



**FINANCIAL AFFIDAVIT WORKSHEET**  
**Short 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: \_\_\_\_\_

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

**EMPLOYMENT INFORMATION:**

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

Employed by: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

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

\_\_\_\_\_ Check here if you are unemployed, and explain below your efforts to find employment:

**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.\$ \_\_\_\_\_**

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

**AVERAGE MONTHLY EXPENSES:**

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**A. HOUSEHOLD:**

Mortgage or rent \$ \_\_\_\_\_  
Property taxes \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Meals outside home \$ \_\_\_\_\_  
Maintenance/Repairs \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**B. AUTOMOBILE:**

Gasoline \$ \_\_\_\_\_  
Repairs \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_

**C. CHILDREN'S EXPENSES:**

Day care \$ \_\_\_\_\_  
Lunch money \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Grooming \$ \_\_\_\_\_  
Gifts for holidays \$ \_\_\_\_\_  
Medical/dental (uninsured) \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**D. INSURANCE:**

Medical/dental \$ \_\_\_\_\_  
Children's medical/dental \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER EXPENSES NOT LISTED ABOVE:**

Clothing \$ \_\_\_\_\_  
Medical/Dental (uninsured) \$ \_\_\_\_\_  
Grooming \$ \_\_\_\_\_  
Entertainment \$ \_\_\_\_\_  
Gifts \$ \_\_\_\_\_  
Religious Organizations \$ \_\_\_\_\_  
Miscellaneous \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**F. PAYMENTS TO CREDITORS:**

CREDITOR:

MONTHLY PAYMENT

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**28. \*TOTAL MONTHLY EXPENSES** (add ALL monthly amount in A through F above) **\*28.\$** \_\_\_\_\_

**SUMMARY:**

**29. \*TOTAL PRESENT MONTHLY NET INCOME** (line 27) **\*29.\$** \_\_\_\_\_

**30. \*TOTAL MONTHLY EXPENSES** (line 28) **\*30.\$** \_\_\_\_\_

**31. \*SURPLUS** (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.) **\*31.\$** \_\_\_\_\_

**32. \*(DEFICIT)** (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.) **\*32.(\$** \_\_\_\_\_ **)**

**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.

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

<u><b>Cash in bank or credit unions</b></u>	<b>Balance</b>	<b>Nonmarital Asset</b>	
_____	\$ _____	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

<u><b>Stocks / Bonds</b></u>	<b>Balance / Current Fair Market Value</b>	<b>Nonmarital Asset</b>	
_____	\$ _____	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? _____			
	\$ _____	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

**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

**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:**

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

**Real Estate (Other)**

Current  
Fair Market Value

Nonmarital  
Asset

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

Address (Please, attach copy of legal description)  
Record Title Owner: \_\_\_\_ You \_\_\_\_ Spouse \_\_\_\_  
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: \_\_\_\_\_

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

**Automobiles**

Current  
Fair Market Value

Nonmarital  
Asset

	Current Fair Market Value	Nonmarital Asset	
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: _____	\$ _____	H	W

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



**Other personal property:**

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

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

<b><u>Retirement Plans (profit sharing, pension, IRA, etc.):</u></b>	<b>Balance / Current Fair Market Value</b>	<b>Nonmarital Asset</b>	
Name of Institution/Type of Account	\$ _____	H	W
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: _____			
Name of Institution/Type of Account	\$ _____	H	W
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

<b><u>Other property:</u></b>	<b>Balance / Current Fair Market Value</b>	<b>Nonmarital Asset</b>	
Description: _____	\$ _____	H	W
Purchase Price: _____			
Subject to security interest? <input type="checkbox"/>			
Description: _____	\$ _____	H	W
Purchase Price: _____			
Subject to security interest? <input type="checkbox"/>			
Description: _____	\$ _____	H	W
Purchase Price: _____			
Subject to security interest? <input type="checkbox"/>			
Description: _____	\$ _____	H	W
Purchase Price: _____			
Subject to security interest? <input type="checkbox"/>			

**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: \_\_\_\_\_

**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: \$ \_\_\_\_\_

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

**Charge/Credit Card Account**

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

**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

**Contingent Assets**

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

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

**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