

GENERAL INFORMATION:

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

DATE OF BIRTH:

SOCIAL SECURITY NO.:

OCCUPATION:

EMPLOYER:

EMPLOYER'S ADDRESS:

EMPLOYER'S PHONE NUMBER:

CHILDREN/MINOR CHILDREN

NAME:

DATE OF BIRTH

1:

2:

3:

4:

INCOME STATEMENT

GROSS MONTHLY INCOME

1. SALARY AND WAGES, INCLUDING COMMISSIONS BONUSES, ALLOWANCE, AND OVERTIME:
2. PENSIONS AND RETIREMENT:
3. SOCIAL SECURITY:
4. MEDICARE:
5. PUBLIC ASSISTANCE: (WELFARE, AFDC, ETC.)
6. DIVIDENDS AND INTEREST:
7. RENTAL INCOME:
8. OTHER INCOME:
9. TOTAL MONTHLY INCOME:

ITEMIZED MONTHLY DEDUCTIONS

1. STATE INCOME TAXES:
2. FEDERAL INCOME TAXES:
3. SOCIAL SECURITY:

NET: \_\_\_\_\_

4. MANDATORY INSUANCE-MEDICARE:

5. MANDATORY RETIREMENT:

6. OTHER: UNION DUES

NET:  
\_\_\_\_\_

7. HEALTH INSURANCE:

8. OTHER: (SPECIFY) 401K

9. TOTAL MONTHLY DEDUCTIONS:

10. NUMBER OF EXEMPTIONS:

11. NET MONTHLY PAY:

EXPENSE STATEMENT

A. LIVING EXPENSES AS OF \_\_\_\_\_

		SELF	CHILDREN
1	RENTAL/MORTGAGE (RESIDENCE)		
2	REAL PROPERTY TAXES		
3	REAL PROPERTY INSURANCE		
4	MAINTENANCE (RESIDENCE)		
5	FOOD/HOUSEHOLD SUPPLIES		
6	WATER, SEWER, ETC.		
7	ELECTRICITY		
8	GAS (RESIDENCE)		
9	TELEPHONE		
10	LAUNDRY & CLEANING		
11	CLOTHING		
12	INSURANCE (NOT DEDUCTED)		
13	MEDICAL		
14	DENTAL		
15	CHILD CARE		
16	CHILDREN'S ALLOWANCE		
17	PAYMENT OF CHILD SUPPORT/ALIMONY (PRIOR MARRIAGE)		
18	SCHOOL EXPENSES		
19	ENTERTAINMENT		
20	INCIDENTALS/MISCELLANEOUS		
21	TRANSPORTATION-OTHER THAN VEHICLE		
22	GASOLINE & OIL (AUTO)		
23	REPAIR (AUTO)		
24	INSURANCE (AUTO)		
25	AUTO PAYMENTS		
26	CHURCH DONATIONS		
27	CHARITABLE DONATIONS		
28	NEWSPAPER/MAGAZINES		
29	CABLE TV		
30	PET EXPENSES		
31	YARD EXPENSES		

32	MAID		
33	RETIREMENT (IRA, ETC.)		
34	PEST CONTROL		

**TOTAL LIVING EXPENSES**

(INSTALLMENT PAYMENTS, NOTES, LOANS, CHARGE ACCOUNTS, ETC.)

1			
2			
3			
4			
5			
6			
7			
8			

TOTAL INSTALLMENT PAYMENTS: \_\_\_\_\_

COMBINED TOTAL EXPENSES: \_\_\_\_\_

A. REAL ESTATE

\* List mortgage balances also under liabilities on the next page. List the amount of your monthly payments only under liabilities.

1) TITLE IN THE NAME OF:

ADDRESS:

WHO PAID COSTS:

HOW COSTS PAID:

VALUE: (ESTIMATE) \$

MORTGAGE BALANCE:

EQUITY: \$

2) TITLE IN THE NAME OF:

ADDRESS:

WHO PAID COSTS:

HOW COSTS PAID:

VALUE: (ESTIMATE) \$

MORTGAGE BALANCE:

EQUITY: \$

B. MOTOR VEHICLES

VEHICLE #1

REGISTERED IN THE NAME OF:

YEAR:

MODEL:

MILEAGE:

HOW COST PAID:

VALUE  
-LOAN BALANCE  
=EQUITY

---

VEHICLE #2

REGISTERED IN THE NAME OF:

YEAR:

MODEL:

MILEAGE:

HOW COST PAID:

VALUE  
-LOAN BALANCE



=EQUITY

---

VEHICLE #3

REGISTERED IN THE NAME OF:

YEAR:

MODEL:

MILEAGE:

HOW COST PAID:

VALUE  
-LOAN BALANCE  
=EQUITY

---

VEHICLE #3

REGISTERED IN THE NAME OF:

YEAR:

MODEL:

MILEAGE:

HOW COST PAID:

VALUE  
-LOAN BALANCE  
=EQUITY

---

C. OTHER PERSONAL PROPERTY (SUCH AS HOME COMPUTERS, GUNS,  
LAWNMOWERS, TVS, JEWELRY, HOUSEHOLD FURNISHING, ETC.)

PROPERTY   CURRENT VALUE   GIFT/INHERITANCE/PURCHASE   OBTAINED BEFORE OR DURING THE MARRIAGE

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

TOTAL: \_\_\_\_\_

D. CHECKING/SAVINGS (BANK, ACCOUNT NUMBER, AND AMOUNT IN ACCOUNT, INCLUDING CDS,  
MONEY MARKETS, PASSBOOK ACCOUNTS, ETC.)

BANK NAME   NAMES ON ACCOUNT   ACCOUNT NO.   TYPE OF ACCT.   BALANCE

- 1.
- 2.

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MS 805

3.

4.

5.

6.

7.

TOTAL: \_\_\_\_\_

E. OTHER INVESTMENTS (IRAS, STOCKS, MUTUAL FUNDS, PENSIONS PLANS, ETC.)

<u>BANK NAME</u>	<u>ACCOUNT NO.</u>	<u>TYPE OF INVESTMENT</u>	<u>BALANCE</u>
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1.

2.

3.

4.

5.

6.

7.

8.

F. LIFE INSURANCE POLICIES

INSURED   COMPANY   FACE AMT. LESS LOANS   CASH   BENEFICIARY

1.

2.

3.

4.

5.

G. ALL OTHER ASSETS

1.

2.

3.

4.

5.

6.

7.

TOTAL OF ALL ASSETS: \_\_\_\_\_

STATEMENT OF LIABILITES

LIABILITIES (INCLUDE MORTGAGE, CAR LOAN, CREDIT CARDS, PERSONAL LOANS, LOANS FROM FAMILY OR FRIENDS FOR DIVORCE)

CREDITOR   WHOSE NAME(S)   BALANCE DUE   PAYMENT DUE   MONTHLY PAYMENT   WHO PAYS

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

**TOTAL LIABILTIES:** \_\_\_\_\_