

**FINANCIAL AFFIDAVIT WORKSHEET**

**Long Form**

1. Answer all questions completely. If you need more space, you may make a duplicate copy of the section of the questionnaire as needed, or use additional paper and attach it to this questionnaire.

2. Items that are marked with an asterisk (\*) are calculations. If you wish, you can leave those blank and let us do the calculations for you.

**CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Date: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Spouse/Opposing Party: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Your Occupation: \_\_\_\_\_

1 **JOB # 1 - Employed by:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Pay rate: \$ \_\_\_\_\_

Frequency:  every week  every other week  twice a month  monthly  other: \_\_\_\_\_

**JOB # 2 - Employed by:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Pay rate: \$ \_\_\_\_\_

Frequency:  every week  every other week  twice a month  monthly  other: \_\_\_\_\_

\_\_\_ Check here you have additional jobs not listed above; if so, attach info

\_\_\_ Check here if you expect to **become unemployed**, and/or

\_\_\_ Check here if you expect to **change jobs**

\_\_\_ Describe the change you expect, and why and how it will affect your income: \_\_\_\_\_

\_\_\_ Check here if you are **unemployed**, and describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: \_\_\_\_\_

\_\_\_\_ Check here if you are **retired**. Date of retirement: \_\_\_\_\_  
Name of Employer from whom retired: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**LAST YEAR'S GROSS INCOME:** \_\_\_\_\_

Year: \_\_\_\_\_ Your Income: \$ \_\_\_\_\_ Other Party's Income: \$ \_\_\_\_\_  
*(if known)*

**PRESENT MONTHLY GROSS INCOME:** \_\_\_\_\_  
All amounts must be MONTHLY. Attach more paper if needed. Items included under "Other" should be listed separately with separate dollar amounts.

1. Monthly gross salary or wages 1.\$ \_\_\_\_\_
2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 2.\$ \_\_\_\_\_
3. Monthly business income from sources such as self employment, partnerships, close corporations, and/or independent contracts 3.\$ \_\_\_\_\_
4. Monthly disability benefits/SSI 4.\$ \_\_\_\_\_
5. Monthly Workers' Compensation 5.\$ \_\_\_\_\_
6. Monthly Reemployment Assistance 6.\$ \_\_\_\_\_
7. Monthly pension, retirement, or annuity payments 7.\$ \_\_\_\_\_
8. Monthly Social Security benefits 8.\$ \_\_\_\_\_
9. Monthly alimony actually received  
9a. From this case: \$ \_\_\_\_\_  
9b. From other case(s): \$ \_\_\_\_\_  
Add 9a and 9b 9.\$ \_\_\_\_\_
10. Monthly interest and dividends 10.\$ \_\_\_\_\_
11. Monthly rental income 11.\$ \_\_\_\_\_
12. Monthly income from royalties, trusts, or estates 12.\$ \_\_\_\_\_
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses 13.\$ \_\_\_\_\_
14. Monthly gains derived from dealing in property 14.\$ \_\_\_\_\_  
Any other income of a recurring nature (list source):
- 15 \_\_\_\_\_ 15.\$ \_\_\_\_\_
16. \_\_\_\_\_ 16.\$ \_\_\_\_\_
17. **\*PRESENT MONTHLY GROSS INCOME** (Lines 1-16) **\*17.\$** \_\_\_\_\_

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**PRESENT MONTHLY DEDUCTIONS:**

18. Monthly federal, state, and local income tax  
(corrected for filing status and allowable dependents  
and income tax liabilities)  
a. Filing status \_\_\_\_\_  
b. Number of dependents claimed \_\_\_\_\_
19. Monthly FICA or self-employment taxes
20. Monthly Medicare payments
21. Monthly mandatory union dues
22. Monthly mandatory retirement payments
23. Monthly health insurance payments (including dental  
insurance), excluding portion paid for any minor  
children of this relationship
24. Monthly court-ordered child support actually paid for  
children from another relationship
25. Monthly court-ordered alimony actually paid  
A 25a. From this case: \$ \_\_\_\_\_  
25b. From other case(s) \$ \_\_\_\_\_
26. \*TOTAL DEDUCTIONS ALLOWABLE UNDER  
S. 61.30, FLORIDA STATUTES (Add lines 18  
through 25)
27. \*PRESENT NET MONTHLY INCOME
- 18.\$ \_\_\_\_\_  
19.\$ \_\_\_\_\_  
20.\$ \_\_\_\_\_  
21.\$ \_\_\_\_\_  
22.\$ \_\_\_\_\_  
23.\$ \_\_\_\_\_  
24.\$ \_\_\_\_\_  
25.\$ \_\_\_\_\_  
\*26.\$ \_\_\_\_\_  
\*27.\$ \_\_\_\_\_

