

Questionnaire for Financial Affidavit
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Dear Client,

Answer the following questions to the best of your ability. Comprehensive financial information is necessary to satisfy the courts' requirement of a Financial Affidavit. Financial Affidavits assist in determining the issues of Child Support, Alimony, and the Equitable Distribution of marital assets.

You are a client, but remember, "YOU ARE THE AFFIANT". This means that you will be required to take an oath and swear that the information displayed in your financial Affidavit is true and correct to the best of your knowledge and belief. This questionnaire is the source of the information that will be included in your financial affidavit. In this regard, please write down any comments or notations that you think your attorney should be aware of concerning any answer you give on this questionnaire.

In addition, you must provide the following items when you return this questionnaire to the law office: Your three (3) most recent pay stubs, your most recent Federal Tax return, and most recent W-2 forms. If last year's Federal Income Tax return has not yet been filed, attach W-2s, 1099s, K-1s and any other document to be attached to your return. If you are unable to provide these items, please contact this office and discuss this with your attorney.

NOTE: All financial information must be entered in a MONTHLY amount. If it is not a monthly type figure, please indicate what time frame it does represent. For example, you may get paid \$650.00 WEEKLY or pay \$45 a YEAR for Auto Tags. The law office will convert all figures to monthly for you.

(Please print all information legibly.)

Client Information

First Name: _____ Middle: _____ Last: _____

Social Security # _____ - ____ - _____ Birth date: _____ Occupation: _____

Address: _____ City: _____ State ____ Zip _____

Home Ph (____) ____ - _____ Work Ph (____) ____ - _____ Work Fax (____) ____ - _____

Cellular (____) ____ - _____ Pager (____) ____ - _____ Email _____

Opposing Party

First Name: _____ Middle: _____ Last: _____

Social Security # _____ - ____ - _____ Birth date: _____ Occupation: _____

Address: _____ City: _____ State ____ Zip _____

Home Ph (____) ____ - _____ Work Ph (____) ____ - _____ Work Fax (____) ____ - _____

Cellular (____) ____ - _____ Pager (____) ____ - _____ Email _____

Your Employment

Employed by _____ Are you currently employed? YES NO

Employer's Ph # (____) ____ - _____ Ext: ____ Fax # (____) ____ - _____

Employer's Address: _____ City _____ State ____ Zip _____

How often do you get paid? (Daily, Weekly, Bi-weekly, Monthly, etc.) _____

What is your Pay Rate? \$ _____ **per** ____ Hour ____ Pay Period ____ Annual Salary

Hours per week? _____ Overtime wage? \$ _____ How many hours OT per week? _____

Start Date: ____/____/____ Current Status of this job: Pending Retired Working

If you are no longer employed, what was the final date of employment? ____/____/____

Do you have more than one job? NO YES If yes please put all the above information for the second job on a separate sheet. If you are employed, but expecting to soon become unemployed or change jobs, describe the change you expect and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive.

Last Years Income

	You	Opposing Party
Gross income earned last calendar year	\$ _____	\$ _____
For Tax Year	_____	_____

This Years Income

Present Gross Income From Employment \$ _____

This is the average monthly amount of money before taxes are taken out that you receive from your employer.

Bonuses, Commissions, Allowances, Overtime, Tips, etc. \$ _____

Enter your average monthly bonuses, commissions, and other forms of compensation acquired from employment.

Business Income from sources such as Self-Employment \$ _____

List all income received from Self-Employment, partnerships, closed corporations, or independent contracts after regular expenses required to do business are subtracted. Do not list income from dividends, interest, royalties, trusts, estates, or rentals.

Disability Benefits/SSI \$ _____

List any monthly Disability Benefits you are receiving, not including regular Social Security.

Workers' Compensation \$ _____

List any monthly amount of Workers' Compensation that you are receiving.

Unemployment Compensation \$ _____

List any monthly unemployment that you may be collecting.

Pension, Retirement, or Annuity payments \$ _____

List the monthly amount of any Pensions, Retirement Benefits, or collection of Annuity payments.

Social Security benefits \$ _____

List the monthly amount of any Social Security benefits collected.

Alimony actually received from this case \$ _____

List any alimony that you are presently receiving.

Alimony actually received from previous marriage(s) \$ _____

List any alimony that you are presently receiving from other case(s).

Interest and Dividends \$ _____

List any interest or dividends, such as dividend derived from stock in a company.

