between the child(ren) and myself as follows	
Total amount for myself.	
Total amount for child(ren)	

Reason(s) for method of pro-rating expenses between myself and child(ren).

MONTHLY NEEDS & EXPENSES
Part 2 – My Individual Expenses

Item	Self	Children <small>(For whom I am legally responsible)</small>	Notes
Religious Contributions			
Charitable Contributions			
Lunches (school/work)			
Medical Insurance <small>(if NOT withheld from earnings)</small>			
Uninsured Medical/Dental			
Uninsured Prescription Drugs			
Uninsured Therapy			
Clothing			
Grooming (hair, etc)			
Laundry/Dry Cleaning			
Childcare (work-related)			
Education <small>(indicate nature in Notes column)</small>			
Allowances			
Activities (Y, sports, clubs, etc.)			
Entertainment/Recreation			
Meals Out			
Christmas Gifts			
Birthday Gifts			
Subscriptions (newspaper, etc.)			
Life Insurance			
Car Insurance			
Car – other (registration, etc.)			
Other Insurance (disability, etc.)			
Vacations			
Pets			
Other (itemize)			
SUBTOTAL			

SUMMARY OF EXPENSES

	Self	Children
Family – Pro-rated from Part 1 (Shared Family Expenses)		
Individual - From Part 2 (My Individual Expenses)		
TOTALS		

DEBT PAYMENTS
Part 3

Debt	Monthly Payments	Balance
Mortgage		
Vacation Home/Time Share		
Vehicle 1		
Vehicle 2		
Vehicle 3		
Vehicle 4		
Boat/Watercraft		
Other (specify)		
Credit Cards (itemize)		
TOTALS		

PART 3

PROPERTY (IF ANY) ACQUIRED AFTER DATE OF SEPARATION

(Having Value of \$500.00 or More)

Item	Cost	Current Net Value
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		