FINANCIAL INFORMATION AND INCOME STATEMENT

NAME:	DATE:		
The financial information on the following pages is important completing any item, please let your mediator know.	rtant. If you nee	ed help in	
Please bring copies of this information for everyone in the documentation for the items on the sheet (I.e., bank states bring copies of Federal and State Income Tax returns for to or copies of your pay stubs. You do not need to notarize to In addition, please look at your credit reports at www.ann credit you still may have outstanding.	nents, appraisals the past three ye this statement u	s, etc.). Please also ears and W-2 forms ntil it is in final form.	
ASSETS		:	
Enter the value of each of the following items of property the property as precisely as possible, including account nu according to the name the property is titled under.	<u> </u>	-	
A. Real Estate (Home and Other):	Amount	Title Spouse A /Spouse B /Joint	
Subtatal	-		
Subtotal B. Bank Accounts and Savings Accounts			
		I :	

C. Notes, Accounts, (I.e., money owed to you. Indicate by whom

\$0.00

payable, amount, and date or dates payable.	Include money	Spouse A
owed by other spouse).	Amount	Spouse B Joint
	1111000111	Spoule 2 com
	\$0.00	
D. Stocks, Bonds, Mutual Funds:	*****	
D. Stocks, Dorrady Handari I made		
	\$0.00	
Type (I.e., "term," "Ordinary life", etc.)	and location of policy:	
	\$0.00	
	,	
F. Business or Professional Interests (Please sheet and P&L statement, tax return, buy		

\$0.00

Copyrights, Royalties, Stock Options,		Spouse	
Evacuant Physy Miles Credit Card Points		A/Spouse	
Frequent Flyer Miles, Credit Card Points, Etc.	Amount	B Joint	
Ett.	1211100000		
			-
			_
			_
			-
			_
	\$0.00		
H. Pension Plans, SEP's, 401(k)s, IRA's or Profit-sh			
(Please furnish last statement and descriptive boo			after tax
(Please furnish last statement and descriptive boo	Kicij.		values (.8)
			variaes (.0)
<u> </u>			
•			
	\$0.00		\$0.00
I. Personal Effects, Automobiles, Tangible Personal	Property		
(valued at \$500 or more):			
			7
·]
			1
			1
	40.00		
	\$0.00]
		- 1	
TOTAL ASSETS	\$0.00		

G. Miscellaneous Assets - Patents, Trademarks,

LIABILITIES

A. Mortgages on Real Estate:		Spouse A/Spouse B
	Amount	Joint
	\$0.00	
B. Notes Payable to Banks and Others:		
	\$0.00	
C. Loans on Insurance Policies:	•	
	,	
	\$0.00	
D. Other Debts (including store charges, ca		r spouse):
D. Other Debts (meating store charges) of		
·		
	\$0.00	
	\$0.00	
TOTAL TAXABLE TOTAL	φ <u>υ</u> υ	
TOTAL LIABILITIES	\$0.00	
		_

TOTAL	ASSETS	MINUS	LIABII	ITIES

\$0.00

ANNUAL INCOME

	Spouse A	Spouse B	Joint
Gross Salary			
Net Salary (income minus taxes and FICA)	<u> </u>		
Dividend Income			
Interest Income			
Income from Trusts			
Rental Income			
Other Income			
			ļ
TOTALS	\$0.00	\$0.00	\$0.00

Please have this form	n notarized when the in	formation is complete.		
The above informati	on is true and complete	to the best of my knowle	edge and belief.	
Signature	Date	Signature	Date	
Subscribed and sworn to me before this		Subscribed and sworn to me before this		
Day of	·	Day of		
Notary Signature		Notary Signature		
My Commission Exp	oires	My Commission Ex	pires	