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**AVERAGE MONTHLY EXPENSES:**

If the expenses listed below do not reflect what you actually pay at the current time, then you should place a check mark below as indicated next to each amount that is estimated.

**HOUSEHOLD:**

Estimated

1. Monthly mortgage or rent \_\_\_\_\_ 1.\$ \_\_\_\_\_
2. Monthly property taxes (if not included in mortgage) \_\_\_\_\_ 2.\$ \_\_\_\_\_
3. Monthly insurance on residence (if not included in  
mortgage) \_\_\_\_\_ 3.\$ \_\_\_\_\_
4. Monthly condominium maintenance fees, homeowners'  
assoc. fees \_\_\_\_\_ 4.\$ \_\_\_\_\_
5. Monthly electricity \_\_\_\_\_ 5.\$ \_\_\_\_\_
6. Monthly water, garbage, and sewer \_\_\_\_\_ 6.\$ \_\_\_\_\_
7. Monthly telephone \_\_\_\_\_ 7.\$ \_\_\_\_\_
8. Monthly fuel oil or natural gas \_\_\_\_\_ 8.\$ \_\_\_\_\_
9. Monthly repairs and maintenance \_\_\_\_\_ 9.\$ \_\_\_\_\_
10. Monthly lawn care \_\_\_\_\_ 10.\$ \_\_\_\_\_
11. Monthly pool maintenance \_\_\_\_\_ 11.\$ \_\_\_\_\_
12. Monthly pest control \_\_\_\_\_ 12.\$ \_\_\_\_\_

13. Monthly misc. household	13.\$
14. Monthly food and home supplies	14.\$
15. Monthly meals outside home	15.\$
16. Monthly cable TV	16.\$
17. Monthly alarm service contract	17.\$
18. Monthly service contracts on appliances	18.\$
19. Monthly maid service	19.\$
Other:	
20. _____	20.\$
21. _____	21.\$
22. _____	22.\$
23. _____	23.\$
24. _____	24.\$
25. <b>*SUBTOTAL</b> (add lines 1 through 24)	<b>* 25.\$</b>

**AUTOMOBILE:**

Estimated

26. Monthly gasoline and oil	26.\$
27. Monthly repairs	27.\$
28. Monthly auto tags and emission testing	28.\$
29. Monthly insurance	29.\$
30. Monthly payments (lease or financing)	30.\$
31. Monthly rental/replacements	31.\$
32. Monthly alternative transportation (bus, rail, car pool)	32.\$
33. Monthly tolls and parking	33.\$
34. Other: _____	34.\$
35. <b>*SUBTOTAL</b> (add lines 26 through 34)	<b>* 35.\$</b>

**EXPENSES FOR CHILDREN common to both parties:**

36. Monthly nursery, babysitting, or day care	36.\$
37. Monthly school tuition	37.\$
38. Monthly school supplies, books, and fees	38.\$
39. Monthly after school activities	39.\$
40. Monthly lunch money	40.\$
41. Monthly private lessons or tutoring	41.\$
42. Monthly allowances	42.\$
43. Monthly clothing and uniforms	43.\$
44. Monthly entertainment (movies, parties, etc.)	44.\$
45. Monthly health insurance	45.\$
46. Monthly medical, dental, prescriptions (nonreimbursed only)	46.\$
47. Monthly psychiatric/psychological/counselor	47.\$
48. Monthly orthodontic	48.\$
49. Monthly vitamins	49.\$
50. Monthly beauty parlor/barber shop	50.\$
51. Monthly nonprescription medication	51.\$