Rental Income \$ _____

List the net rental income that you receive.

Income from Royalties, Trusts, or Estates \$ _____

List any monthly income from Royalties, Trusts, or Estates.

Reimbursed expenses or in-kind payments \$ _____

List that average monthly amount for recurring personal expenses for which you receive reimbursement from another party. Also, list any regular in-kind payments that you may receive.

Gains derived from dealing in Real Property \$ _____

List the average regular income received per month from buying/selling or otherwise dealing in real property.

Other income of a reoccurring nature (identify source)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Deductions

Federal Income Tax \$ _____

List your average monthly Income Tax deductions (not including Social Security withholding) corrected for filing status and proper number of dependants.

Filing Status

Single **Married Jointly** **Married Separate** **Head of Household** **Qualifying Widow(er)**

Number of Dependents Claimed _____

FICA or Self-Employment Tax \$ _____

List average monthly FICA (Social Security) or Self-Employment Taxes paid.

Medicare Tax \$ _____

List any Medicare Taxes that you pay.

Mandatory Union Dues \$ _____

List any Mandatory Union Dues that are deducted from your pay.

Mandatory Retirement \$ _____

List any Mandatory Retirement that is deducted from your pay.

Health Insurance and Dental Payments \$ _____

List any Health and Dental Insurance payments that are deducted from your pay.
DO NOT INCLUDE amounts paid for Minor Child(ren) or spouse.

Court Ordered Support paid for Children not of this marriage \$ _____

List the monthly amount of Child Support that is actually paid for children from a previous marriage.

Court Ordered Alimony actually paid from this case \$ _____

List any Alimony that you have been ordered by the court to pay during this case.

Court Ordered Alimony actually paid from other case(s). \$ _____

List all Alimony that you have been ordered by the court to pay.

Attorneys' Fees \$ _____

List any Attorneys' Fees that you have been ordered by the court to pay.

Household Expenses

Please list all Mortgage Payments in the Liabilities and Payments to Creditors Section.

Rent Payment (if applicable) \$ _____ Lawn Care \$ _____

Property Taxes \$ _____ Pool Maintenance \$ _____

(if not included in mortgage)

Insurance on Residence \$ _____ Pest Control \$ _____

(if insurance is not included in mortgage)

Condo Maintenance Fees \$ _____ Miscellaneous Household \$ _____

Homeowner's Assoc. Fees \$ _____ Food/Groceries for Home \$ _____

Electricity \$ _____ Meals Outside Home \$ _____

Water, Garbage, and Sewer \$ _____ Cable TV \$ _____

Telephone \$ _____ Satellite Television \$ _____

Cellular phone/Pager \$ _____ Alarm Service \$ _____

Internet Access Fees \$ _____ Appliance Service Contracts \$ _____

Fuel Oil/Natural Gas	\$ _____	Maid Service	\$ _____
Repairs and Maintenance	\$ _____		

Other Household Expenses not listed above

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Automobile Expenses

Please list all Vehicle Loan Payments in the Liabilities and Payments to Creditors Section.

Auto Lease Payments	\$ _____	Rental/Replacements	\$ _____
Gasoline and Oil	\$ _____	Alternative Transportation	\$ _____
Repairs	\$ _____	Tolls/Parking/Meters	\$ _____
Auto Tag and License	\$ _____	Auto Clubs (AAA, etc.)	\$ _____
Auto Insurance	_____		

Other Monthly Auto Expenses

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Child(ren)'s Expenses

Day Care/Nursery/Sitter	\$ _____	Psychiatric/Psychological (Counseling)	\$ _____
Health Insurance	\$ _____	Orthodontic	\$ _____
School Tuition	\$ _____	Vitamins	\$ _____
School Supplies	\$ _____	Beauty Parlor, Barber Shop	\$ _____
Extracurricular Activities (School Teams, Clubs, Etc.)	\$ _____	Non-Prescription Medication	\$ _____

Lunch Money \$ _____

Private Lessons, Tutoring \$ _____

Allowance \$ _____

Clothing/Uniforms \$ _____

Entertainment \$ _____

Medical & Dental Prescriptions \$ _____

(non reimbursed only)

Miscellaneous \$ _____

Cosmetics, Toiletries \$ _____

Gifts for Special Holidays \$ _____

(For child(ren) to give others)

Camp and/or Other Summer \$ _____

Activities

Clubs (Boy/Girl Scouts etc.) \$ _____

Visitation Expenses \$ _____

(For non Residential Parent)

Prepaid College Plan \$ _____

Other Child Expenses

(Expenses for child(ren) of another relationship)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Insurance Expenses

(Payments made to Insurance Companies that are not deducted from your paycheck. Do not include any payments for your minor children of this relationship.)

