

**MARRIAGE DISSOLUTION - CLIENT QUESTIONNAIRE**

So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important that you attempt to answer the following questions fully and accurately. If you need additional space for an answer, you may attach a separate sheet. The completed questionnaire will be kept confidential and will remain in our possession.

**Please Print Your Answers**

**REFERRAL INFORMATION:**

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

1. How were you referred to this office?
  - a. Friend \_\_\_\_\_, if so, who? \_\_\_\_\_
  - b. Phone Book \_\_\_\_\_.
  - c. Counselor \_\_\_\_\_, if so, who? \_\_\_\_\_
  - d. Other \_\_\_\_\_, explain \_\_\_\_\_

**PERSONAL INFORMATION - CLIENT:**

1. Full Name \_\_\_\_\_
2. Present Address \_\_\_\_\_, City \_\_\_\_\_  
State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_
3. Social Security Number \_\_\_\_\_
4. Home Phone/area code \_\_\_\_\_ Cell Phone/Area Code: \_\_\_\_\_  
Work Phone/area code \_\_\_\_\_ May you be called at work? \_\_\_ When \_\_\_\_\_
5. List all prior/names you have been known by, including maiden name \_\_\_\_\_  
\_\_\_\_\_
6. Length of Residence in Minnesota \_\_\_\_\_
7. Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

8. Religion \_\_\_\_\_

9. Education: High School \_\_\_\_\_ Year Completed \_\_\_\_\_

Post Graduate \_\_\_\_\_, Years \_\_\_\_\_, Degree \_\_\_\_\_

Trade/VoTec \_\_\_\_\_

Other Education/Training \_\_\_\_\_

10. Present Health - especially conditions which may affect income production or parenting

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

Treating Doctors or Clinics \_\_\_\_\_

Does your spouse or anyone else claim drug or alcohol abuse on your part? \_\_\_\_\_

\_\_\_\_\_

Does your spouse claim domestic violence? \_\_\_\_\_. If so, explain on separate page.

11. Are you presently in the Military Service of the U.S.? \_\_\_\_\_

12. Name and telephone number of at least two people (other than your spouse) who would be most likely to always know where you can be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

**PERSONAL INFORMATION - SPOUSE:**

1. Full Name \_\_\_\_\_
2. Present Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_
3. Social Security Number \_\_\_\_\_
4. Home Phone/area code \_\_\_\_\_ Business Phone/area code \_\_\_\_\_
5. List all prior/names you have been known by, including maiden name \_\_\_\_\_  
\_\_\_\_\_
6. Length of Residence in Minnesota \_\_\_\_\_
7. Birthplace \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_
8. Religion \_\_\_\_\_
9. Education: High School \_\_\_\_\_ Year Completed \_\_\_\_\_  
Post Graduate \_\_\_\_\_, Years \_\_\_\_\_, Degree \_\_\_\_\_  
Trade/VoTec \_\_\_\_\_  
Other Education/Training \_\_\_\_\_
10. Present Health - especially conditions which may affect income production or parenting  
\_\_\_\_\_  
\_\_\_\_\_  
Treating Doctors or Clinics \_\_\_\_\_  
Drug or alcohol abuse? \_\_\_\_\_  
Domestic violence? \_\_\_\_\_. If yes, explain on separate page.
11. Is spouse presently in the Military Service of the U.S.? \_\_\_\_\_

**MARITAL INFORMATION:**

1. Date of present marriage \_\_\_\_\_
2. Place of marriage: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
3. With respect to any counseling received by you and/or your spouse, state:  
Name of counselors: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Dates of counseling \_\_\_\_\_
4. Do you feel there is a chance to save the marriage? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Summarize the situation or your spouse's conduct that you feel may cause a dissolution of your marriage. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What would be your spouse's primary complaints about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
7. Are you and your spouse living together? \_\_\_\_\_
8. If not, date of separation. \_\_\_\_\_
9. Who moved out? \_\_\_\_\_
10. Are you or your spouse pregnant? \_\_\_\_\_