52. Monthly cosmetics, toiletries, and sundries	_____	52.\$ _____
53. Monthly gifts from children to others (friends, relatives, etc.)	_____	53.\$ _____
54. Monthly camp or summer activities	_____	54.\$ _____
55. Monthly clubs (Boy/Girl Scouts, etc.)	_____	55.\$ _____
56. Monthly access expenses (for nonresidential parent)	_____	56.\$ _____
57. Monthly miscellaneous	_____	57.\$ _____
58. *SUBTOTAL (add lines 36 through 57)		* 58.\$ _____

**EXPENSES FOR CHILDREN from another relationship: (other than court-ordered child support):**

59. _____	_____	59.\$ _____
60. _____	_____	60.\$ _____
61. _____	_____	61.\$ _____
62. _____	_____	62.\$ _____
63. *SUBTOTAL (add lines 59 through 62)		* 63.\$ _____

**MONTHLY INSURANCE:**

64. Health insurance (EXCLUDING portion paid for any minor children of this relationship)	_____	64.\$ _____
65. Life insurance	_____	65.\$ _____
66. Dental insurance	_____	66.\$ _____
Other:	_____	\$ _____
67. _____	_____	67.\$ _____
68. _____	_____	68.\$ _____
69. *SUBTOTAL (add lines 64 through 68)		* 69.\$ _____

**OTHER MONTHLY EXPENSES not listed above:**

70. Monthly dry cleaning and laundry	_____	70.\$ _____
71. Monthly clothing	_____	71.\$ _____
72. Monthly medical, dental, prescriptions (nonreimbursed only)	_____	72.\$ _____
73. Monthly psychiatric, psychological, counselor (nonreimbursed only)	_____	73.\$ _____
74. Monthly non-prescription meds, cosmetics, toiletries, sundries	_____	74.\$ _____
75. Monthly grooming	_____	75.\$ _____
76. Monthly gifts	_____	76.\$ _____
77. Monthly pet expenses	_____	77.\$ _____
78. Monthly club dues and membership	_____	78.\$ _____
79. Monthly sports and hobbies	_____	79.\$ _____
80. Monthly entertainment	_____	80.\$ _____
81. Monthly periodicals/books/tapes, CD's	_____	81.\$ _____
82. Monthly vacations	_____	82.\$ _____

83. Monthly religious organizations	_____	83.\$ _____
84. Monthly bank charges/credit card fees	_____	84.\$ _____
85. Monthly education expenses	_____	85.\$ _____
Other:		
86. _____	_____	86.\$ _____
87. _____	_____	87.\$ _____
88. _____	_____	88.\$ _____
89. _____	_____	89.\$ _____
90. *SUBTOTAL (add lines 70 through 89)		* 90.\$ _____

**MONTHLY PAYMENTS TO CREDITORS:** (only when payments are currently made by you on outstanding balances)

91. _____	_____	91.\$ _____
92. _____	_____	92.\$ _____
93. _____	_____	93.\$ _____
94. _____	_____	94.\$ _____
95. _____	_____	95.\$ _____
96. _____	_____	96.\$ _____
97. _____	_____	97.\$ _____
98. _____	_____	98.\$ _____
99. _____	_____	99.\$ _____
100. _____	_____	100.\$ _____
101. _____	_____	101.\$ _____
102. _____	_____	102.\$ _____
103. _____	_____	103.\$ _____
104. *SUBTOTAL (add lines 91 through 103)		* 104.\$ _____

105. \*TOTAL MONTHLY EXPENSES (add lines 25, 35, 58, 63, 69, 90, and 104) \*105.\$ \_\_\_\_\_

**SUMMARY:**

106. \*TOTAL PRESENT MONTHLY NET INCOME (line 27) \*106.\$ \_\_\_\_\_

107. \*TOTAL MONTHLY EXPENSES (line 105) \*107.\$ \_\_\_\_\_

108. \*SURPLUS (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.) \*108.\$ \_\_\_\_\_

109. \*(DEFICIT) (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.) \*109.(\$ \_\_\_\_\_)

**ASSETS and LIABILITIES:**

1. Answer all questions completely. If a question does not apply, enter "n/a". If you do not know an answer, leave the space blank. If there is not enough space to enter all items within a category, check as indicated at the bottom of the page, and attach the information to this questionnaire on separate sheets.

