

FINANCIAL STATUS FORM

NAME: _____

ADDRESS: _____

PLEASE RETURN 5 DAYS PRIOR TO FIRST SESSION

*It is necessary that you provide our office with a complete and accurate list of your income, liabilities, expenses and assets for use in court and/or mediation sessions. Please fill out this form as accurately as possible and return to our office **five (5) days prior to your first mediation session**. If listed items do not apply, please mark N/A next to item. If a space is not provided for any financial information you may have, please list it at the end of this form.*

I. INCOME:

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

*Please circle how pay is received as follows: weekly income = w; monthly income = m;
bi-weekly income = bw. circle one*

PLEASE PROVIDE LAST 3 YEARS OF TAX RETURNS WITH W-2'S

PLEASE PROVIDE CURRENT PAYSTUBS FOR EACH OF YOU IF POSSIBLE

*Hours worked per week: _____ if you are paid every other week (bi-weekly) or twice per month (bi-monthly), please indicate here: _____
Note: 26 pay periods per year is bi-weekly and 24 pay period per year is bi-monthly.*

A. GROSS EMPLOYMENT INCOME: _____

Please indicate if you are paid weekly, every other week, twice per month, or monthly: _____

1. PAYROLL DEDUCTIONS:

a. Federal Withholding _____

b. FICA _____

c. Medicare _____

d. State Income Tax _____

e. CT Paid Family Leave _____

f. *Medical Insurance* _____

List individuals covered by plan: _____

Important (needed for child support purposes): Please provide breakdown of coverage costs for adults covered and children covered:

_____ *Self*

_____ *Spouse*

_____ *Family*

(Note: After the divorce, if your spouse is no longer to be covered on your health policy, confirm with your HR Dept whether you will experience a reduction in your health insurance premium, or because it is Family coverage, whether there will be no change in your premium)

g. *Dental Insurance & Vision premium*

_____ *Self*

_____ *Spouse*

_____ *Family*

List individuals covered by plan: _____

b. *Credit Union* _____

i. *Union Dues:* _____

j. *Pension* _____

k. *Other deductions: (itemize)*

B. INCOME FROM OTHER SOURCES:

Please indicate if payments are received weekly, every other week, twice per month, or monthly: _____

1. CHILD SUPPORT PAYMENTS RECEIVED: _____

2. ALIMONY PAYMENTS RECEIVED: _____

3. STATE ASSISTANCE: _____

4. DIVIDENDS: *(List source of any dividends and/or interest income and amounts received and how often received)*

5. PART TIME EMPLOYMENT: Please attach current paystub
Please indicate if payments are received weekly, every other week, twice per month, or monthly: _____

GROSS WEEKLY INCOME: _____

DEDUCTIONS:

1. *Federal Withholding* _____
2. *FICA* _____
3. *Medicare* _____
4. *State Income Tax* _____
5. *Health Insurance* _____
6. *Dental & Vision Insurance* _____
7. *Credit Union* _____
8. *Union Dues:* _____
9. *Pension* _____
10. *Other deductions: (itemize)*

6. RENTAL INCOME:

Please indicate if payments are received weekly, every other week, twice per month, or monthly: _____

6a) *Amount of Rent:* _____
Received from: _____
Property address _____

Expenses you pay on the rental property:

1. *Mortgage:* _____ *per month*
2. *Utilities:* _____ *per month*
3. *Real Estate Taxes:* _____ *per year*
4. *Estimated Repairs:* _____ *per year*

6b) *Amount of Rent:* _____
Received from: _____
Property address _____

Expenses you pay on the rental property:
1. *Mortgage:* _____ *per month*
2. *Utilities:* _____ *per month*
3. *Real Estate Taxes:* _____ *per year*
4. *Estimated Repairs:* _____ *per year*

6c) *Amount of Rent:* _____
Received from: _____
Property address _____

Expenses you pay on the rental property:
1. *Mortgage:* _____ *per month*
2. *Utilities:* _____ *per month*
3. *Real Estate Taxes:* _____ *per year*
4. *Estimated Repairs:* _____ *per year*

