



**EMPLOYMENT**  
(the following information should be  
provided for each employer)

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

Current Employer \_\_\_\_\_  
Address and Phone Number of \_\_\_\_\_  
Employer \_\_\_\_\_  
\_\_\_\_\_

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

Position Held/Title \_\_\_\_\_  
Supervisor \_\_\_\_\_

\_\_\_\_ 12 \_\_\_\_ 24 \_\_\_\_ 26 \_\_\_\_ 52 \_\_\_\_ Other Scheduled Paychecks per year \_\_\_\_ 12 \_\_\_\_ 24 \_\_\_\_ 26 \_\_\_\_ 52 \_\_\_\_ Other

\$ \_\_\_\_\_  
Current Monthly Gross Income \_\_\_\_\_  
(attach 3 most recent pay-stubs)

\$ \_\_\_\_\_  
Annual Gross Income \_\_\_\_\_  
(attach most recent federal tax return  
and W-2 forms)

\$ \_\_\_\_\_  
Gross Bonuses/Overtime year-to-date \_\_\_\_\_

\$ \_\_\_\_\_  
Anticipated Gross Bonuses/Overtime  
for current year \_\_\_\_\_

\$ \_\_\_\_\_  
Gross Bonuses/Overtime for last year \_\_\_\_\_

\$ \_\_\_\_\_  
Gross Bonuses/Overtime for year  
before last \_\_\_\_\_

**Other Sources of Monthly Income**

\$ \_\_\_\_\_  
ADC/General Assistance \_\_\_\_\_

\$ \_\_\_\_\_  
Food Stamps \_\_\_\_\_

\$ \_\_\_\_\_  
Social Security \_\_\_\_\_

\$ \_\_\_\_\_  
S.S.I. \_\_\_\_\_

\$ \_\_\_\_\_  
Disability \_\_\_\_\_

\$ \_\_\_\_\_  
Unemployment \_\_\_\_\_

\$ \_\_\_\_\_  
Worker's Compensation \_\_\_\_\_

\$ \_\_\_\_\_  
Veteran's Benefits \_\_\_\_\_

\$ \_\_\_\_\_  
Armed Forces Allotment \_\_\_\_\_

\$ \_\_\_\_\_  
Child Support Received \_\_\_\_\_

\$ \_\_\_\_\_  
Spousal Support Received \_\_\_\_\_

\$ \_\_\_\_\_  
Rental Income \_\_\_\_\_

\$ \_\_\_\_\_  
Interest \_\_\_\_\_

\$ \_\_\_\_\_  
Trust Income \_\_\_\_\_

\$ _____	Dividends	\$ _____
\$ _____	Other	\$ _____
_____	(source of Other income)	_____
_____		_____
\$ _____	Prior Year tax refunds	\$ _____

**Monthly Deductions from Paycheck**

\$ _____	Court Ordered Child Support	\$ _____
_____	(Court and Case Number)	_____
_____		_____
\$ _____	Court Ordered Spousal Support	\$ _____
_____	(Court and Case Number)	_____
_____		_____
\$ _____	City Income Tax	\$ _____
\$ _____	Social Security/Public Pension	\$ _____
\$ _____	Union Dues	\$ _____
\$ _____	Charity	\$ _____
\$ _____	Pension/401K/IRA/etc.	\$ _____
\$ _____	Savings	\$ _____
\$ _____	Medical Insurance	\$ _____
\$ _____	Other	\$ _____

**SELF-EMPLOYED INCOME**

_____	Name of Business	_____
_____	Type/Nature of Business	_____
_____	Address	_____
_____		_____
_____		_____
_____	In Business Since	_____
\$ _____	Gross Receipts year-to-date	\$ _____
\$ _____	Gross Receipts last year	\$ _____

**CHILDREN**  
(of this marriage)

	Name	Sex	DOB	Age	Grade	SSN	Currently Residing With
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____

If any of the children are born **prior to** the date of your marriage, is there any issue regarding paternity?  Yes  No

**HUSBAND'S CHILDREN**  
(not of this marriage)

	Name	Sex	DOB	Is Husband Custodian?	Does Husband Pay Support?
1.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**WIFE'S CHILDREN**  
(not of this marriage)

	Name	Sex	DOB	Is Wife Custodian?	Does Wife Pay Support?
1.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**HEALTH INSURANCE**  
(for minor children of this marriage)