2. If you are preparing this Worksheet for a **dissolution or related proceeding** (and you are married to the opposing party), list **all** assets and liabilities of you and your spouse, and complete the following information:

(a) Indicate whether an asset or liability should be awarded to you by placing a check mark in the blank in the **left column** next to the asset or liability.

(b) Indicate whether the item is a nonmarital asset or liability by circling the "H" for "Husband" or "W" for "Wife" in the **Nonmarital** column on the right. If you have any questions about whether an item is nonmarital, please ask your attorney.

3. If you are preparing this Worksheet for **any other proceeding** (and you are not married to the opposing party), list **all** of your assets and liabilities (but NOT the assets and liabilities of the opposing party), and **DISREGARD** the **left column** and the **Nonmarital** column, unless your attorney instructs you otherwise.

**Cash (on hand)**

	Balance	Nonmarital Asset	
Cash on hand in possession of Husband:	\$ _____	H	W
Cash on hand in possession of Wife:	\$ _____	H	W
<b>TOTAL CASH ON HAND</b> (sum of above):	<b>\$ _____</b>	H	W

**Cash in bank or credit unions**

	Balance	Nonmarital Asset	
_____ \$ _____		H	W
Name of Institution/Type of Account			
Acct No. _____			
Name on Account: _____ You _____ Spouse _____			
Other _____			
_____ \$ _____		H	W
Name of Institution/Type of Account			
Acct No. _____			
Name on Account: _____ You _____ Spouse _____			
Other _____			
_____ \$ _____		H	W
Name of Institution/Type of Account			
Acct No. _____			
Name on Account: _____ You _____ Spouse _____			
Other _____			
_____ \$ _____		H	W
Name of Institution/Type of Account			

Acct No. \_\_\_\_\_  
 Name on Account: \_\_\_ You \_\_\_ Spouse \_\_\_  
 Other \_\_\_\_\_

\_\_\_\_\_ Check here if there are additional accounts not listed above; if so, attach info

**Stocks / Bonds**

	Balance / Current Fair Market Value	Nonmarital Asset	
_____ \$ _____		H	W
Description / # of Shares _____			
Date Issued: _____			
Certificate #'s: _____			
Pledged as collateral? _____			
_____ \$ _____		H	W
Description / # of Shares _____			
Date Issued: _____			
Certificate #'s: _____			
Pledged as collateral? _____			
_____ \$ _____		H	W
Description / # of Shares _____			
Date Issued: _____			
Certificate #'s: _____			
Pledged as collateral? _____			

\_\_\_\_\_ Check here if there are additional stock or bonds not listed above; if so, attach info

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**Notes (money owed to you in writing)**

	Balance / Current Fair Market Value	Nonmarital Asset	
_____ \$ _____		H	W
Name of Debtor _____			
Relationship of Debtor to You/Spouse: _____			
Name of Instrument evidencing Debt: _____			
Date of Loan to Debtor: _____			
Payment method: _____			
Secured by: _____			
Avg Monthly Income: \$ _____			
_____ \$ _____		H	W
Name of Debtor _____			
Relationship of Debtor to You/Spouse: _____			
Name of Instrument evidencing Debt: _____			
Date of Loan to Debtor: _____			
Payment method: _____			
Secured by: _____			
Avg Monthly Income: \$ _____			

\_\_\_\_\_ Check here if there are additional notes receivable not listed above; if so, attach info



**Money owed to you (not evidenced by a note)**

**Balance / Current  
Fair Market Value**

**Nonmarital  
Asset**

_____	\$ _____	H	W
Name of Debtor _____			
Relationship of Debtor to You/Spouse: _____			
Date of Loan to Debtor: _____			
Avg Monthly Income: \$ _____			

_____	\$ _____	H	W
Name of Debtor _____			
Relationship of Debtor to You/Spouse: _____			
Date of Loan to Debtor: _____			
Avg Monthly Income: \$ _____			

\_\_\_\_\_ *Check here if there are additional monies owed not listed above; if so, attach info*

**Real Estate (Home)**

**Current  
Fair Market Value**

**Nonmarital  
Asset**

_____	\$ _____	H	W
Address _____			
Record Title Owner: ___ You ___ Spouse ___ Other			
Date Purchased: _____			
Purchase Price: \$ _____			
Down Payment: \$ _____			
Source of Down Payment: _____			
_____			
Amount owed: \$ _____			
Avg Monthly Payment: \$ _____			
Tax Appraiser's Value: \$ _____			

NOTE: Please provide the current fair market value WITHOUT subtracting or allowing for any loans or liens against the home.