Health Insurance \$ _____

_____ \$ _____

Life Insurance \$ _____

_____ \$ _____

Dental Insurance \$ _____

_____ \$ _____

Other \$ _____

_____ \$ _____

Other Expenses

Dry Cleaning / Laundry \$ _____

Pet Veterinarian \$ _____

Clothing \$ _____

Club Dues and Membership \$ _____

Medical, Dental, Prescription \$ _____

Sports / Hobbies \$ _____

Psychiatry/Psychology Counselor \$ _____

Entertainment \$ _____

Non-Prescription Drugs \$ _____

Publications / Newspapers \$ _____

Grooming \$ _____

Vacations \$ _____

Gifts \$ _____

Religious Organizations \$ _____

Pet Food \$ _____

Bank Charges/Credit Card fees \$ _____

Education Expenses \$ _____

Other (Usual and Customary Expenses)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Liabilities and Payments to Creditors

List each debt individually in each section. Include all debts belonging to both of you , the opposing party's and yours alone. It is imperative that you list all of them and fill out all the requested information. As you fill out each one, divide the debts or payments between you (client) and the opposing party. **If you rent the residence you live in, DO NOT include it in this section.**

Types of Liability are: Mortgages (1st, 2nd, Primary Residence, Beach Houses, Rental Properties, etc. enter the street address to distinguish between them), Time share, Charge Cards, Auto Loans, Bank/Credit Union Loan, Money you owe not evidenced by Note, Judgments, Boat Loans, Loans Other (any reoccurring debt).

Ownership: Check as is appropriate if the debt was established as Marital, Client (you) or Opposing.

Contingent Debts are debts that might occur from the outcome of a set of circumstances. (ie, court case or settlement, co-sign on a note for a car or mortgage for someone, a contract to perform up coming services, etc.)

% of Record Title is for property that you own with your spouse, another person or group of people.

A. The figure you enter reflects the percentage you own.

B. Enter just the amount of the payment you are responsible for.

Liability: _____ Collateral (enter unsecured if none): _____

Account #: _____ Creditor Name: _____

Balance Owed: \$ _____ Balance as of: ____/____/____ % of Record Title: ____%

Ownership: ___ Marital ___ Client ___ Opposing Your Portion: \$ _____ Opposing Portion: \$ _____

Monthly Payment: \$ _____ How much are you paying now? All or \$ _____ Contingent debt: yes/no

Liability: _____ Collateral (enter unsecured if none): _____

Account #: _____ Creditor Name: _____

Balance Owed: \$ _____ Balance as of: ____/____/____ % of Record Title: ____%

Ownership: ___ Marital ___ Client ___ Opposing Your Portion: \$ _____ Opposing Portion: \$ _____

Monthly Payment: \$ _____ How much are you paying now? All or \$ _____ Contingent debt: yes/no

Liability: _____ Collateral (enter unsecured if none): _____

Account #: _____ Creditor Name: _____

Balance Owed: \$ _____ Balance as of: ____/____/____ % of Record Title: ____%

Ownership: ___ Marital ___ Client ___ Opposing Your Portion: \$ _____ Opposing Portion: \$ _____

Monthly Payment: \$ _____ How much are you paying now? All or \$ _____ Contingent debt: yes/no

Liabilities

Liability: _____ Collateral (enter unsecured if none): _____
Account #: _____ Creditor Name: _____
Balance Owed: \$ _____ Balance as of: ____/____/____ % of Record Title: ____%
Ownership: ___ Marital ___ Client ___ Opposing Your Portion: \$ _____ Opposing Portion: \$ _____
Monthly Payment: \$ _____ How much are you paying now? All or \$ _____ Contingent debt: yes/no

Liability: _____ Collateral (enter unsecured if none): _____
Account #: _____ Creditor Name: _____
Balance Owed: \$ _____ Balance as of: ____/____/____ % of Record Title: ____%
Ownership: ___ Marital ___ Client ___ Opposing Your Portion: \$ _____ Opposing Portion: \$ _____
Monthly Payment: \$ _____ How much are you paying now? All or \$ _____ Contingent debt: yes/no