Is there currently health insurance covering the child(ren) of this marriage?  Yes  No

If so, who is providing the coverage for the children?  Husband  Wife  Both

If you are not currently providing health insurance for the child(ren) of this marriage, is it available to you?  Yes  No

Annual cost to provide health insurance **for the minor child(ren)**: \$\_\_\_\_\_ (The difference between the cost to insure the employee and the family)

Is there prescription coverage?  Yes  No      Is there an Rx card?  Yes  No

Who has these cards?  Husband  Wife  Both

Are there certain service providers that the plan requires you to use?  Yes  No

Coverage in network: 100/0 90/10 80/20 70/30 other \_\_\_\_\_ Coverage out of network: 100/0 90/10 80/20 70/30 other \_\_\_\_\_



STOCKS, BONDS, SAVINGS BONDS, MUTUAL FUNDS, etc.

Owner	Number of Shares	Company	Current Value	Owned Prior to Marriage
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

LIFE INSURANCE

Owner	Company	Policy Number	Face Value	Cash Value	Owned Prior to Marriage
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

PENSION BENEFITS, RETIREMENT FUNDS, IRA's, 401(K)'s, etc.

Owner	Vested	Type of Plan	Company	Current Value	Loan?(balance)	Owned Prior to Marriage
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No

CLOSELY HELD BUSINESS / SOLE PROPRIETORSHIP / CORPORATION / PARTNERSHIP / etc.

Owner	Name of Business	Type/Form	% Ownership	Estimated Value	Owned Prior to Marriage
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

INCOME TAX OR OTHER REFUNDS DUE PARTIES

Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**OTHER ASSETS** (hobby equipment, antiques, guns, riding mowers, farm equipment, sporting equipment, cemetery lots, loans due the parties, etc.) Additional sheets as necessary

Item Description	Value	Item Description	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**HOUSEHOLD GOODS / PERSONAL PROPERTY**

Attach an itemized list of all property which is or may be in dispute and for each state the following: description, current location, and whether it was owned prior to the marriage.

**DEBTS/LIABILITIES OF THE PARTIES**

(Indicate party obligated: H – husband, W – wife, J – jointly obligated)  
 (attached extra forms as necessary)

**REAL ESTATE MORTGAGES / LAND CONTRACTS**

Debtor	Creditor	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**MOTOR VEHICLES, etc.**

Debtor	Creditor	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**OTHER LOANS / HOUSEHOLD FINANCE LOANS / etc.**

Debtor	Creditor	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**CREDIT CARD ACCOUNTS**

Debtor	Creditor	Account Number	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**OTHER DEBTS**

Debtor	Creditor	Description of Obligation	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**MONTHLY LIVING EXPENSES**

This form shows:

- \_\_\_\_\_ Current expenses for myself and spouse based upon a single household
- \_\_\_\_\_ Current expenses for myself in a separate household from my spouse
- \_\_\_\_\_ My estimated future expenses for myself in a separate household from my spouse

Rent, Mortgage (including taxes)	\$ _____	Heat (average)	\$ _____
Food, Cosmetics & Toiletries	\$ _____	Electric (average)	\$ _____
Clothing (self)	\$ _____	Water/Sewer	\$ _____
Clothing (children)	\$ _____	Cable T.V./Satellite service	\$ _____
Child Care	\$ _____	Telephone	\$ _____
School Tuition	\$ _____	Trash Pickup	\$ _____
School Supplies, Lunches & Activities	\$ _____	Auto Gas, Repair & Transportation	\$ _____
Home Maintenance	\$ _____	Medical Insurance	\$ _____
Prescription Medications (self)	\$ _____	Property Insurance	\$ _____
Prescription Medications (children)	\$ _____	Unreimbursed Medical, Dental, etc.	\$ _____
Hair Care	\$ _____	Auto Insurance	\$ _____

Laundry, Dry Cleaning	\$ _____	Life Insurance (self)	\$ _____
Entertainment, Incidental	\$ _____	Life Insurance (children)	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
		TOTAL MONTHLY EXPENSES	\$ _____

Said Affiant swears and affirms that all of the foregoing statements are true, accurate and complete to the best of their knowledge and belief.

\_\_\_\_\_  
Affiant

**NOTARY PUBLIC**

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public