

PREPARING YOUR FINANCIAL AFFIDAVIT WORKSHEET

The preparation of your Financial Affidavit is very important. It will be presented to the court and impact every part of your case. Please fill out this worksheet carefully in as much detail as possible. Estimates are permissible, but the amounts should be as realistic as possible.

On the Monthly Expenses page, there are two columns. Use the first column. The second column is only for divorce cases. You may use the second column if your expense amount is greatly different now from the amount when you and your spouse lived together.

Any monthly expenses related to a debt (i.e. mortgage payment, car payment, credit card payments) are to be included on the assets and liabilities page, not the expense page.

The footnotes page is for you to make notes. On the footnotes page, explain how you arrived at that amount. Use the footnote column to number your footnotes.

You may not be able to complete all items. Some of these items are just suggestions. There also may be some items not suggested that you want to add. Please do so.

Review your paycheck stubs, your checkbook, your bills, your charge accounts, and other financial records while completing this worksheet. Also keep these records separate and bring them to my office so we can review them. You will need them later for expense documentation on any questioned item.

All assets and liabilities (property and debt) of both you and your spouse should be listed. If you believe that an item is unrelated to the marriage, it should be footnoted and explained on the footnotes page (i.e. "premarital" or "inheritance from Uncle Bill"). If an asset has increased in value during the marriage, this should be footnoted and explained on the footnotes page.

INFORMATION ABOUT YOU

Name _____ Date _____

Occupation _____

Employed by _____

Business Address _____

How often are you paid Monthly Every other week Twice Monthly Weekly

GROSS MONTHLY INCOME

(Please add any comments on the footnote page)

Source	Amount	Footnote #
Gross Wages	\$ _____	_____
Bonuses	\$ _____	_____
Disability Benefits/ SSI	\$ _____	_____
Pension/Retirement	\$ _____	_____
Interest/Dividends/ CD's	\$ _____	_____
Alimony	\$ _____	_____
Other	\$ _____	_____
Other	\$ _____	_____
Other	\$ _____	_____
Total (Line A)	\$ _____	_____

**If you are unemployed, please explain on the footnotes page your attempt to find a job*

Does your job include benefits that lower your personal expenses (i.e. insurance, car)?

Yes No

Was your income different before you separated?

Yes No

Will your income be different after the divorce?

Yes No

DEDUCTIONS FROM GROSS INCOME

	Amount	Footnote #
Federal Income Tax	\$ _____	_____
State Income Tax	\$ _____	_____
Social Security	\$ _____	_____
Medicare	\$ _____	_____
Self Employment Tax	\$ _____	_____
Health Insurance:		
Parents	\$ _____	_____
Children	\$ _____	_____
Dental Insurance	\$ _____	_____
Union Dues	\$ _____	_____
Do you have to pay?	Yes No	
Pension/Retirement	\$ _____	_____
Do you have to pay?	Yes No	
Child Support Orders	\$ _____	_____
Alimony Orders	\$ _____	_____
Total	\$ _____	_____
(Line B)		
NET MONTHLY INCOME		
(Gross Income Minus		
Total Deductions)	\$ _____	_____

**Please attach copies of your last 3 paychecks*

MONTHLY EXPENSES

(Please explain on the footnote page how you determined the expense amount)

Any monthly expenses related to a debt (i.e. mortgage payment, car payment, credit card payments) are to be included on the assets and liabilities page, not the expense page.

	Amount (Now)	Amount (During Marriage)	Footnote #
Utilities:			
Telephone	\$ _____	\$ _____	_____
Natural Gas	\$ _____	\$ _____	_____
Electricity	\$ _____	\$ _____	_____
Water & Sewer	\$ _____	\$ _____	_____
Garbage Collection	\$ _____	\$ _____	_____
Cable Television	\$ _____	\$ _____	_____
Cellular Phone	\$ _____	\$ _____	_____
Internet Service	\$ _____	\$ _____	_____
Property Taxes	\$ _____	\$ _____	_____
Condo/Association fees	\$ _____	\$ _____	_____
Insurance:			
Health (Parents) (Not deducted from paycheck)	\$ _____	\$ _____	_____
Dental	\$ _____	\$ _____	_____
Children's Health/ Dental	\$ _____	\$ _____	_____
<input type="checkbox"/> Check here if other parent pays; Amount \$ _____			
Life	\$ _____	\$ _____	_____
Cash Surrender Value?	Yes	No	
Whole Life or Universal Life?	_____		

