

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: _____

h. 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 (<i>child not of this union</i>): | _____ | _____ |
| 2. CHILD CARE EXPENSE: | _____ | _____ |
| 3. CHILD SUPPORT FOR OTHER CHILDREN: | _____ | _____ |
| 4. CHILDREN'S EDUCATION:
(<i>Private, Parochial, Supplies, Uniforms, College, Vocational</i>): | _____ | _____ |
| 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 LUNCHESES: | _____ | _____ |
| 10. OTHER: _____ | _____ | _____ |
| 11. OTHER: _____ | _____ | _____ |
| 12. OTHER: _____ | _____ | _____ |

OTHER:

- | | | |
|--|-------|-------|
| 1. EDUCATION FOR SELF: | _____ | _____ |
| 2. ALIMONY (<i>paid to this Spouse</i>): | _____ | _____ |
| 3. ALIMONY (<i>paid to a former Spouse</i>): | _____ | _____ |
| 4. EMPLOYMENT RELATED EXPENSE (<i>Which aren't reimbursed</i>) | | |
| <i>Uniforms</i> | _____ | _____ |
| <i>Travel</i> | _____ | _____ |
| <i>Required continuing education</i> | _____ | _____ |
| <i>Other</i> | _____ | _____ |
| 5. CHARITABLE CONTRIBUTIONS | _____ | _____ |
| 6. CHILDREN'S ALLOWANCE: | _____ | _____ |

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