**Additional information regarding the home:**

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**Other Real Estate:**

**Current  
Fair Market Value**

**Nonmarital  
Asset**

	\$		H	W
Address or Short Description				
Record Title Owner: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other				
Date Purchased: _____				
Purchase Price: \$ _____				
Down Payment: \$ _____				
Source of Down Payment: _____				
Amount owed: \$ _____				
Payment frequency: _____ Amount: \$ _____				
Tax Appraiser's Value: \$ _____				
Property Use: _____				
Rent amount and frequency: \$ _____				
Date rent is due: _____				
Date rental lease expires: _____				

	\$		H	W
Address or Short Description				
Record Title Owner: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other				
Date Purchased: _____				
Purchase Price: \$ _____				
Down Payment: \$ _____				
Source of Down Payment: _____				
Amount owed: \$ _____				
Payment frequency: _____ Amount: \$ _____				
Tax Appraiser's Value: \$ _____				
Property Use: _____				
Rent amount and frequency: \$ _____				
Date rent is due: _____				
Date rental lease expires: _____				

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\_\_\_\_\_ Check here if there is additional real estate not listed above; if so, attach info

**Business Interests:**

	Current Fair Market Value		Nonmarital Asset	
	\$		H	W
Name of Business				
Net Income: This Year \$ _____ Last Year \$ _____				
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Closely Held Corp.				
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other _____				
Shares or % ownership: _____				
Ownership title: _____				
Cost to Acquire: \$ _____				
Source of Money to Acquire: _____				
If loan, amount owed: \$ _____				
Your position held, if any: _____				
Your annual compensation if any: \$ _____				
Your spouse's position held, if any: _____				
Your spouse's annual compensation if any: \$ _____				
	\$		H	W
Name of Business				

Net Income: This Year \$ \_\_\_\_\_ Last Year \$ \_\_\_\_\_  
 \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Closely Held Corp.  
 \_\_\_ Limited Liability Company \_\_\_ Other \_\_\_\_\_  
 Shares or % ownership: \_\_\_\_\_  
 Ownership title: \_\_\_\_\_  
 Cost to Acquire: \$ \_\_\_\_\_  
 Source of Money to Acquire: \_\_\_\_\_  
 If loan, amount owed: \$ \_\_\_\_\_  
 Your position held, if any: \_\_\_\_\_  
 Your annual compensation if any: \$ \_\_\_\_\_  
 Your spouse's position held, if any: \_\_\_\_\_  
 Your spouse's annual compensation if any: \$ \_\_\_\_\_

\_\_\_\_\_ Check here if there are additional business interests not listed above; if so, attach info

**Automobiles**

	Current Fair Market Value	Nonmarital Asset	
_____	\$ _____	H	W
Year: _____ Make: _____ Model: _____ Record Title Owner: ___ You ___ Spouse ___ Other Purchase Price: \$ _____ If loan, amount owed: \$ _____ Down Payment: \$ _____ Source of Down Payment: _____ Primary User: ___ You ___ Spouse ___ Other Mileage: _____ Describe condition of vehicle and if immediate repairs are needed: _____ _____			
_____	\$ _____	H	W
Year: _____ Make: _____ Model: _____ Record Title Owner: ___ You ___ Spouse ___ Other Purchase Price: \$ _____ If loan, amount owed: \$ _____ Down Payment: \$ _____ Source of Down Payment: _____ Primary User: ___ You ___ Spouse ___ Other Mileage: _____ Describe condition of vehicle and if immediate repairs are needed: _____ _____			
_____	\$ _____	H	W
Year: _____ Make: _____ Model: _____ Record Title Owner: ___ You ___ Spouse ___ Other Purchase Price: \$ _____ If loan, amount owed: \$ _____ Down Payment: \$ _____ Source of Down Payment: _____ Primary User: ___ You ___ Spouse ___ Other Mileage: _____			

Describe condition of vehicle and if immediate repairs are needed: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Check here if there are additional autos not listed above; if so, attach info

