

MARITAL PROPERTY

Use an "estimate" fair market value for all items without a specific value. Circle "H" if Husband gets the item. Circle "W" if Wife gets the items. If you do not have any joint marital property and neither of you own real estate jointly or individually, check the box below and sign the last page of this form.

We do not have any joint property nor do either of us own real estate jointly or Individually

	Fair Value	Set aside to:
REAL ESTATE: (ALL TO ONE SPOUSE)		
No. and Street: <input type="text"/>		
City, State, Zip: <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H

(ATTACH COPY OF YOUR CURRENT DEED(S) TO THIS WORKSHEET.)

AUTOS, TRUCKS, BOATS, MOBILE HOMES, RV'S, TRAILERS:

Year	Make and Model	Vehicle ID. Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H

CHECKING, SAVINGS, CD'S, IRA'S, ETC:

Company Where Account Located	Account No.		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H

STOCKS AND BONDS:

Name of Company	# Shares		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H

(IF YOU DESIRE LIFE INSURANCE POLICY OR BENEFIT OR TO BE SPECIFICALLY LISTED IN THE COURT'S DECREE. THERE IS ADDITIONAL CHARGE.)

PERSONAL ITEMS:

Personal items shall be listed at \$1,000.00 each, without being specifically listed. If you desire a list to be added into the Courts Decree, there is an additional charge)

PROFIT SHARING, PENSION, RETIREMENT, MISC., ETC.: (This must be specifically described in order for your employer to comply with the Court's decree. Contact your employer for necessary information, such as employee number, complete and correct name of your benefits, lump sum value, whether vested or non-vested, etc.)

<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H

MARITAL DEBT: List the approximate balance presently owing on all of your debts. Circle "H" if Husband will be responsible for the debt. Circle "W" if Wife will be responsible for the debt.

UTILITY BILLS, CAR LOANS, CREDIT CARDS, ETC., if it is a secured debt, please note what the debt is secured by (example 1996 Camry).

Owed to	Account #	Monthly Payment	Balance Owed	
<input type="text"/>			\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured by	<input type="text"/>		
<input type="text"/>			\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured by	<input type="text"/>		
<input type="text"/>			\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured by	<input type="text"/>		
<input type="text"/>			\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured by	<input type="text"/>		
<input type="text"/>			\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured by	<input type="text"/>		
<input type="text"/>			\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> H
<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured by	<input type="text"/>		

REAL ESTATE MORTGAGES:

Owed to	Account #	Monthly Payment	Balance Owed		
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W	<input type="checkbox"/> H

Unsecured Secured by

<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W	<input type="checkbox"/> H
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Unsecured Secured by

<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W	<input type="checkbox"/> H
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Unsecured Secured by

<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> W	<input type="checkbox"/> H
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Unsecured Secured by

CLIENT CERTIFICATION: We certify that the information provided in this worksheet is true and accurate to the best of our knowledge.

Wife: (X) _____ Date: _____

Husband: (X) _____ Date: _____

CHILDREN INFORMATION

Answer the following questions if you have children together. Otherwise check the line below and continue to the property section.

We have no children together.

CHILDREN'S INFORMATION: list all children born of the parties and born during the marriage

Name:		SSN	Date of Birth	Joint Custody residing with:	
<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="text"/>		<input type="checkbox"/> Client	<input type="checkbox"/> Spouse
<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="text"/>		<input type="checkbox"/> Client	<input type="checkbox"/> Spouse
<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="text"/>		<input type="checkbox"/> Client	<input type="checkbox"/> Spouse
<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="text"/>		<input type="checkbox"/> Client	<input type="checkbox"/> Spouse

If all children born or adopted of the marriage are over the age of 23 you can stop here and continue to the property section.

CHILD SUPPORT:

Who Pays? Client Spouse

How? Through the Court Directly to custodial parent

Standard Visitation

OR

Modified Visitation:

Who takes children as a tax deduction? Client Spouse

MEDICAL INSURANCE INFORMATION:

Insurance Company Name:

Who Pays? Client Spouse

Name of Plan Administration:

Plan Administration Address:

Plan Administration Phone #:

Please attach a copy of your medical insurance benefits booklet (not provide directory)

Who pays any amount NOT covered by medical insurance: Client Spouse
 Equally