



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: _____

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.\$** _____

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.\$ _____**

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. *SUBTOTAL (add lines 1 through 24)	* 25.\$ _____

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. *SUBTOTAL (add lines 26 through 34)	* 35.\$ _____

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 ***106.\$ _____**
(line 27)

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.

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

<u>Cash in bank or credit unions</u>	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

_____ \$ _____ 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	
_____ \$ _____ 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? _____		H	W

_____ 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*

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:

Other Real Estate:

Current
Fair Market Value

Nonmarital
Asset

_____ \$ _____ H W

Address or Short 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: _____

_____ \$ _____ H W

Address or Short 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

Business Interests:

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

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

Automobiles

**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 not listed above; if so, attach info*

Boats

	Current Fair Market Value	Nonmarital Asset	
____ Year: ____ Make: _____ Model: _____ \$ _____		H	W
Record Title Owner: ____ You ____ Spouse ____ Other			
Purchase Price: \$ _____			
If loan, amount owed: \$ _____			
Down Payment: \$ _____			
Source of Down Payment: _____			
Primary User: ____ You ____ Spouse ____ 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*

Other vehicles

	Current Fair Market Value	Nonmarital Asset	
____ Year: ____ Make: _____ Model: _____ \$ _____		H	W
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: _____			

____ Year: ____ Make: _____ Model: _____ \$ _____		H	W
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 vehicles 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: ___ You ___ Spouse			
Current Beneficiary: ___ You ___ Spouse ___ Other			
Balance on Date of Marriage: \$ _____			
Prior Withdrawals: _____			
_____ \$ _____		H	W
Name of Institution/Type of Account			
Acct No. _____			
Name on Account: ___ You ___ Spouse			
Current Beneficiary: ___ You ___ Spouse ___ Other			
Balance on Date of Marriage: \$ _____			
Prior Withdrawals: _____			
_____ \$ _____		H	W
Name of Institution/Type of Account			
Acct No. _____			
Name on Account: ___ You ___ Spouse			
Current Beneficiary: ___ You ___ Spouse ___ 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*

Furniture and furnishings elsewhere:

	Current Fair Market Value	Nonmarital Asset	
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W

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

Collectibles:

	Current Fair Market Value	Nonmarital Asset	
____ 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 are additional collectibles not listed above; if so, attach info

Jewelry:

	Current Fair Market Value	Nonmarital Asset	
____ 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

Life insurance (with cash surrender value):

	Current Fair Market Value	Nonmarital Asset	
_____ Name of Insurance Company Policy Number: _____ Insured: ___ You ___ Spouse ___ Both ___ Other Owner: ___ You ___ Spouse ___ Both ___ Other Date Issued: _____ Current Beneficiary: _____ Face Amount: \$ _____ Avg Monthly Premium: \$ _____ Loans Against: _____	\$ _____	H	W
_____ Name of Insurance Company Policy Number: _____ Insured: ___ You ___ Spouse ___ Both ___ Other Owner : ___ You ___ Spouse ___ Both ___ Other	\$ _____	H	W

Date Issued: _____
 Current Beneficiary: _____
 Face Amount: \$ _____
 Avg Monthly Premium: \$ _____
 Loans Against: _____

_____ \$ _____ H W

Name of Insurance Company _____
 Policy Number: _____
 Insured: ___ You ___ Spouse ___ Both ___ Other
 Owner : ___ You ___ Spouse ___ Both ___ Other
 Date Issued: _____
 Current Beneficiary: _____
 Face Amount: \$ _____
 Avg Monthly Premium: \$ _____
 Loans Against: _____

_____ Check here if there is add'l ins. (cash surrender value) not listed above; if so, attach info

Sporting and entertainment equipment:

	Current Fair Market Value	Nonmarital Asset
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: _____ 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 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: \$ _____			
_____ \$ _____		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 -

**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: \$ _____		

_____ *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: \$ _____			

_____ 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: ___ You ___ Spouse ___ Other				
Avg. Monthly Payment: \$ _____				

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

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: ___ You ___ Spouse ___ 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: \$ _____

_____ \$ _____ 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