**Boats**

	Current Fair Market Value	Nonmarital Asset	
Year: _____ Make: _____ Model: _____ \$ _____		H	W
Record Title Owner: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Purchase Price: \$ _____			
If loan, amount owed: \$ _____			
Down Payment: \$ _____			
Source of Down Payment: _____			
Primary User: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Describe condition of boat and if immediate repairs are needed: _____ _____			

\_\_\_\_\_ Check here if there are additional boats not listed above; if so, attach info

**Retirement Plans (profit sharing, pension, IRA, etc.):**

	Balance / Current Fair Market Value	Nonmarital Asset	
_____ \$ _____		H	W
Name of Institution/Type of Account			
Acct No. _____			
Name on Account: <input type="checkbox"/> You <input type="checkbox"/> Spouse			
Current Beneficiary: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Balance on Date of Marriage: \$ _____			
Prior Withdrawals: _____ _____			
_____ \$ _____		H	W
Name of Institution/Type of Account			
Acct No. _____			
Name on Account: <input type="checkbox"/> You <input type="checkbox"/> Spouse			
Current Beneficiary: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Balance on Date of Marriage: \$ _____			
Prior Withdrawals: _____ _____			
_____ \$ _____		H	W
Name of Institution/Type of Account			
Acct No. _____			
Name on Account: <input type="checkbox"/> You <input type="checkbox"/> Spouse			
Current Beneficiary: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Balance on Date of Marriage: \$ _____			
Prior Withdrawals: _____ _____			

\_\_\_\_\_ Check here if there are additional retirement plans not listed above; if so, attach info

**Furniture and furnishings in home:**

	Current Fair Market Value	Nonmarital Asset	
___ Living Area 1	\$ _____	H	W
___ Living Area 2	\$ _____	H	W
___ Den	\$ _____	H	W
___ Kitchen	\$ _____	H	W
___ Dining Room	\$ _____	H	W
___ Master Bedroom	\$ _____	H	W
___ Bedroom #2	\$ _____	H	W
___ Bedroom #3	\$ _____	H	W
___ Bedroom #4	\$ _____	H	W
___ Bedroom #5	\$ _____	H	W
___ Other: _____	\$ _____	H	W
___ Other: _____	\$ _____	H	W
___ Other: _____	\$ _____	H	W

\_\_\_\_\_ *Check here if there are additional home furnishings not listed above; if so, attach info*

**Jewelry:**

	<b>Current Fair Market Value</b>	<b>Nonmarital Asset</b>	
____ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
____ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
____ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
____ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
____ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W

\_\_\_\_\_ *Check here if there is additional jewelry not listed above; if so, attach info*

**Sporting and entertainment equipment:**

	<b>Current Fair Market Value</b>	<b>Nonmarital Asset</b>	
____ TV #1: _____	\$ _____	H	W
____ TV #2: _____	\$ _____	H	W
____ TV #3: _____	\$ _____	H	W
____ Stereo #1: _____	\$ _____	H	W
____ Stereo #2: _____	\$ _____	H	W
____ Stereo #3: _____	\$ _____	H	W
____ DVD/VCR #1: _____	\$ _____	H	W
____ DVD/VCR #2: _____	\$ _____	H	W
____ DVD/VCR #2: _____	\$ _____	H	W
____ Computer System #1: _____	\$ _____	H	W
____ Computer System #2: _____	\$ _____	H	W
____ Computer System #3: _____	\$ _____	H	W
____ Electronic Game System: _____	\$ _____	H	W
____ Item: _____	\$ _____	H	W
____ Item: _____	\$ _____	H	W

Item: _____	\$ _____	H	W
Item: _____	\$ _____	H	W
Item: _____	\$ _____	H	W

\_\_\_\_\_ *Check here if there are additional items not listed above; if so, attach info*

**Other property:**

	Balance / Current Fair Market Value	Nonmarital Asset	
Description: _____	\$ _____	H	W
Purchase Price: _____			
Subject to security interest? _____			
Description: _____	\$ _____	H	W
Purchase Price: _____			
Subject to security interest? _____			
Description: _____	\$ _____	H	W
Purchase Price: _____			
Subject to security interest? _____			
Description: _____	\$ _____	H	W
Purchase Price: _____			
Subject to security interest? _____			
Description: _____	\$ _____	H	W
Purchase Price: _____			
Subject to security interest? _____			
Description: _____	\$ _____	H	W
Purchase Price: _____			
Subject to security interest? _____			
Description: _____	\$ _____	H	W
Purchase Price: _____			
Subject to security interest? _____			

