

Financial Information





Family Law Software Planner

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Family Information Sheet

FIRST PARTY'S BACKGROUND INFORMATION:

Name (First, Middle, Last): _____

Social Security Number: _____ Gender: Male. Female.

Date of Birth: _____ Date of Marriage: _____ Date Separated: _____

Address: _____

City, state Zip: _____, _____

Phone: _____ Cell Phone: _____

Email: _____

SECOND PARTY'S BACKGROUND INFORMATION:

Name (First, Middle, Last): _____

Social Security Number: _____ Gender: Male. Female.

Date of Birth: _____

Address: _____

City, state Zip: _____, _____

Phone: _____ Cell Phone: _____

Email: _____

CHILDREN

Child's Name	Date of Birth	Custody Husband or Wife (H/W)	Exemption Husband or Wife (H/W)	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income and Expenses

WAGES FOR FIRST PARTY

Annual wage and salary income, before taxes: _____

NON-WAGE INCOME FOR FIRST PARTY

Use this sheet to specify income that is not covered on any other sheet.
Specify an amount in whichever column (Week, Month, or Year) is most convenient.

Item	Week	Amount per... Month	Year
Child support from previous relationship.	_____	_____	_____
Alimony from previous relationship.	_____	_____	_____
Unemployment Compensation.	_____	_____	_____
Public Assistance.	_____	_____	_____
Bonuses.	_____	_____	_____
Commissions.	_____	_____	_____
Tips.	_____	_____	_____
Overtime.	_____	_____	_____
Disability Benefits.	_____	_____	_____
Workers' Compensation.	_____	_____	_____
Royalties.	_____	_____	_____
Rent from Spouse.	_____	_____	_____
Deferred Compensation.	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income and Expenses (cont.)

Expense List

On this data sheet, specify the household, child, and personal expenses of everyday life. The list tries to be comprehensive, but there is no need to fill in every line.

Note: We suggest that you specify mortgage and/or rental expenses on the data sheets on "Real Estate," not on this data sheet. Specify alimony and support for this spouse on the "Alimony & Support" sheets. Specify education tuition as a "Major Expense," not here.

Enter the amount spent on this item, per week, or per month, or per year (not all three).

Enter Expenses for First Party	Weekly	Monthly	Annual
Deductions			
Union Dues.	_____	_____	_____
Mandatory Retirement.	_____	_____	_____
Other Mandatory expenses.	_____	_____	_____
Health Insurance.	_____	_____	_____
Dental Insurance.	_____	_____	_____
Previous Relship Child Support.	_____	_____	_____
Previous Relship Alimony.	_____	_____	_____
<input type="checkbox"/> Spousal Support <input type="checkbox"/> Partner Support			
Necessary job-related expenses			
Employment Unreimbursed Travel.	_____	_____	_____
Employment Uniforms.	_____	_____	_____
Employment Unreimbursed Education.	_____	_____	_____
a. Home			
Rent Paid.	_____	_____	_____
Real property taxes			
Real Estate Taxes, Assessments.	_____	_____	_____
Condo & Homeowner assoc. fees.	_____	_____	_____
Homeowner's or renter's insurance.	_____	_____	_____
Homeowners insurance.	_____	_____	_____
Renters insurance.	_____	_____	_____
Maintenance and repair			

Income and Expenses (cont.)

Enter Expenses for First Party	Weekly	Monthly	Annual
Painting and Wallpapering.	_____	_____	_____
Repairs & Maintenance.	_____	_____	_____
Appliance repairs and replacement.	_____	_____	_____
Lawn & Garden.	_____	_____	_____
Snow Removal.	_____	_____	_____
Maid / Cleaning service.	_____	_____	_____
b. Medical (after insurance proceeds / reimbursement)			
Health care costs for Adults			
Doctor.	_____	_____	_____
Optical.	_____	_____	_____
Dental.	_____	_____	_____
Medication.	_____	_____	_____
Psychiatric / psychological.	_____	_____	_____
Other Health.	_____	_____	_____
Health care costs for Children			
Doctor.	_____	_____	_____
Optical.	_____	_____	_____
Dental.	_____	_____	_____
Orthodontic.	_____	_____	_____
Medication.	_____	_____	_____
c. Child care			
Child care / Pre or After school care.	_____	_____	_____
Sitters.	_____	_____	_____
d. Food and home supplies			
Groceries.	_____	_____	_____
Food for children.	_____	_____	_____

Income and Expenses (cont.)

Liquor..... _____

Income and Expenses (cont.)

