

PLEASE FILL OUT, PRINT AND BRING THE DAY OF YOUR CONSULTATION ALONG WITH \$100.00 CONSULTATION FEE.



DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. AFFIANT'S NAME: _____ Age: _____
 Affiant's Social Security Number: _____
 Spouse's Name: _____ Date of Marriage: _____
 Date of Separation: _____

Names and birth dates of children of this marriage:

Name Year of Birth Resides With

Names and birth dates of affiant's other children:

Name Year of Birth Resides With

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from Item 3A)	
(b) Net monthly income (from Item 3C)	
(c) Average monthly expenses (Item 5A)	
Monthly payments to creditors (Item 5B)	+
Total monthly expenses and payments to creditors (Item 5C)	
(d) Amount of spousal/child support needed by Affiant	
(e) Amount of child support indicated by Child Support Guidelines	
3. AFFIANT'S GROSS MONTHLY INCOME	
A. (All income must be entered based on monthly average regardless of date of receipt. Where applicable, income should be annualized.) Salary	
Bonuses, commissions allowances, overtime, tips and similar payments (based on past 12-month average or time of employment if less than 1 year)	

ATTACH SHEET ITEMIZING INCOME	
Business income from sources such as self-employment, partnership, close corporations and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING INCOME	
Disability/unemployment/worker's compensation	
Pension, retirements, or annuity payments	
Social security benefits	
Other public benefits (specify)	
Spousal or child support from prior marriage	
Interest and dividends	
Rental income (gross receipts minus ordinary and necessary expenses required to produce income. ATTACH SHEET ITEMIZING THIS INCOME	
Income from royalties, trusts or estates	
Gains derived from dealing a property (not including non-recurring gains)	
Other income of a recurring nature (specify source)	
GROSS MONTHLY INCOME	
B. List and describe all benefits of employment, e.g., automobile and/or auto allowance, insurance (auto, life, disability, etc) deferred compensation, employer contribution to retirement or stock, club memberships and reimbursed expenses (to the extent they reduce personal living expenses) ATTACH SHEET, IF NECESSARY.	
C. Net monthly income from employment (deducting only state and federal taxes and FICA)	
Affiant's pay period (i.e., weekly monthly, etc)	
Number of exemptions claimed	

4. ASSETS

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column. The total value of each asset must be listed in "value" column. "Value" means what you feel the item of property would be worth if it were offered for sale.)

<u>Description</u>	<u>Value</u>	<u>Separate Asset of Father</u>	<u>Separate Asset of Mother</u>
Cash			
Stocks, bonds			
CD's/Money Market Accounts			
Real estate: home			
Office			
Automobiles			
Money owed you			
Husband's 401k			
Wife's 401k			
Furniture/furnishings			
Jewelry			
Life insurance			
Collectibles			
Bank accounts (list each account)			
Checking			
Savings			
Miscellaneous			
TOTAL ASSETS			

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD		<u>CHILDREN'S EXPENSES</u>	

Mortgage Payments		Child Care	
Rent		School supplies/Expenses	
Property Taxes		Lunch money	
Insurance		Allowance	
Electricity		Clothing	
Water		Medical, dental	
Garbage & sewer		Prescription	
Telephone		Grooming/hygiene	
Gas		Gifts	
Repairs & Maintenance		Entertainment	
Lawn Care		Activities	
Pest Control			
Cable TV			
Miscellaneous household and grocery			
Meals outside the home		<u>OTHER INSURANCE</u>	
Other		Life	
		Health	
		Dental	
AUTOMOBILE			
Gasoline & oil			
Repairs			
Auto tags and license			
Insurance			

<u>AFFIANT'S OTHER EXPENSES</u>			
Dry cleaning and laundry			