7. *MORTGAGE INCOME PAID TO YOU BY OTHERS: (if applicable) Amount:* _____
Indicate how often this income is paid to you: (weekly, monthly, yearly): _____

8. *ALL OTHER INCOME (please specify):* _____

II. EXPENSES: (Please fill in to the right of the amount, if you are providing us with a weekly, monthly or annual figure

HOUSEHOLD EXPENSES:	AMOUNT	monthly, weekly, annual
1. MORTGAGE PAYMENTS:	_____	_____
2. RENT PAYMENTS:	_____	_____
3. HOME EQUITY LOAN	_____	_____
4. REAL ESTATE TAXES:	_____	_____
5. CONDO FEES/ASSESSMENTS	_____	_____
6. HOMEOWNERS/RENTERS INS.	_____	_____
7. ESTIMATED HOUSEHOLD IMPROVEMENTS:	_____	_____
8. FUEL OIL:	_____	_____
9. ELECTRICITY:	_____	_____
10. GAS:	_____	_____
11. WATER/SEWER	_____	_____
12. CELL PHONE	_____	_____
13. TRASH COLLECTION:	_____	_____
14. CABLE/TV/INTERNET:	_____	_____
15. OTHER UTILITIES:	_____	_____
16. GROCERIES (inc household supplies)	_____	_____
17. MEALS OUTSIDE HOME:	_____	_____
18. PET FOOD/VET:	_____	_____
19. OTHER:	_____	_____

20. OTHER: _____

TRANSPORTATION:

1. GAS FOR CAR: _____

2. REPAIRS ON CAR: _____

3. AUTO INSURANCE: _____

4. LOAN PAYMENT ON CAR: _____

5. PUBLIC TRANSPORTATION: _____

6. AUTO TAXES: _____

7. OTHER: _____

8. OTHER: _____

INSURANCE PREMIUMS:

1. MEDICAL/DENTAL

(if not deducted from paycheck): _____

2. LIFE INSURANCE: _____

3. MEDICAL/DENTAL EXPENSES:

(Out of pocket not covered by insurance) _____

(include dental, optical & prescription) _____

PERSONAL EXPENSES:

1. PERSONAL CARE (*haircuts, etc*): _____

2. DRY CLEANING: _____

3. ALCOHOL, SMOKING PRODUCTS: _____

4. CLOTHING: _____

5. ENTERTAINMENT: _____

6. VACATION: _____

7. OTHER: _____

8. OTHER: _____

CHILDREN'S EXPENSES:

1. CHILD SUPPORT (*child not of this union*): _____

2. CHILD CARE EXPENSE: _____

3. CHILD SUPPORT FOR OTHER CHILDREN: _____

4. CHILDREN'S EDUCATION:
(*Private, Parochial, Supplies, Uniforms, College, Vocational*): _____

5. CHILDREN'S ACTIVITIES
(*SPORTS, LESSONS, ETC*): _____

6. CHILDREN'S CAMP: _____

7. CHILDREN'S CLOTHING/FOOTWEAR: _____

8. CHILDREN'S OUT OF POCKET
MEDICAL/DENTAL EXPENSES: _____

9. SCHOOL LUNCHES: _____

10. OTHER: _____

11. OTHER: _____

12. OTHER: _____

OTHER:

1. EDUCATION FOR SELF: _____

2. ALIMONY (*paid to this Spouse*): _____

3. ALIMONY (*paid to a former Spouse*): _____

4. EMPLOYMENT RELATED EXPENSE (*Which aren't reimbursed*)
Uniforms _____

Travel _____

Required continuing education _____

Other _____

5. CHARITABLE CONTRIBUTIONS _____

6. CHILDREN'S ALLOWANCE: _____

7. OTHER: _____

8. OTHER: _____

COMMENTS ON ANTICIPATED FUTURE EXPENSES OR HOW THE ABOVE EXPENSES ARE ALLOCATED AND/ OR SHARED BETWEEN YOU AND YOUR SPOUSE:

III. UNSECURED LIABILITIES: List all creditors to whom you owe money, the total amount owed, the date the debt was incurred, the current balance and the WEEKLY or MONTHLY payments made by you. Make sure you include outstanding debts which carry a balance, namely Credit Cards, Medical bills, Vet bills, Student Loans, Family and/or Friend loans and the like.

