

Family Information Sheet

PARTY#1'S BACKGROUND INFORMATION:

Name (First, Middle, Last): _____

Social Security Number: _____ Gender: Male. Female.

Date of Birth: _____ Date of Marriage: _____ Date Separated: _____

Address: _____

City, State Zip: _____, _____

Phone: _____ Cell Phone: _____

Email: _____

PARTY#2'S BACKGROUND INFORMATION:

Name (First, Middle, Last): _____

Social Security Number: _____ Gender: Male. Female.

Date of Birth: _____

Address: _____

City, State Zip: _____, _____

Phone: _____ Cell Phone: _____

Email: _____

CHILDREN

Child's Name	Date of Birth	Custody Husband or Wife (H/W)	Exemption Husband or Wife (H/W)	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income and Expenses

WAGES FOR PARTY#1

Annual wage and salary income, before taxes: _____

NON-WAGE INCOME FOR PARTY#1

Use this sheet to specify income that is not covered on any other sheet.
Specify an amount in whichever column (Week, Month, or Year) is most convenient.

Item	Week	Amount per... Month	Year
Child support from previous relationship.	_____	_____	_____
Alimony from previous relationship.	_____	_____	_____
Unemployment Compensation.	_____	_____	_____
Public Assistance.	_____	_____	_____
Bonuses.	_____	_____	_____
Commissions.	_____	_____	_____
Tips.	_____	_____	_____
Overtime.	_____	_____	_____
Disability Insurance.	_____	_____	_____
Workers' Compensation.	_____	_____	_____
Royalties.	_____	_____	_____
Rent from Spouse.	_____	_____	_____
Deferred Compensation.	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income and Expenses (cont.)

Enter Expenses for Party#1

On this data sheet, specify the household, child, and personal expenses of everyday life. The list tries to be comprehensive, but there is no need to fill in every line.

=> **Note:** We suggest that you specify mortgage expenses on the data sheets on "Real Estate," not on this data sheet. Specify alimony and support for this spouse on the "Alimony & Support" sheets. Specify education tuition as a "Major Expense," not here.

Enter the amount spent on this item, per week, or per month, or per year (not all three).

(a) HOUSING:	Weekly	Monthly	Annual
<i>(for mortgage see note above)</i>			
Rent.	_____	_____	_____
Real Estate Taxes.	_____	_____	_____
Condominium Charges.	_____	_____	_____
Cooperative Apartment Maintenance.	_____	_____	_____
(b) UTILITIES:	Weekly	Monthly	Annual
Fuel oil.	_____	_____	_____
Gas.	_____	_____	_____
Electricity.	_____	_____	_____
Telephone.	_____	_____	_____
Water.	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
(c) FOOD:	Weekly	Monthly	Annual
Groceries.	_____	_____	_____
School lunches.	_____	_____	_____
Lunches at work.	_____	_____	_____
Dining Out.	_____	_____	_____
Liquor / alcohol.	_____	_____	_____
Home entertainment.	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income and Expenses (cont.)

Enter Expenses for Party#1

(d) CLOTHING:	Weekly	Monthly	Annual
Husband.	_____	_____	_____
Wife.	_____	_____	_____
Children.	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) LAUNDRY:	Weekly	Monthly	Annual
Laundry at home.	_____	_____	_____
Dry cleaning.	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(f) INSURANCE:	Weekly	Monthly	Annual
Homeowner's / tenant's.	_____	_____	_____
Fire, Teft & Liability.	_____	_____	_____
Automotive.	_____	_____	_____
Umbrella policy.	_____	_____	_____
Medical plan.	_____	_____	_____
Dental plan.	_____	_____	_____
Optical plan.	_____	_____	_____
Disability.	_____	_____	_____
Worker's compensation.	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(g) UNREIMBURSED MEDICAL:	Weekly	Monthly	Annual
Medical.	_____	_____	_____
Dental.	_____	_____	_____
Optical.	_____	_____	_____
Pharmaceutical.	_____	_____	_____
Surgical Nursing, Hospital.	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income and Expenses (cont.)

Enter Expenses for Party#1

(h) HOUSEHOLD MAINTENANCE:	Weekly	Monthly	Annual
Repairs.	_____	_____	_____
Furniture, furnishings, housewares.	_____	_____	_____
Cleaning supplies.	_____	_____	_____
Appliances including maintenance.	_____	_____	_____
Painting.	_____	_____	_____
Sanitation / carting.	_____	_____	_____
Gardening / landscaping.	_____	_____	_____
Snow Removal.	_____	_____	_____
Exterminator.	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(i) HOUSEHOLD HELP:	Weekly	Monthly	Annual
Babysitter.	_____	_____	_____
Domestic (housekeeper maid etc.)	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income and Expenses (cont.)