Enter Expenses for First Party	Weekly	Monthly	Annual
Non-prescription medications.	_____	_____	_____
Cigarettes.	_____	_____	_____
Lottery.	_____	_____	_____
Pet expenses.	_____	_____	_____
Household Supplies.	_____	_____	_____
Other Supplies.	_____	_____	_____
e. Eating Out			
Eating Out.	_____	_____	_____
f. Utilities (gas, electric, water, trash)			
Gas and Propane.	_____	_____	_____
Heating Fuel Oil.	_____	_____	_____
Electricity.	_____	_____	_____
Other Utilities.	_____	_____	_____
Water and Sewer.	_____	_____	_____
Trash Removal.	_____	_____	_____
g. Telephone, cell phone and e-mail			
Phone Lines.	_____	_____	_____
Cell Phone.	_____	_____	_____
Cable / Satellite TV.	_____	_____	_____
Internet Service Provider.	_____	_____	_____
h. Laundry and Cleaning			
Laundry.	_____	_____	_____
Dry Cleaning.	_____	_____	_____
i. Clothes			
Clothing for adults.	_____	_____	_____
Clothing for children.	_____	_____	_____

Income and Expenses (cont.)

Enter Expenses for First Party	Weekly	Monthly	Annual
j. Education			
Adult education expenses.	_____	_____	_____
Children education expenses			
Lessons Extracurricular Activities.	_____	_____	_____
Education Supplies.	_____	_____	_____
Tuition / Tutors.	_____	_____	_____
Books / Fees.	_____	_____	_____
School lunch.	_____	_____	_____
School Transportation.	_____	_____	_____
School-sponsored activities.	_____	_____	_____
School room and board.	_____	_____	_____
k. Entertainment, gifts, and vacation			
Travel.	_____	_____	_____
Vacations (not including children.	_____	_____	_____
Vacations (children only.	_____	_____	_____
Entertainment.	_____	_____	_____
Gifts.	_____	_____	_____
Sports and hobbies.	_____	_____	_____
Newspapers, magazines, books.	_____	_____	_____
Computer / Supplies / Software.	_____	_____	_____
Club dues and membership.	_____	_____	_____
Horseback.	_____	_____	_____
Children - Clubs / Summer Camps.	_____	_____	_____
Children - Entertainment.	_____	_____	_____
Children - Allowance.	_____	_____	_____
Children - Other.	_____	_____	_____

Income and Expenses (cont.)

Enter Expenses for First Party	Weekly	Monthly	Annual
I. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)			
Gasoline.	_____	_____	_____
Repairs and Maintenance.	_____	_____	_____
Insurance.	_____	_____	_____
License / City Stickers.	_____	_____	_____
Payments (lease or financing.	_____	_____	_____
Rental/replacements.	_____	_____	_____
Parking.	_____	_____	_____
Tolls.	_____	_____	_____
Public Transportation.	_____	_____	_____
Other.	_____	_____	_____
m. Insurance			
Personal Property Insurance.	_____	_____	_____
Disability Insurance.	_____	_____	_____
n. Savings and investments			
Savings.	_____	_____	_____
Voluntary Retirement.	_____	_____	_____
o. Charitable contributions			
Charitable.	_____	_____	_____
Religious organizations.	_____	_____	_____
p. Monthly payments with debts			
=> Note: Enter monthly payments with debts on "Income from Assets" screen above.			
q. Other			
Credit Union.	_____	_____	_____
Deferred compensation.	_____	_____	_____
Legal and Accounting.	_____	_____	_____
Bank charges/credit card fees.	_____	_____	_____

Income and Expenses (cont.)

Enter Expenses for First Party	Weekly	Monthly	Annual
Hair.....	_____	_____	_____
Manicure, Pedicure.....	_____	_____	_____
Children - Grooming.....	_____	_____	_____
Local Income Tax.....	_____	_____	_____
Other Miscellaneous expenses.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
_____.....	_____	_____	_____
s. Expenses paid by others			
Amount of expenses paid by others.....	_____	_____	_____

Assets and Liabilities (cont.)

5. REAL ESTATE:

Basic Info:	1st Property	2nd Property	3rd Property
Address:	_____	_____	_____
Current Value:	_____	_____	_____
Original Cost:	_____	_____	_____
Title (H, W, J)*:	_____	_____	_____
1st Mortgage:			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (H/W/Both):	_____	_____	_____
2nd Mortgage:			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (H/W/Both):	_____	_____	_____

* For monthly payment include interest & principal only, do NOT include taxes or insurance.

* Title (H-Husband, W-Wife, J-Joint)

