

FINANCIAL STATUS FORM

NAME: _____

ADDRESS: _____

PLEASE RETURN WITH 10 TO 14 DAYS PRIOR TO FIRST SESSION

*It is necessary that you provide our office with a complete and accurate list of your income, liabilities, expenses and assets for use in court and/or mediation sessions. Please fill out this form as accurately as possible and return to our office **Ten (10) days prior to your first mediation session**. If listed items do not apply, please mark N/A next to item. If a space is not provided for any financial information you may have, please list it at the end of this form.*

I. INCOME:

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

Please circle how pay is received as follows: weekly income = w; monthly income = m; bi-weekly income = bw. circle one

**PLEASE PROVIDE LAST 3 YEARS OF TAX RETURNS WITH W-2'S
PLEASE PROVIDE CURRENT PAYSTUBS FOR EACH OF YOU IF POSSIBLE**

Hours worked per week: _____

A. GROSS EMPLOYMENT INCOME: _____ /w m bw (24 or 26 pay periods/year?)

1. PAYROLL DEDUCTIONS:

a. Federal Withholding _____ /w m bw

b. FICA _____ /w m bw

c. Medicare _____ /w m bw

d. State Income Tax _____ /w m bw

e. Medical Insurance _____ /w m bw

List individuals covered by plan: _____

Important (needed for child support purposes): Please provide breakdown of coverage costs for adults covered and children covered:

_____/w m bw premium coverage for self

_____/w m bw premium coverage for spouse

_____/w m bw premium coverage for children

f. Dental Insurance _____/w m bw

List individuals covered by plan: _____

Need same breakdown as above for adult and children premium costs:

g. Credit Union _____/w m bw

h. Union Dues: _____/w m bw

i. Pension _____/w m bw

j. Other deductions: (itemize)

_____/w m bw

_____/w m bw

B. INCOME FROM OTHER SOURCES:

(Please circle weekly, monthly, biweekly or specify other)

1. **CHILD SUPPORT PAYMENTS RECEIVED:** _____/w m bw

2. **ALIMONY PAYMENTS RECEIVED:** _____/w m bw

3. **STATE ASSISTANCE:** _____/w m bw

4. **DIVIDENDS:** (List source of any dividends and/or interest income and amounts received and how often received)

5. PART TIME EMPLOYMENT: Please attach current paystub

Please circle weekly, monthly or biweekly or specify other

GROSS WEEKLY INCOME: _____/w m bw

DEDUCTIONS:

1. Federal Withholding _____/w m bw

2. FICA _____/w m bw

3. Medicare _____/w m bw

4. State Income Tax _____/w m bw

5. Medical Insurance _____/w m bw

6. Dental Insurance _____/w m bw

7. Credit Union _____/w m bw

8. Union Dues: _____/w m bw

9. Pension _____/w m bw

10. Other deductions: (itemize) _____/w m bw

_____/w m bw

_____/w m bw

6. RENTAL INCOME: Please circle weekly, monthly or biweekly or specify other

6a) Rent received: _____ w m bw

From whom: _____

Property address _____

Expenses you pay on the rental property:

1. Mortgage: _____ w m bw

2. Utilities: _____ w m bw

_____ w m bw

3. Taxes: _____ w m bw

4. Repairs: _____ w m bw

6b) Rent received: _____ w m bw
From whom: _____
Property address _____

Expenses you pay on the rental property:

- 1. Mortgage: _____ w m bw
- 2. Utilities: _____ w m bw
- 3. Taxes: _____ w m bw
- 4. Repairs: _____ w m bw

6c) Rent received: _____ w m bw
From whom: _____
Property address _____

Expenses you pay on the rental property:

- 1. Mortgage: _____ w m bw
- 2. Utilities: _____ w m bw
- 3. Taxes: _____ w m bw
- 4. Repairs: _____ w m bw

7. MORTGAGE INCOME PAID TO YOU BY OTHERS: _____ w m bw

8. ALL OTHER INCOME (please specify: _____

II. EXPENSES: (Please circle basis of payment as weekly (w), monthly (m) yearly (y) or bi-weekly (bw) where indicated)

HOUSEHOLD EXPENSES:

1. MORTGAGE PAYMENTS: _____ w m y bw
2. RENT PAYMENTS: _____ w m y bw
3. HOME EQUITY LOAN _____ w m y bw
4. REAL ESTATE TAXES: _____ w m y bw
5. CONDO FEES/ASSESSMENTS _____ w m y bw
6. HOMEOWNERS/RENTERS INS. _____ w m y bw
7. HOUSEHOLD IMPROVEMENTS: _____ w m y bw
8. FUEL OIL: _____ w m y bw
9. ELECTRICITY: _____ w m y bw
10. GAS: _____ w m y bw
11. WATER/SEWER _____ w m y bw
12. TELEPHONE/CELL/INTERNET _____ w m y bw
13. TRASH COLLECTION: _____ w m y bw
14. TV/INTERNET: _____ w m y bw
15. OTHER UTILITIES: _____ w m y bw
16. GROCERIES: (including household supplies) _____ w m y bw
17. MEALS OUTSIDE HOME: _____ w m y bw
18. PET FOOD/VET: _____ w m y bw
19. OTHER: _____ w m y bw
20. OTHER: _____ w m y bw

TRANSPORTATION:

- 1. GAS FOR CAR: _____ w m y bw
- 2. REPAIRS ON CAR: _____ w m y bw
- 3. AUTO INSURANCE/TAX/REGISTRATION: _____ w m y bw
- 4. LOAN PAYMENT ON CAR: _____ w m y bw
- 5. PUBLIC TRANSPORTATION: _____ w m y bw
- 6. OTHER: _____ w m y bw
- 7. OTHER: _____ w m y bw
- 8. OTHER: _____ w m y bw

INSURANCE PREMIUMS:

- 1. MEDICAL/DENTAL
(if not deducted from paycheck): _____ w m y bw
- 2. LIFE INSURANCE: _____ w m y bw
- 3. MEDICAL/DENTAL EXPENSES: _____ w m y bw
(Out of pocket not covered by insurance)
(include dental, optical & prescription)

PERSONAL EXPENSES:

- 1. PERSONAL CARE (haircuts, etc): _____ w m y bw
- 2. DRY CLEANING: _____ w m y bw
- 3. ALCOHOL, SMOKING PRODUCTS: _____ w m y bw
- 4. CLOTHING: _____ w m y bw
- 5. ENTERTAINMENT: _____ w m y bw
- 6. VACATION: _____ w m y bw
- 7. OTHER: _____ w m y bw
- 8. OTHER: _____ w m y bw

CHILDREN'S EXPENSES:

1. CHILD SUPPORT FOR THIS CASE: _____ w m y bw

2. CHILD CARE EXPENSE: _____ w m y bw

3. CHILD SUPPORT FOR OTHER CHILDREN: _____ w m y bw

4. CHILDREN'S EDUCATION: _____ w m y bw
(ELEMENTARY, SECONDARY, COLLEGE, OCCUPATIONAL)

5. CHILDREN'S ACTIVITIES _____ w m y bw
(SPORTS, LESSONS, ETC)

6. CHILDREN'S CAMP: _____ w m y bw

7. CHILDREN'S CLOTHING/FOOTWEAR: _____ w m y bw

8. CHILDREN'S OUT OF POCKET MEDICAL/DENTAL EXPENSES: _____ w m y bw

9. SCHOOL LUNCHES: _____ w m y bw

10. OTHER: _____ w m y bw

11. OTHER: _____ w m y bw

12. OTHER: _____ w m y bw

OTHER:

1. EDUCATION FOR SELF: _____ w m y bw

2. ALIMONY PAYABLE TO THIS SPOUSE: _____ w m y bw

3. ALIMONY PAYABLE TO ANOTHER SPOUSE: _____ w m y bw

4. EMPLOYMENT RELATED EXPENSE (Which aren't reimbursed)
Uniforms _____ w m y bw

Travel _____ w m y bw

Required continuing education _____ w m y bw

Other _____ w m y bw

5. CHARITABLE CONTRIBUTIONS _____ w m y bw

IMPORTANT: PROVIDE AS MUCH SUPPORTING DOCUMENTATION AS NECESSARY, INCLUDING CURRENT STATEMENTS, APPRAISALS AND THE LIKE

IV. ASSETS:

- I. REAL ESTATE- if you are unsure of the value, you will need to have a local real estate agent perform a Market Analysis of the property or have an Appraisal performed. Please discuss these options with your Mediator and each other.**