MONTHLY BUDGET OF EXPENSES

Name			
How to use this form: In this tweekly allowances, semi-annual	oudget, we work with <i>n</i> al insurance, etc.) into	nonthly units. Please to average monthly unit	ranslate all items (e.g.
Please fill out only for yours meeting.	elf. Spaces for your sp	oouse are left for you	ı to fill out at our next
This budget is meant to reflect simply to list your past expensions the basis to establish a budget planning document so as to halifestyle. Please make enough copies of	ses. Instead, use your properties for the next six months are a more realistic and of your budget to bring	ast experience (averages, after separation. The concrete sense of your good to the mediation n	ge phone bills, etc.) as is is meant to be a ur future needs and neeting for everyone.
A. Housing	Spouse A	Children	Spouse B
 Rent Mortgage (Principal and Interest) Equity Loan/Line of Credit Real Estate Taxes Home Insurance Other (Specify) 			
SUBTOTAL			
B. Utilities	Spouse A	Children	Spouse B
 Electricity Gas/Heating Oil Telephone/Cell Water Other (Specify) 			
SURTOTAL			

C. Household Operation and	Spouse A	Children	Spouse B
Maintenance		<u> </u>	· · · · · · · · · · · · · · · · · · ·
1. Repairs (normal/			
ongoing)			
2. Appliance Service Contracts			
3. Garden & Yard Work			
4. Domestic Help (days			
at \$per day)			
5. Cable TV/Internet			
6. Other (Specify)			
SUBTOTAL			
20220			
D. Food (home & away)	Spouse A	Children	Spouse B
SUBTOTAL		,	
E. Clothing	Spouse A	Children	Spouse B
SUBTOTAL		<i>C</i> .	
September 1	L		
F. Transportation	Spouse A	Children	Spouse B
1. Gas and Oil			
2. Auto Repair & Maintenance			
3. Auto Licenses & Stickers			
4. Auto Insurance (mo. average)			
5. Auto Installment Payments			
6. Other (bus, taxi, parking, etc.)		v	

G. Health, Medical, Dental	Spouse A	Children	Spouse B
1. Medical & Hospital Insurance 2. Dental Insurance 3. Medical & Health Care (not covered by insurance) 4. Dental (not covered by Insurance 5. Medicine and Drugs 6. Life and Disability (list policies and premiums			
SUBTOTAL	. 0	0	0
H. Children's Education & Child Care	Spouse A	Children	Spouse B
1. Children's Day Care 2. Private School Tuition 3. College Tuition (only if current) 4. Room and Board 5. Books and Fees 6. Sports, lessons (specify)			
7. Children's Allowance 8. Other (Specify)			
SUBTOTAL L	0	Children	Spanso R
1. Tuition 2. Books and Fees 3. Other (Specify)	Spouse A	Children	Spouse B
SUBTOTAL	0	0	0

J. Personal and Entertainment

Expenses			
1. Drug/Variety Store Items			
2. Books, Magazines, Newspapers			<u></u>
3. Dry Cleaning & Laundry			
4. Haircuts			
5. Dues (Club or professional			
dues not listed as business exp.			
6. Charities, Contributions		t .	
7. Cultural/Recreational (Specify)			
8. Other (Specify)			
SUBTOTAL		0	0
K. Vacation			
1. Self			
2. Children			
3. Summer Camp			·
CTIPMOTIT		0	0
SUBTOTAL		V	
T C10 (1 11) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
L. Gifts (holidays & birthdays)		<u> </u>	
		•	•
TOTAL EXPENSES	0	0	0
TOTAL BATERIORS	*		

INSTALLMENT DEBT PAYMENTS Schedule A

Name of Creditor	Balance Owed	Payment if bill would clear in a year	Minimum Regular Monthly Payment	Actual Average Monthly Payments
Total Balance and Monthly Payments		,		
Total Delinquent Payments				ŕ

Emergencies and Future Goals Schedule B

Only fill this section out if there is a short-term expense which you know you will have to make.

Type of Fund	Probable Cost	Date Desired	Amount to set aside per month
Savings			
Educational (Future Self)			
Children (do not include college costs; we will discuss these			
separately. Major Appliances and Equipment Replacement			
Home Improvement, Painting, Major Repair.			
Auto Replacement			
Other (specify)			
TOTAL			