**CHILDREN FROM THIS MARRIAGE OR ADOPTED INTO THIS MARRIAGE:**

1. Children's names, ages, birth dates, and Social Security number:

Child's Name	Age	Birth Date	Social Security Number

2. Do the children now live with Client \_\_\_\_\_ Spouse \_\_\_\_\_ Both \_\_\_\_\_

3. Do you want custody of these children? \_\_\_\_\_

(If so, fill out separate Custody Questionnaire)

4. Do the children have special health, emotional or educational needs? If so, explain briefly. \_\_\_\_\_

**PREVIOUS MARITAL INFORMATION - CLIENT:**

1. Were you previously married? \_\_\_\_\_

2. When were you divorced? \_\_\_\_\_

3. City, county and state of divorce \_\_\_\_\_

4. Names and ages of minor children by previous marriage \_\_\_\_\_

\_\_\_\_\_

5. Who received custody? \_\_\_\_\_

6. Are you receiving or are you paying spousal maintenance from a previous marriage? \_\_\_\_\_

How much? \_\_\_\_\_ per \_\_\_\_\_.

7. Are you receiving or are you paying child support from a previous marriage? \_\_\_\_\_

How much \_\_\_\_\_ per \_\_\_\_\_.

**PREVIOUS MARITAL INFORMATION-SPOUSE:**

1. Was your spouse previously married? \_\_\_\_\_
2. When was your spouse divorced? \_\_\_\_\_
3. City, county and state of divorce \_\_\_\_\_
4. Names and ages of minor children by spouse's previous marriage:  
\_\_\_\_\_  
\_\_\_\_\_
5. Who received custody? \_\_\_\_\_
6. Is your spouse receiving or is he/she paying spousal maintenance from a previous marriage? \_\_\_\_\_ How much? \_\_\_\_\_ per \_\_\_\_\_.
7. Is your spouse receiving or is he/she paying child support from a previous marriage? \_\_\_\_\_ How much? \_\_\_\_\_ per \_\_\_\_\_.

**ASSETS:**

A. Homestead

1. Address \_\_\_\_\_
2. City \_\_\_\_\_ State/Zip \_\_\_\_\_ County \_\_\_\_\_
3. Legal Description \_\_\_\_\_  
\_\_\_\_\_.

Is property Abstract? \_\_\_\_\_ or Torrens? \_\_\_\_\_ (Please provide copy of deed or mortgage and tax statement and Abstract of Title).

4. When was this homestead purchased? \_\_\_\_\_ Cost \_\_\_\_\_

5. Amount of down payment \_\_\_\_\_
6. Source of down payment \_\_\_\_\_
7. In whose name(s) is the title? \_\_\_\_\_
8. What is the present value? \_\_\_\_\_
9. Present mortgage or Contract for Deed balance \_\_\_\_\_
10. Monthly payment \_\_\_\_\_
11. To whom are the payments made? \_\_\_\_\_
12. Does the payment include taxes? \_\_\_\_\_ Insurance \_\_\_\_\_
13. What are the yearly taxes? \_\_\_\_\_ Insurance \_\_\_\_\_
14. Are house payments delinquent? \_\_\_\_\_ How much? \_\_\_\_\_

B. Other Real Estate (for each parcel, provide the following)

1. Location \_\_\_\_\_
2. Type of property \_\_\_\_\_
3. Legal Description \_\_\_\_\_  
 Is property Abstract? \_\_\_\_\_ or Torrens? \_\_\_\_\_  
 \_\_\_\_\_ (Please provide copy of deed or mortgage and tax statement and Abstract of Title).
4. When was it purchased? \_\_\_\_\_ Cost \_\_\_\_\_
5. Amount of down payment \_\_\_\_\_
6. Source of down payment \_\_\_\_\_
7. In whose name(s) is the title? \_\_\_\_\_
8. What is approximate present value? \_\_\_\_\_

9. Present Mortgage or Contract for Deed balance \_\_\_\_\_
10. Monthly payment \_\_\_\_\_
11. To whom are the payments made? \_\_\_\_\_
12. Does the payment include taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_
13. What are the yearly taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_
14. Are payments delinquent? \_\_\_\_\_ How much? \_\_\_\_\_
15. Any rent income? \_\_\_\_\_

