

**VS4 Information and Financial Summary -- CONFIDENTIAL**

**(Note: some statistical info herein is required by the Virginia Bureau of Health & Vital Statistics in the event of a divorce).**

**Husband**

Full name \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone no. \_\_\_\_\_ Work telephone no. \_\_\_\_\_

Cell no. \_\_\_\_\_ email address: \_\_\_\_\_

Name, address, ph.no. & length of time at place of  
employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License No. \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth (state and country) \_\_\_\_\_ Number of this Marriage: \_\_\_\_\_

Race: \_\_\_\_\_ Education: \_\_\_\_\_

Income: \_\_\_\_\_

**Wife**

Full Maiden Name \_\_\_\_\_

Last Name at this time \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone no. \_\_\_\_\_ Work telephone no. \_\_\_\_\_

Cell no. \_\_\_\_\_ email address: \_\_\_\_\_

Name, address, ph.no. & length of time at place of  
employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License No. \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth (state and country) \_\_\_\_\_ Number of this Marriage: \_\_\_\_\_

Race: \_\_\_\_\_ Education: \_\_\_\_\_

Income: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

No. of Children under 18 years: \_\_\_\_\_

Address of Last Marital Domicile: \_\_\_\_\_

Whose Intent to Separate: Husband/Wife: \_\_\_\_\_

Children's names:

\_\_\_\_\_ Birth Date: \_\_\_\_\_ Last 4 digits of SS # \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_ Last 4 digits of SS # \_\_\_\_\_

Do any of the children have any special needs or are any in private school ? If so, pls describe, including the names and phone #'s of therapists, treating doctors and private schools (& costs thereof)

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What is the custody/ visitation plan or proposal ?

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Who Provides Health Insurance: Husband/Wife\_\_\_\_\_

Health Insurance Company\_\_\_\_\_Policy #\_\_\_\_\_

Either in Armed Forces: Husband \_\_\_\_\_ Wife \_\_\_\_\_

If either spouse has any health or other issues that impact on his/her ability to work, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does either party hold any license, certificate, registration or other authorization to engage in a profession, trade, business or occupation issued by the Commonwealth of Virginia, and if so, what is it.

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

**USE DETAILED FINANCIAL SUMMARY FOR COMPREHENSIVE SETTLEMENT AGREEMENTS**

--- in the alternative, provide the following estimates below :

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**NOTE: use additional pages as necessary**

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| ASSETS:                             | Present Market Value (est.) | Present Balance owing: |
|-------------------------------------|-----------------------------|------------------------|
| Real Estate<br>Addresses: (1) _____ | \$ _____                    | \$ _____               |
| (2) _____                           | \$ _____                    | \$ _____               |

Bank/Investment  
Accounts:

| <u>Name of Institution</u> | <u>A/C Number</u> | <u>Present Balance</u> |
|----------------------------|-------------------|------------------------|
| _____                      | _____             | _____                  |
| _____                      | _____             | _____                  |
| _____                      | _____             | _____                  |
| _____                      | _____             | _____                  |

**Other significant Assets:**

| Description | Location | Estimated Market Values |
|-------------|----------|-------------------------|
| _____       | _____    | _____                   |
| _____       | _____    | _____                   |
| _____       | _____    | _____                   |

Pensions (IRA's; 401K's; TSP's):

| <u>Name of Entity</u> | <u>A/C Number</u> | <u>Present Balance</u> |
|-----------------------|-------------------|------------------------|
| _____                 | _____             | _____                  |
| _____                 | _____             | _____                  |
| _____                 | _____             | _____                  |
| _____                 | _____             | _____                  |

**Defined Benefit Pension Plans:**

(i.e. FERS, CSRS, annuities; military retired pay;) --- Name of Company, Financial Institution, Branch of the Military which will pay the expected monthly retired pay or annuity: \_\_\_\_\_

\_\_\_\_\_  
Estimated amount to the retiree is: \$\_\_\_\_\_ per year (or: \$\_\_\_\_\_ per month), upon retirement at age \_\_\_\_\_ (i.e.: in \_\_\_\_\_ years/months from now).

**DEBTS:** List each Creditor, Account Number for each, the purpose of each, and the present balance owing for each:

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