1) Location _____

Estimated Value \$ _____ Mortgage Balance \$ _____

List any Lien, Second Mortgages or other encumbrance on Property _____

Jointly Owned? Yes _____ No _____ With Whom? _____

2) Location _____

Estimated Value \$ _____ Mortgage Balance \$ _____

List any Liens, Second Mortgages or other encumbrance on Property _____

Jointly Owned? Yes _____ No _____ With Whom? _____

3) Location _____

Estimated Value \$ _____ Mortgage Balance \$ _____

List any Lien, Second Mortgages or other encumbrance on Property _____

Jointly Owned? Yes _____ No _____ With Whom? _____

II. AUTOMOBILES/VEHICLES

VEHICLE 1

Year _____ Make _____ Model _____

Estimated Value \$ _____ Loan Balance \$ _____

How is Title held? _____ (joint/sole)

VEHICLE 2

Year _____ Make _____ Model _____

Estimated Value \$ _____ Loan Balance \$ _____

How is Title held? _____ (joint/sole)

VEHICLE 3

Year _____ Make _____ Model _____

Estimated Value \$ _____ Loan Balance \$ _____

How is Title held? _____ (joint/sole)

VEHICLE 4

Year _____ Make _____ Model _____

Estimated Value \$ _____ Loan Balance \$ _____

How is Title held? _____ (joint/sole)

III. HOUSEHOLD FURNISHINGS-only include items of exceptional value...majority of personal property will be divided between the parties

Household Furniture/Appliances \$ _____ Antiques/Valuables \$ _____

IV. BANK ACCOUNTS: provide current statements unless the account is a bill paying checking account.

Checking Accounts:

1) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

2) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

3) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

4) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

Savings Accounts:

1) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

2) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

3) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

4) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

V. NON RETIREMENT INVESTMENT ACCOUNTS (please provide current statement(s))

1) Company _____
Number of Shares _____ Price per Share _____

Estimate Value \$ _____ Owner(s) of Record _____

2) Company _____
Number of Shares _____ Price per Share _____

Estimate Value \$ _____ Owner(s) of Record _____

3) Company _____
Number of Shares _____ Price per Share _____

Estimate Value \$ _____ Owner(s) of Record _____

4) Company _____
Number of Shares _____ Price per Share _____

Estimate Value \$ _____ Owner(s) of Record _____

VI. LIFE INSURANCE (please provide current statements)

1) Name of Insured _____ Company _____

Face Amount \$ _____ Cash Value \$ _____ Beneficiary _____

2) Name of Insured _____ Company _____

Face Amount \$ _____ Cash Value \$ _____ Beneficiary _____

3) Name of Insured _____ Company _____

Face Amount \$ _____ Cash Value \$ _____ Beneficiary _____

4) Name of Insured _____ Company _____

Face Amount \$ _____ Cash Value \$ _____ Beneficiary _____

VII. PENSION / RETIREMENT PLANS (If possible, please attach current statement(s))

1) Company _____ Type (IRA, KEOGH, 401k, etc.) _____

Current Value \$ _____ Date Funds Available _____

Name of Plan Participant _____

2) Company _____ Type (IRA, KEOGH, 401k, etc.) _____

Current Value \$ _____ Date Funds Available _____

Name of Plan Participant _____

3) Company _____ Type (IRA, KEOGH, 401k, etc.) _____

Current Value \$ _____ Date Funds Available _____

Name of Plan Participant _____

4) Company _____ Type (IRA, KEOGH, 401k, etc.) _____

Current Value \$ _____ Date Funds Available _____

Name of Plan Participant _____

5) Company _____ Type (IRA, KEOGH, 401k, etc.) _____

Current Value \$ _____ Date Funds Available _____

Name of Plan Participant _____

VIII. ALL OTHER ASSETS

Jewelry \$ _____ Antiques \$ _____

Other (Specify) _____

HEALTH INSURANCE

Carrier _____

Address _____

Policy Number _____ Persons Covered _____

COMMENTS