C. Banking

1. Savings Accounts:

Bank \_\_\_\_\_ Current Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_ Account Number \_\_\_\_\_

Bank \_\_\_\_\_ Current Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_ Account Number \_\_\_\_\_

2. Checking Accounts:

Bank \_\_\_\_\_ Current Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_ Account Number \_\_\_\_\_

Bank \_\_\_\_\_ Current Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_ Account Number \_\_\_\_\_

3. Brokerage/Stock Accounts:

Bank or Firm \_\_\_\_\_ Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_ Account Number \_\_\_\_\_

Bank or Firm \_\_\_\_\_ Balance \_\_\_\_\_



Name(s) on Account \_\_\_\_\_ Account Number \_\_\_\_\_

4. Do you or your spouse have a safe deposit box? \_\_\_\_\_

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

5. Provide average monthly interest received from all accounts \_\_\_\_\_

If more space is needed provide the same information on a separate sheet.

D. Stock and Bonds

Client:

1. Company/type \_\_\_\_\_ Number of Shares \_\_\_\_\_

2. In whose name? \_\_\_\_\_ Value \_\_\_\_\_

Spouse:

1. Company/type \_\_\_\_\_ Number of Shares \_\_\_\_\_

2. In whose name? \_\_\_\_\_ Value \_\_\_\_\_

Joint:

1. Company/type \_\_\_\_\_ Number of Shares \_\_\_\_\_

2. In whose name? \_\_\_\_\_ Value \_\_\_\_\_

E. Dividends

Provide average monthly dividends from all securities. \_\_\_\_\_

\_\_\_\_\_

Does anyone owe you or your spouse money? \_\_\_\_\_

1. Who \_\_\_\_\_ How much \_\_\_\_\_

2. In whose name? \_\_\_\_\_ Value \_\_\_\_\_

F. Non-Marital Claims:

Did you or your spouse (a) bring into this marriage, (b) inherit during this marriage, or (c) were given by someone outside the marriage, property or money in excess of \$500.00.

If so, describe in detail:

- a. List all assets with a value excess of \$500.00 that you owned at the time of marriage.

<u>Assets</u>	<u>Value</u>	<u>Amount of Debt</u>
_____		
_____		

- b. List all assets inherited by you during the marriage. \_\_\_\_\_

\_\_\_\_\_

- c. List all assets given to you alone by a third party during the marriage \_\_\_\_\_

\_\_\_\_\_

G. Claims:

Do you or your spouse have any personal injury claim or workers compensation claim pending or have you or your spouse received any settlement or award before or during your marriage (what, when and by whom)? \_\_\_\_\_

\_\_\_\_\_

H. Furniture and Appliances

1. Estimated value \_\_\_\_\_

2. Balance owed \_\_\_\_\_ Payments \_\_\_\_\_ Per \_\_\_\_\_

3. Payments made to whom? \_\_\_\_\_

4. Any special items? (Jewelry, antiques, musical instruments, etc.) \_\_\_\_\_  
\_\_\_\_\_

5. If you expect a contest over personal property, please schedule items and values room by room, including basement and garage, video tapes of contents are helpful.

I. Motor Vehicles

1. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Major Options: \_\_\_\_\_

General condition \_\_\_\_\_ Mileage \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

In whose name \_\_\_\_\_ Value \_\_\_\_\_

Encumbered to \_\_\_\_\_

Balance \_\_\_\_\_ Payments \_\_\_\_\_

Used by whom \_\_\_\_\_

2. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Major Options: \_\_\_\_\_

General condition \_\_\_\_\_ Mileage \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

In whose name \_\_\_\_\_ Value \_\_\_\_\_

Encumbered to \_\_\_\_\_

Balance \_\_\_\_\_ Payments \_\_\_\_\_

Used by whom \_\_\_\_\_

3. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Major Options: \_\_\_\_\_  
 General condition \_\_\_\_\_ Mileage \_\_\_\_\_  
 Vehicle Identification Number \_\_\_\_\_  
 In whose name \_\_\_\_\_ Value \_\_\_\_\_  
 Encumbered to \_\_\_\_\_  
 Balance \_\_\_\_\_ Payments \_\_\_\_\_  
 Used by whom \_\_\_\_\_

