

II. INCOME INFORMATION

(NOTE: Self-Employed persons shall complete Page 3 of this Form.)

7. Employer's Name and Address:

Wife:

Husband:

Employee ID Number, if any:

Position:

Shift Hours Worked:

Length of Employment:

Pay Period:

Amount of Hourly Rate or
Other Manner of Payment:

Gross Pay Per Pay Period:

Net Pay Per Pay Period:

Deductions Per Pay other than
those required by law for taxes,
Social Security, etc.

Annual Gross Income:

Monthly Net Income:

7. Other Sources of Income and Amount:

Attach copies of a recent pay stub and also W-2's for the most recent year available.

II (a). SELF-EMPLOYMENT INCOME INFORMATION:

6(a). Name and Address of Place of Self-Employment:

Wife's:

Husband's:

Title:

Length of self-employment:

Pay Period:

Amount of Hourly Rate or
Other Manner of Payment:

Gross Pay Per Pay Period:

Net Pay Per Pay Period:

Annual Gross Income:

Monthly Net Income:

7(a). Other Sources of Income, Frequency of Receipt and Amount:

COPIES OF THE FOLLOWING SHALL BE ATTACHED TO THIS FORM, IF AVAILABLE:

Most recent pay stub; monthly gross income figures for the past six (6) months; monthly itemized expenses for the past six (6) months; income and itemized expenses for the prior calendar year, with verification thereof, or, complete copy of Federal Tax Return for the prior calendar year.

III. ASSETS

8. Real Estate:

Address: _____
Brief description: _____
Date and price of acquisition: _____
Current value: _____
Balance Due on Mortgage/Mortgages: _____

9. Motor Vehicles:

| <u>Year and Make of Vehicle</u> | <u>Whose Possession</u> | <u>Title In Name of</u> | <u>Value</u> |
|---------------------------------|-------------------------|-------------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

10. Other Tangible Personal Property:

NOTE: Before the pretrial, exchange with the other party a list of items in the possession of the other party which you want or for which you want a credit and state the amount of the credit. Bring those lists with you to Pretrial.

11. Checking Accounts:

| <u>Name of Bank</u> | <u>Name(s) on account</u> | <u>Approximate / Estimated Balance</u> |
|---------------------|---------------------------|--|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

12. Savings Accounts:

| <u>Name of Bank</u> | <u>Name(s) on account</u> | <u>Approximate / Estimated Balance</u> |
|---------------------|---------------------------|--|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

13. Other Banking Assets, Certificates of Deposit, etc.

| <u>Name of Bank</u> | <u>Name(s) on account</u> | <u>Approximate / Estimated Balance</u> |
|---------------------|---------------------------|--|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

14. Stocks and Bonds:

| | | |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

15. Other Investment Assets:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

16. Debtors:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

17. Life Insurance:

| <u>Issuing Company</u> | <u>Insured</u> | <u>Face Amount</u> | <u>Cash Value</u> |
|------------------------|----------------|--------------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

18. Retirement Assets: Profit Sharing, Pension, IRA, 401(k), etc.:

| <u>Type of asset</u> | <u>Whose Name</u> | <u>Benefit</u> | <u>Value</u> |
|----------------------|-------------------|----------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

19. Health Insurance: Briefly describe the type of coverage, who is covered, and the cost of any health, dental, optical, prescription drug, etc. insurance.

20. Other Employment Benefits:

21. Other: Briefly describe any possible inheritances, assets of the child(ren), etc., or provide any other information that you feel is relevant to the court with respect to property:

IV. DEBTS and EXPENSES

22. Complete for each debt of the parties:

| <u>Creditor's Name</u> | <u>Purpose of Debt or Collateral</u> | <u>Approximate Balance</u> | <u>Monthly Payment</u> |
|------------------------|--------------------------------------|----------------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

23. Expenses (Do not list any debt payments covered above, list amounts on a monthly basis):

| | <u>Wife:</u> | <u>Husband:</u> |
|----------------------------------|--------------|-----------------|
| Rent/Mortgage | _____ | _____ |
| Real estate taxes | _____ | _____ |
| Real estate insurance | _____ | _____ |
| Gas, fuel oil (heat) | _____ | _____ |
| Electric | _____ | _____ |
| Water, sewer | _____ | _____ |
| Phone - base rate | _____ | _____ |
| Phone - long distance | _____ | _____ |
| Cable TV | _____ | _____ |
| Garbage collection | _____ | _____ |
| Auto operating expense | _____ | _____ |
| Auto maintenance | _____ | _____ |
| Auto insurance | _____ | _____ |
| Food and groceries | _____ | _____ |
| Clothing | _____ | _____ |
| Dry cleaning, laundry | _____ | _____ |
| Medical Insurance | _____ | _____ |
| Life insurance | _____ | _____ |
| Newspapers/magazines | _____ | _____ |
| Gifts | _____ | _____ |
| Church | _____ | _____ |
| Barber | _____ | _____ |
| Meals out | _____ | _____ |
| Repairs / Upkeep | _____ | _____ |
| Pet food, supplies, vet | _____ | _____ |
| Entertainment | _____ | _____ |
| Other _____ | _____ | _____ |
| Other _____ | _____ | _____ |
| Other _____ | _____ | _____ |
| TOTAL DEBTS AND EXPENSES: | _____ | _____ |

Affiant –

Sworn to and subscribed by _____ before me this _____ day of _____, 20____.

Notary Public