\_\_\_\_\_ *Check here if there is additional property not listed above; if so, attach info*

**Mortgages on Home**

Amount Owed /  
Payoff

Nonmarital  
Liability

\_\_\_\_\_ \$ \_\_\_\_\_ H W

Name of Lender \_\_\_\_\_  
 Loan Account Number: \_\_\_\_\_  
 Loan Origination Date: \_\_\_\_\_  
 Initial Loan Amount: \$ \_\_\_\_\_  
 Name on Loan: \_\_\_ You \_\_\_ Spouse \_\_\_ Other  
 Average Monthly Payment: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ H W

Name of Lender \_\_\_\_\_  
 Loan Account Number: \_\_\_\_\_  
 Loan Origination Date: \_\_\_\_\_  
 Initial Loan Amount: \$ \_\_\_\_\_  
 Name on Loan: \_\_\_ You \_\_\_ Spouse \_\_\_ Other  
 Average Monthly Payment: \$ \_\_\_\_\_

\_\_\_\_\_ Check here if there are additional home mortgages not listed above; if so, attach info

**Mortgages on Other Real Estate:**

Amount Owed /  
Payoff

Nonmarital  
Liability

\_\_\_\_\_ \$ \_\_\_\_\_ H W

Name of Lender \_\_\_\_\_  
 Loan Account Number: \_\_\_\_\_  
 Loan Origination Date: \_\_\_\_\_  
 Initial Loan Amount: \$ \_\_\_\_\_  
 Name on Loan: \_\_\_ You \_\_\_ Spouse \_\_\_ Other  
 Average Monthly Payment: \$ \_\_\_\_\_  
 Property securing mortgage: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ H W

Name of Lender \_\_\_\_\_  
 Loan Account Number: \_\_\_\_\_  
 Loan Origination Date: \_\_\_\_\_  
 Initial Loan Amount: \$ \_\_\_\_\_  
 Name on Loan: \_\_\_ You \_\_\_ Spouse \_\_\_ Other  
 Average Monthly Payment: \$ \_\_\_\_\_  
 Property securing mortgage: \_\_\_\_\_

\_\_\_\_\_ Check here if there are additional mortgages not listed above; if so, attach info

**Charge/Credit Card Account - page 1**

Amount Owed /  
Payoff

Nonmarital  
Liability

\_\_\_\_\_ \$ \_\_\_\_\_ H W

Name of Creditor \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Card Expiration Date: \_\_\_\_\_  
 Amt Charged by: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_



Security, if any: \_\_\_\_\_  
Name on Account: \_\_\_ You \_\_\_ Spouse \_\_\_ Other  
Avg. Monthly Payment: \$ \_\_\_\_\_

\$ \_\_\_\_\_ H W

Name of Creditor  
Account Number: \_\_\_\_\_  
Card Expiration Date: \_\_\_\_\_  
Amt Charged by: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Security, if any: \_\_\_\_\_  
Name on Account: \_\_\_ You \_\_\_ Spouse \_\_\_ Other  
Avg. Monthly Payment: \$ \_\_\_\_\_

\$ \_\_\_\_\_ H W

Name of Creditor  
Account Number: \_\_\_\_\_  
Card Expiration Date: \_\_\_\_\_  
Amt Charged by: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Security, if any: \_\_\_\_\_  
Name on Account: \_\_\_ You \_\_\_ Spouse \_\_\_ Other  
Avg. Monthly Payment: \$ \_\_\_\_\_

\$ \_\_\_\_\_ H W

Name of Creditor  
Account Number: \_\_\_\_\_  
Card Expiration Date: \_\_\_\_\_  
Amt Charged by: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Security, if any: \_\_\_\_\_  
Name on Account: \_\_\_ You \_\_\_ Spouse \_\_\_ Other  
Avg. Monthly Payment: \$ \_\_\_\_\_

\$ \_\_\_\_\_ H W

Name of Creditor  
Account Number: \_\_\_\_\_  
Card Expiration Date: \_\_\_\_\_  
Amt Charged by: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Security, if any: \_\_\_\_\_  
Name on Account: \_\_\_ You \_\_\_ Spouse \_\_\_ Other  
Avg. Monthly Payment: \$ \_\_\_\_\_