J. Recreational Vehicles:

	Year/Make/Model	Value	Owed	Pymt	Date Purch.
Boat	_____	_____	_____	_____	_____
Motorcycle	_____	_____	_____	_____	_____
Camper	_____	_____	_____	_____	_____
Trailer	_____	_____	_____	_____	_____
Snowmobile	_____	_____	_____	_____	_____
ATV	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

K. Miscellaneous Assets:

Are there other assets that you know of? \_\_\_\_\_  
 \_\_\_\_\_

L. Life Insurance:

a. Through work

1. Company \_\_\_\_\_
2. Type of Policy \_\_\_\_\_ Policy No. \_\_\_\_\_
3. Name of Insured \_\_\_\_\_
4. Name of Beneficiary \_\_\_\_\_
5. Annual Premium \_\_\_\_\_ Face Value \_\_\_\_\_ Cash Value \_\_\_\_\_

b. Privately Purchased

1. Company \_\_\_\_\_
2. Type of Policy \_\_\_\_\_ Policy No. \_\_\_\_\_
3. Name of Insured \_\_\_\_\_
4. Name of Beneficiary \_\_\_\_\_
5. Annual Premium \_\_\_\_\_ Face Value \_\_\_\_\_ Cash Value \_\_\_\_\_

\_\_\_\_\_ (If more space is needed attach a separate sheet)

**EMPLOYMENT INFORMATION - CLIENT**

1. Employer \_\_\_\_\_
2. Address/City/State/Zip \_\_\_\_\_
3. Position \_\_\_\_\_
4. Job Duties \_\_\_\_\_
5. Date employment commenced \_\_\_\_\_
6. Periodic layoffs? \_\_\_\_\_ If so, average duration \_\_\_\_\_
7. Regular overtime? \_\_\_\_\_ If so, average amounts, \$ \_\_\_\_\_ per \_\_\_\_\_
8. Paydays - (Weekly, Every other week, Bi-monthly, etc.) \_\_\_\_\_
9. State your hourly wage \$ \_\_\_\_\_, or salary \$ \_\_\_\_\_ per \_\_\_\_\_
10. Your MONTHLY Income: Remember there are 4.33 weeks per month, so compute from your weekly, two-week, or bi-monthly check accordingly:

	Base Pay	Last 6 month average including overtime
Gross Pay	\$ _____	_____
Federal withholding	\$ _____	_____
State withholding	\$ _____	_____
FICA	\$ _____	_____
Medical/Dental	\$ _____	_____
Union Dues	\$ _____	_____
Retirement	\$ _____	_____
Credit Union Payment	\$ _____	_____
Other (Specify)	\$ _____	_____
Take-Home Pay Per Month	\$ _____	_____

11. List interest received and dividend from all sources during last 6 months. \_\_\_\_\_

\_\_\_\_\_

12. Describe other regular income and benefits from employer, give amounts (i.e., bonuses, commissions, car expenses, day care expense accounts, etc.) \_\_\_\_\_

\_\_\_\_\_

13. Does your employer sponsor a retirement plan/pension? \_\_\_\_\_

Present amount on deposit \_\_\_\_\_

If you were to terminate today, what would be the monthly benefit at age 65? \_\_\_\_\_

Full name, title, address, and phone number of the person who has information and knowledge of your pension benefits. \_\_\_\_\_

\_\_\_\_\_

Please provide all documents you have describing your pension plan.

14. Do you participate in other retirement plans or optional programs? (i.e., profit sharing, savings plans, Keogh, 401K, SEP, stock ownership, etc) If so, describe plans, date of initiation, and accrued amounts. Provide documentation.

Plan \_\_\_\_\_ Started \_\_\_\_\_ Value \_\_\_\_\_

Plan \_\_\_\_\_ Started \_\_\_\_\_ Value \_\_\_\_\_

15. Do you have retirement benefits accrued through previous employers? \_\_\_\_\_ If so, give employer name, description of benefit and value? Provide documentation. \_\_\_\_\_

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

16. Employment History:

<u>Employer</u>	<u>Position</u>	<u>Dates</u>	<u>Job</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Other income during past year?