Disability \$ _____ \$ _____ _____
 Long-term Care \$ _____ \$ _____ _____
 Homeowners/Renters \$ _____ \$ _____ _____
 Auto(s) \$ _____ \$ _____ _____
 Recreational Vehicle \$ _____ \$ _____ _____

Educational Expenses:

For Self \$ _____ \$ _____ _____
 (Tuition, school supplies, books, private lessons, or tutoring)
 For Children \$ _____ \$ _____ _____
 (Tuition, school supplies, books, private lessons, or tutoring)

Day Care:

For Children \$ _____ \$ _____ _____
 For Parent(s) \$ _____ \$ _____ _____

Do you pay the same amount every month? _____ yes _____ no

Transportation Expenses:

Gasoline \$ _____ \$ _____ _____
 Parking/Commuting \$ _____ \$ _____ _____
 Vehicle Maintenance \$ _____ \$ _____ _____
 Tags & Licenses \$ _____ \$ _____ _____
 Auto Repairs \$ _____ \$ _____ _____
 Tolls \$ _____ \$ _____ _____
 Alternate Transportation \$ _____ \$ _____ _____

Food:

Groceries	\$ _____	\$ _____	_____
Take-out Food	\$ _____	\$ _____	_____
Restaurants	\$ _____	\$ _____	_____
School Lunches	\$ _____	\$ _____	_____

Clothing/Uniforms

For Self	\$ _____	\$ _____	_____
For Children	\$ _____	\$ _____	_____
Repair & Dry Cleaning	\$ _____	\$ _____	_____

Household Expenses:

Cleaning Supplies	\$ _____	\$ _____	_____
Cleaning Service/Maid	\$ _____	\$ _____	_____
Yard Maintenance	\$ _____	\$ _____	_____
Pool Maintenance	\$ _____	\$ _____	_____
Home Maintenance	\$ _____	\$ _____	_____
Home Security/Alarm	\$ _____	\$ _____	_____
Home Improvements/ Repairs	\$ _____	\$ _____	_____
Home Furnishings	\$ _____	\$ _____	_____
Appliances	\$ _____	\$ _____	_____
Service Contracts	\$ _____	\$ _____	_____
Pest Control	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____

Uninsured Health-care Costs:

Medical	\$ _____	\$ _____	_____
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Psychiatric/ Psychological/Counseling	\$ _____	\$ _____	_____
Dental	\$ _____	\$ _____	_____
Orthodontic	\$ _____	\$ _____	_____
Prescriptions	\$ _____	\$ _____	_____
Non-prescription	\$ _____	\$ _____	_____

Personal Expenses:

Grooming	\$ _____	\$ _____	_____
Entertainment	\$ _____	\$ _____	_____
Vacation/Travel (Average for last 3 years)	\$ _____	\$ _____	_____
Gifts	\$ _____	\$ _____	_____
Hobbies	\$ _____	\$ _____	_____
Babysitting	\$ _____	\$ _____	_____
After School Activities	\$ _____	\$ _____	_____
Camp/Summer Activities	\$ _____	\$ _____	_____
Cosmetics/Toiletries	\$ _____	\$ _____	_____
Club Dues/ Memberships	\$ _____	\$ _____	_____
Sports/Hobbies	\$ _____	\$ _____	_____
Professional Expenses	\$ _____	\$ _____	_____

Pet-care Costs	\$ _____	\$ _____	_____
Veterinarian	\$ _____	\$ _____	_____
Donations/	\$ _____	\$ _____	_____

Religious Organizations

Subscriptions	\$ _____	\$ _____	_____
Postage/Stationary	\$ _____	\$ _____	_____
Apartment Rent	\$ _____	\$ _____	_____
Other Expenses (not included above)	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
TOTAL EXPENSES:	\$ _____	\$ _____	_____

Any monthly expenses related to a debt (i.e. mortgage payment, car payment, credit card payments) are to be included on the assets and liabilities page, not the expense page.

Asset/Liability	Description	Value	Balance Owed	Creditor	Account No.	Monthly Payments	How Titled	Check if you want to keep	Foot note #
Cash									
Stocks/Bonds/Funds									
Stock Options									
Checking Account(s)									
Savings Account(s)									
Retirement/Pensions									
Profit Sharing									
IRA(s)									
Business(es)									
Life Insurance									
TOTAL									
<i>Please attach copies of your recent statements</i>									

FOOTNOTES

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