\_\_\_\_\_ *Check here if there are additional charge accounts not listed above; if so, attach info*

**Auto Loans**

	Amount Owed / Payoff	Nonmarital Liability	
_____ \$ _____		H	W
Name of Lender _____			
Vehicle securing loan: _____			
Account Number: _____			
Last Payment Due Date: _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			
_____ \$ _____		H	W
Name of Lender _____			
Vehicle securing loan: _____			
Account Number: _____			
Last Payment Due Date: _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			
_____ \$ _____		H	W
Name of Lender _____			
Vehicle securing loan: _____			
Account Number: _____			
Last Payment Due Date: _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			

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\_\_\_\_\_ *Check here if there are additional auto or vehicle loans not listed above; if so, attach info*

**Bank/Credit Union loans**

	Amount Owed / Payoff	Nonmarital Liability	
_____ \$ _____		H	W
Name of Bank/Credit Union/Institution _____			
Loan Number: _____			
Loan Origination Date: _____			
Reason for loan: _____			
Security, if any: _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Original Loan Amount: \$ _____			
Avg. Monthly Payment: \$ _____			
_____ \$ _____		H	W
Name of Bank/Credit Union/Institution _____			
Loan Number: _____			
Loan Origination Date: _____			
Reason for loan: _____			
Security, if any: _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Original Loan Amount: \$ _____			
Avg. Monthly Payment: \$ _____			

\_\_\_\_\_ *Check here if there are additional loans not listed above; if so, attach info*

**Money owed by you or spouse (not evidenced by a note)**

	Amount Owed / Payoff	Nonmarital Liability	
_____ \$ _____		H	W
Name of Creditor _____			
Relationship of Creditor to You/Spouse: _____			
Account Number, if any: _____			
Date incurred: _____			
Reason for debt: _____			
Name on Debt: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Avg. Monthly Payment: \$ _____			

_____ \$ _____		H	W
Name of Creditor _____			
Relationship of Creditor to You/Spouse: _____			
Account Number, if any: _____			
Date incurred: _____			
Reason for debt: _____			
Name on Debt: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Avg. Monthly Payment: \$ _____			

\_\_\_\_\_ *Check here if there are additional debts not evidenced in writing; if so, attach info*

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**Judgments**

	Amount Owed / Payoff	Nonmarital Liability	
_____ \$ _____		H	W
Name of Judgment Creditor (who owed to) _____			
Date of Judgment: _____			
Nature of lawsuit: _____			
Case Number: _____			
Court where issued: _____			
Named Debtor: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Original Amount of Judgment: \$ _____			
Avg. Monthly Payment: \$ _____			

_____ \$ _____		H	W
Name of Judgment Creditor (who owed to) _____			
Date of Judgment: _____			
Nature of lawsuit: _____			
Case Number: _____			
Court where issued: _____			
Named Debtor: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Original Amount of Judgment: \$ _____			
Avg. Monthly Payment: \$ _____			

\_\_\_\_\_ *Check here if there are additional judgments not listed above; if so, attach info*

**Other (debts, loans, liabilities)**

	Amount Owed / Payoff	Nonmarital Liability	
_____ \$ _____		H	W
Name of Creditor _____			
Account Number, if any: _____			
Date incurred: _____			
Reason for debt: _____			
_____			
Security, if any: _____			
Name on Debt: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			

_____ \$ _____		H	W
Name of Creditor _____			
Account Number, if any: _____			
Date incurred: _____			
Reason for debt: _____			
_____			
Security, if any: _____			
Name on Debt: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			

\_\_\_\_\_ *Check here if there are additional liabilities not listed above; if so, attach info*

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**Contingent Liabilities**

	Possible Value	Nonmarital Asset	
_____ \$ _____		H	W
Nature of Claim / Liability _____			
Your Attorney: _____			
Address: _____			
_____			
Case/Claim Number: _____			
Name of Court: _____			
Claimant: _____			
Opposing Attorney: _____			
Address: _____			
_____			

\_\_\_\_\_ *Check here if there are additional contingent liabilities not listed above; if so, attach info*