- |                         |                    |
|-------------------------|--------------------|
| a. Unemployment         | f. Military        |
| b. Workers Compensation | g. Self Employment |
| c. Public Assistance    | h. Rents           |
| d. Disability Benefits  | i. Other           |
| e. Social Security      |                    |

<u>Dates</u>	<u>How Much</u>
_____	_____
_____	_____
_____	_____

18. Do you have medical health coverage through work?  
 If so, full coverage? \_\_\_\_\_ partial coverage? \_\_\_\_\_  
 Cost for yourself \$ \_\_\_\_\_ per \_\_\_\_\_  
 Dependent premium \$ \_\_\_\_\_ per \_\_\_\_\_  
 Do you have dental insurance through work? \_\_\_\_\_  
 If so, extent of coverage \_\_\_\_\_  
 Cost for yourself \$ \_\_\_\_\_ Dependent \$ \_\_\_\_\_  
 Who presently covers family members (other than you) \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT INFORMATION-SPOUSE:**

1. Employer \_\_\_\_\_
2. Address/City/State/Zip \_\_\_\_\_
3. Position \_\_\_\_\_
4. Job Duties \_\_\_\_\_
5. Date employment commenced \_\_\_\_\_
6. Periodic layoffs? \_\_\_\_\_ If so, average duration \_\_\_\_\_
7. Regular overtime? \_\_\_\_\_ If so, average amounts, \$ \_\_\_\_\_ per \_\_\_\_\_
8. How often is spouse paid? (Weekly, Every other week, Bi-monthly, etc.) \_\_\_\_\_
9. State your hourly wage \$ \_\_\_\_\_, or salary \$ \_\_\_\_\_ per \_\_\_\_\_
10. Spouse's MONTHLY Income: Remember there are 4.33 weeks per month, so compute from your weekly, two-week, or bi-monthly check accordingly:



	Base Pay	Last 6 month average including overtime
Gross Pay	\$ _____	_____
Federal withholding	\$ _____	_____
State withholding	\$ _____	_____
FICA	\$ _____	_____
Medical/Dental	\$ _____	_____
Union Dues	\$ _____	_____
Retirement	\$ _____	_____
Credit Union Payment	\$ _____	_____
Other (Specify)	\$ _____	_____
Take-Home Pay Per Month	\$ _____	_____

(Please provide all paycheck stubs for last two months)

11. List interest received and dividend from all sources during last 6 months. \_\_\_\_\_  
\_\_\_\_\_
12. Describe other regular income and benefits from employer, give amounts (i.e., bonuses, commissions, car expenses, etc.) \_\_\_\_\_  
\_\_\_\_\_
13. Does your spouses employer sponsor a retirement plan/pension? \_\_\_\_\_  
If so, type of plan \_\_\_\_\_  
Vesting requirement or time \_\_\_\_\_  
Please provide information regarding the pension and documents stating accrued benefits available at retirement were they to terminate employment now.
14. Does spouse participate in other retirement plans or optional programs? (i.e., profit sharing, savings plans, Keogh, 401K, SEP, stock ownership, etc) If so, describe plans, date of initiation, and accrued amounts, Provide documentation.  
Plan \_\_\_\_\_ Started \_\_\_\_\_ Value \_\_\_\_\_  
Plan \_\_\_\_\_ Started \_\_\_\_\_ Value \_\_\_\_\_

15. Does spouse have retirement benefits accrued through previous employers? \_\_\_\_\_ If so, give employer name, description of benefit and value? Provide documentation. \_\_\_\_\_

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16. Employment History:

<u>Employer</u>	<u>Position</u>	<u>Dates</u>	<u>Job</u>

17. Other income (self-employment, part-time work, rent, craft sales, welfare benefits, etc.) describe and give amounts earned. \_\_\_\_\_

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**EXPENSES** Page 1 of 4  
 (NOTE: expenses are to be entered on a monthly basis.)