Enter Expenses for Party#1

(j) AUTOMOTIVE: (enter for each car)

First Car:	Weekly	Monthly	Annual
Make/Model/Year: _____			
Payments.....	_____	_____	_____
Gas & Oil.....	_____	_____	_____
Repairs.....	_____	_____	_____
Car Wash.....	_____	_____	_____
Registration / license.....	_____	_____	_____
Parking.....	_____	_____	_____
Tolls.....	_____	_____	_____

Second Car:	Weekly	Monthly	Annual
Make/Model/Year: _____			
Payments.....	_____	_____	_____
Gas & Oil.....	_____	_____	_____
Repairs.....	_____	_____	_____
Car Wash.....	_____	_____	_____
Registration / license.....	_____	_____	_____
Parking.....	_____	_____	_____
Tolls.....	_____	_____	_____

Third Car:	Weekly	Monthly	Annual
Make/Model/Year: _____			
Payments.....	_____	_____	_____
Gas & Oil.....	_____	_____	_____
Repairs.....	_____	_____	_____
Car Wash.....	_____	_____	_____
Registration / license.....	_____	_____	_____
Parking.....	_____	_____	_____
Tolls.....	_____	_____	_____

Fourth Car	Weekly	Monthly	Annual
Make/Model/Year: _____			
Payments.....	_____	_____	_____
Gas & Oil.....	_____	_____	_____
Repairs.....	_____	_____	_____
Car Wash.....	_____	_____	_____
Registration / license.....	_____	_____	_____
Parking.....	_____	_____	_____
Tolls.....	_____	_____	_____

Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income and Expenses (cont.)

Enter Expenses for Party#1

(k) EDUCATIONAL <i>(for private school or college see note above)</i>	Weekly	Monthly	Annual
Nursery / Pre-School.	_____	_____	_____
Post-graduate.	_____	_____	_____
Religious instruction.	_____	_____	_____
School transportation.	_____	_____	_____
School supplies / books.	_____	_____	_____
Tutoring.	_____	_____	_____
School events.	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(l) RECREATIONAL	Weekly	Monthly	Annual
Summer camp.	_____	_____	_____
Vacations.	_____	_____	_____
Movies.	_____	_____	_____

Theatre, ballet, etc.	Weekly	Monthly	Annual
Video rentals.	_____	_____	_____

Tapes, CD's etc.	Weekly	Monthly	Annual
Cable TV.	_____	_____	_____
Team sports.	_____	_____	_____
Country club / pool club.	_____	_____	_____
Health club.	_____	_____	_____
Sporting goods.	_____	_____	_____
Hobbies.	_____	_____	_____
Music / dance lessons.	_____	_____	_____
Sports lessons.	_____	_____	_____
Birthday parties.	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income and Expenses (cont.)

Enter Expenses for Party#1

(n) MISCELLANEOUS	Weekly	Monthly	Annual
Beauty parlor / barber.	_____	_____	_____
Beauty aids / cosmetics, drug items.	_____	_____	_____
Cigarettes / tobacco.	_____	_____	_____
Books, magazines, newspapers.	_____	_____	_____
Children's allowances.	_____	_____	_____
Gifts.	_____	_____	_____
Charitable contributions.	_____	_____	_____
Religious organization dues.	_____	_____	_____
Union and organization dues.	_____	_____	_____
Commutation and transportation (incl. taxis).	_____	_____	_____
Veterinarian / pet expenses.	_____	_____	_____
Child support payments (prior marriage).	_____	_____	_____
Alimony payments (prior marriage).	_____	_____	_____
Unreimbursed business expenses.	_____	_____	_____
Loan payments.	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assets and Liabilities

1. INVESTMENTS, CHECKING ACCOUNTS, ETC:

Description	Current Value	Original Cost	Annual Income	Type*	Title* (H/W/J)

* Title (H-Husband, W-Wife, J-Joint)

* Type (1-Cash, 2-Checking, 3-Money Market, 4-Savings, 5-Credit Union, 6-Brokerage Acct, 7-Escrow Acct, 8-CD, 9-US Savings Bonds, 10-Stock, 11-Bond, 12-Stock Fund, 13-Mutual Fund, 14-Bond Fund, 15-Real Estate)