DO NOT INCLUDE MORTGAGES, CAR LOANS, or any Secured Debts as these debts will be listed under the Assets provisions.

Provide current statements

IV. ASSETS:

IMPORTANT: PROVIDE AS MUCH SUPPORTING DOCUMENTATION AS NECESSARY, INCLUDING CURRENT STATEMENTS, APPRAISALS AND THE LIKE

I. REAL ESTATE - if you are unsure of the value, you will need to have a local real estate agent perform a Market Analysis of the property or have an Appraisal performed. Please discuss these options with your Mediator and each other.

1) Location _____

Estimated Value \$ _____ Mortgage Balance \$ _____ **please provide statement**

List any Lien, Second Mortgages or other encumbrance on Property with balance: \$ _____

Name of Mortgage Companies: _____

Jointly Owned? Yes _____ No _____ With Whom? _____

2) Location _____

Estimated Value \$ _____ Mortgage Balance \$ _____ **please provide statement**

List any Lien, Second Mortgages or other encumbrance on Property with balance: \$ _____

Name of Mortgage Companies: _____

Jointly Owned? Yes _____ No _____ With Whom? _____

3) Location _____

Estimated Value \$ _____ Mortgage Balance \$ _____ **please provide statement**

List any Lien, Second Mortgages or other encumbrance on Property with balance: \$ _____

Name of Mortgage Companies: _____

Jointly Owned? Yes _____ No _____ With Whom? _____

4) Location _____

Estimated Value \$ _____ Mortgage Balance \$ _____ **please provide statement**

List any Lien, Second Mortgages or other encumbrance on Property with balance: \$ _____

Name of Mortgage Companies: _____

Jointly Owned? Yes _____ No _____ With Whom? _____

II. AUTOMOBILES/VEHICLES- please provide current statement of vehicle loans

VEHICLE 1

Year _____ Make _____ Model _____

Estimated Value \$ _____ Loan Balance \$ _____

How is Title held? _____ (joint/sole)

Is the Loan in your name only or held jointly with another party? _____ (joint/sole)

VEHICLE 2

Year _____ Make _____ Model _____

Estimated Value \$ _____ Loan Balance \$ _____

How is Title held? _____ (joint/sole)

Is the Loan in your name only or held jointly with another party? _____ (joint/sole)

VEHICLE 3

Year _____ Make _____ Model _____

Estimated Value \$ _____ Loan Balance \$ _____

How is Title held? _____ (joint/sole)

Is the Loan in your name only or held jointly with another party? _____ (joint/sole)

VEHICLE 4

Year _____ Make _____ Model _____

Estimated Value \$ _____ Loan Balance \$ _____

How is Title held? _____ (joint/sole)

Is the Loan in your name only or held jointly with another party? _____ (joint/sole)

VEHICLE 5

Year _____ Make _____ Model _____

Estimated Value \$ _____ Loan Balance \$ _____

How is Title held? _____ (joint/ sole)

Is the Loan in your name only or held jointly with another party? _____ (joint/ sole)

VEHICLE 6

Year _____ Make _____ Model _____

Estimated Value \$ _____ Loan Balance \$ _____

How is Title held? _____ (joint/ sole)

Is the Loan in your name only or held jointly with another party? _____ (joint/ sole)

VEHICLE 7

Year _____ Make _____ Model _____

Estimated Value \$ _____ Loan Balance \$ _____

How is Title held? _____ (joint/ sole)

Is the Loan in your name only or held jointly with another party? _____ (joint/ sole)

III. HOUSEHOLD FURNISHINGS-only include items of exceptional value...majority of personal property will be divided between the parties

Household Furniture/ Appliances \$ _____ Antiques/ Valuables \$ _____

IV. BANK ACCOUNTS: *provide current statements.*

Checking Accounts (Personal and Business):

1) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

2) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

3) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

4) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

5) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

6) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

7) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

Savings Accounts (Personal and Business):

1) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

2) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

3) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

4) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

5) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

6) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

7) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

8) Bank _____ Average Balance \$ _____

Account Number _____ Joint or Individual _____

Other On-line accounts (Venmo, PayPal, Zelle, and the like) *provide statements*

1. Type of Account _____ Balance \$ _____

2. Type of Account _____ Balance \$ _____

3. Type of Account _____ Balance \$ _____

4. Type of Account _____ Balance \$ _____

V. NON RETIREMENT INVESTMENT ACCOUNTS (please provide current statement(s))

1) Plan Name (please specify exact name of plan from statement):

Investment Company: _____

Balance: _____

Date of Balance: _____

Joint or Individual: _____

2) Plan Name (please specify exact name of plan from statement):

Investment Company: _____

Balance: _____

Date of Balance: _____

Joint or Individual: _____

3) Plan Name (please specify exact name of plan from statement):

Investment Company: _____

Balance: _____

Date of Balance: _____

Joint or Individual: _____

4) Plan Name (please specify exact name of plan from statement):

Investment Company: _____

Balance: _____

Date of Balance: _____

Joint or Individual: _____

5) Plan Name (please specify exact name of plan from statement):

Investment Company: _____

Balance: _____

Date of Balance: _____

Joint or Individual: _____

6) Plan Name (please specify exact name of plan from statement):

Investment Company: _____

Balance: _____

Date of Balance: _____

Joint or Individual: _____

VI. LIFE INSURANCE (please provide current statements)

1) Name of Insured: _____

Life Insurance Company: _____

Death Benefit: _____

Beneficiary: _____

Cash Value (if applicable): _____

2) Name of Insured: _____

Life Insurance Company: _____

Death Benefit: _____

Beneficiary: _____

Cash Value (if applicable): _____

3) Name of Insured: _____

Life Insurance Company: _____

Death Benefit: _____

Beneficiary: _____

Cash Value (if applicable): _____

4) Name of Insured: _____

Life Insurance Company: _____

Death Benefit: _____

Beneficiary: _____

Cash Value (if applicable): _____

VII. PENSION / RETIREMENT PLANS (please provide current statement(s) If you have a pension plan that pays you a monthly benefit upon retirement, please order a statement requesting the monthly benefit accruing as of today versus a projected date in the future. Our office can assist you in getting your pension statement if you would like to sign an authorization.

1) **Name of Plan** _____ **Type (IRA, KEOGH, 401k, etc.)** _____

Investment Company name: _____

Current Value \$ _____

Name of Plan Participant _____

2) **Name of Plan** _____

Type (IRA, KEOGH, 401k, etc.) _____

Investment Company name: _____

Current Value \$ _____

Name of Plan Participant _____

3) **Name of Plan** _____ **Type (IRA, KEOGH, 401k, etc.)** _____

Investment Company name: _____

Current Value \$ _____

Name of Plan Participant _____

4) **Name of Plan** _____ **Type (IRA, KEOGH, 401k, etc.)** _____

Investment Company name: _____

Current Value \$ _____

Name of Plan Participant _____

5) **Name of Plan** _____ **Type (IRA, KEOGH, 401k, etc.)** _____

Investment Company name: _____

Current Value \$ _____

Name of Plan Participant _____

6) **Name of Plan** _____ **Type (IRA, KEOGH, 401k, etc.)** _____

Investment Company name: _____

Current Value \$ _____

Name of Plan Participant _____

7) **Name of Plan** _____ **Type (IRA, KEOGH, 401k, etc.)** _____

Investment Company name: _____

Current Value \$ _____

Name of Plan Participant _____

VIII. *ALL OTHER ASSETS*

Jewelry \$ _____ *Antiques \$* _____

Other (Specify) _____

HEALTH INSURANCE

Carrier _____

Address _____

Policy Number _____ Persons Covered _____

COMMENTS