	Self (only)	Child(ren) involved in this matter.	All members of your current household (including children <u>not</u> involved in this matter)
<b><u>HOUSING:</u></b>			
Rent			
Mortgage payment (principal and interest only)			
Contract for Deed payment			
Home Equity Credit Line payment			
Property taxes			
Homeowners insurance			
<b><u>MAINTENANCE:</u></b>			
Yard service			
Pool service			
House cleaning-service			
Snow removal service			
Garbage pickup			
Home furnishings replacement reserve			
<b><u>UTILITIES:</u></b>			
Electric			
Gas			
Fuel oil			
Sewer/water			
Telephone (base charge)			
Telephone (long distance)			
Water softener rental			
<b><u>TRANSPORTATION:</u></b>			
Vehicle(s) installment payments			
Vehicle(s) insurance			
Maintenance and repairs			
Gasoline			
License			
Parking			
Public transportation (bus/taxi/train)			
Vehicle replacement reserve			

	Self (only)	Child(ren) involved in this matter.	All members of your current household (including children <u>not</u> involved in this matter)
Disability income insurance			
Umbrella liability insurance			
Boat insurance			
Other insurance			
<b>EDUCATION:</b>			
<b>Adult(s):</b>			
Continuing education expense			
Tuition, books, supplies, and fees for:			
College			
Graduate school			
Vocational school			
<b>Child(ren):</b>			
Tuition, books, supplies, and fees for:			
Grade school			
High school			
College			
Graduate school			
Vocational school			
<b>Transportation:</b>			
Special activities / athletic activities			
Lunch money			
Tutoring			
<b>FOOD/BEVERAGES/HOUSEHOLD SUPPLIES:</b>			
Groceries and household supplies			
Out-of-home meals, i.e. burgers, pizza, etc.			
<b>WEARING APPAREL/UPKEEP:</b>			
Clothing - Adult(s)			
Clothing - Child(ren)			
Laundry and dry cleaning			
<b>MEDICAL CARE:</b>			
Insurance			
Unreimbursed / uninsured expenses for:			
Doctor			

	Self (only)	Child(ren) involved in this matter.	All members of your current household (including children <u>not</u> involved in this matter)
Hospital			
Dentist			
Orthodontist			
Medicine and drugs			
Therapy and / or counseling			
<b><u>INSTALLMENT PAYMENTS:</u></b> (Record payment amount for debts not previously recorded.) Credit card charges (list name of card & amount of monthly payment below).			
Bank debt (list name of bank and amount of monthly payment)			
Other debt (list name of lender and amount of monthly payment).			
<b><u>CHILD(REN) CARE:</u></b>			
Babysitter			
Daycare			
Allowance			
Gifts - birthday, Christmas, etc.			
Summer / day camps			
Lessons			
Diaper service			
<b>Visitation expenses:</b>			
Entertainment			
Transportation			
Food			
Miscellaneous visitation			
Miscellaneous child care			

**EXPENSES** (continued)

	Self (only)	Child(ren) involved in this matter.	All members of your current household (including children <u>not</u> involved in this matter)
<b>OTHER EXPENSES:</b>			
Child support			
Maintenance (alimony)			
Entertainment			
Vacation(s)			
Gifts			
Memberships / club dues			
Paper / books / magazines			
Barber / beautician / manicurist			
Cosmetics / toiletries			
Donations to charities and church			
Pet expenses			
Cable television			
Regular monthly savings not previously recorded.			
Retirement plan contributions not previously recorded, i.e. IRA			
Expenses associated with maintaining employment			
Income taxes (not withheld)			
<b>TOTAL MONTHLY EXPENSES</b>			

Is there any court-ordered support obligation for any of the child(ren) residing with you whether or not they are included in this action? If so, what child(ren)? \_\_\_\_\_ Monthly obligation? \_\_\_\_\_

State the amount of any arrearages (unpaid amounts), if any. \$ \_\_\_\_\_

**CREDIT CARDS:**

Complete the following section which concerns the credit and cash cards that you carry.

Name of Card	Owner	Expiration Date	Card Number	Average - Approximate Balance	Monthly Payment
				\$	\$
				\$	\$
				\$	\$