Liability: _____ Collateral (enter unsecured if none): _____
Account #: _____ Creditor Name: _____
Balance Owed: \$ _____ Balance as of: ____/____/____ % of Record Title: ____%
Ownership: ___ Marital ___ Client ___ Opposing Your Portion: \$ _____ Opposing Portion: \$ _____
Monthly Payment: \$ _____ How much are you paying now? All or \$ _____ Contingent debt: yes/no

Liability: _____ Collateral (enter unsecured if none): _____
Account #: _____ Creditor Name: _____
Balance Owed: \$ _____ Balance as of: ____/____/____ % of Record Title: ____%
Ownership: ___ Marital ___ Client ___ Opposing Your Portion: \$ _____ Opposing Portion: \$ _____
Monthly Payment: \$ _____ How much are you paying now? All or \$ _____ Contingent debt: yes/no

Liability: _____ Collateral (enter unsecured if none): _____
Account #: _____ Creditor Name: _____
Balance Owed: \$ _____ Balance as of: ____/____/____ % of Record Title: ____%
Ownership: ___ Marital ___ Client ___ Opposing Your Portion: \$ _____ Opposing Portion: \$ _____
Monthly Payment: \$ _____ How much are you paying now? All or \$ _____ Contingent debt: yes/no

Assets

List each Asset individually in each section. Include all Assets belonging to both of you, the opposing party's and yours alone. It is imperative that you list all of them and fill out all the requested information. As you fill out each one, divide the Assets between you (client) and the opposing party.

Asset types: Cash in Hand, Cash in Banks/Credit Unions, Stocks/Bonds, Notes (money owed to you in writing), Money owed to you not evidenced by Note, Real Estate (primary residence, beach house, rental property, etc. enter the street address to distinguish between them), Business Interests, Automobile, Boats, Other Vehicle, Retirement/Pension (i.e. IRA, 401k etc.), Furniture and Furnishings in home, Furniture and Furnishings elsewhere, Collectibles, Jewelry, Life insurance (cash surrender value), Sporting and entertainment (T.V., Stereo, Golf Clubs, Guns, etc.) Other Assets

Ownership: Check as is appropriate if the asset was established as Marital, Client (you) or Opposing.

% of Record Title is for property that you own with your spouse, another person or group of people.

A. The figure you enter reflects the percentage you own.

B. Enter just the amount of the payment you are responsible for.

Valuation Method: Appraisal, Estimate, Face Value, Market Quote, Purchase Price (please list one)

Contingent Assets are assets that might occur from the outcome of a set of circumstances. (ie, court case or settlement, co-sign on a note for a car or mortgage for someone, a contract to perform up coming services, etc.)

Asset: _____ Account #: _____ Asset Value: \$ _____

Date Valued: ___/___/___ % of Record Title: ___% Ownership: ___ Marital ___ Client ___

Your Portion: \$ _____ Opposing Portion: \$ _____ Valuation Method: _____

Purchase Price: \$ _____ Purchase Date: ___/___/___ Contingent Asset: yes/no

Asset: _____ Account #: _____ Asset Value: \$ _____

Date Valued: ___/___/___ % of Record Title: ___% Ownership: ___ Marital ___ Client ___

Your Portion: \$ _____ Opposing Portion: \$ _____ Valuation Method: _____

Purchase Price: \$ _____ Purchase Date: ___/___/___ Contingent Asset: yes/no

Asset: _____ Account #: _____ Asset Value: \$ _____

Date Valued: ___/___/___ % of Record Title: ___% Ownership: ___ Marital ___ Client ___

Your Portion: \$ _____ Opposing Portion: \$ _____ Valuation Method: _____

Purchase Price: \$ _____ Purchase Date: ___/___/___ Contingent Asset: yes/no

Assets

Asset: _____ Account #: _____ Asset Value: \$ _____
Date Valued: ___/___/___ % of Record Title: ___% Ownership: ___ Marital ___ Client ___
Your Portion: \$ _____ Opposing Portion: \$ _____ Valuation Method: _____
Purchase Price: \$ _____ Purchase Date: ___/___/___ Contingent Asset: yes/no

Asset: _____ Account #: _____ Asset Value: \$ _____
Date Valued: ___/___/___ % of Record Title: ___% Ownership: ___ Marital ___ Client ___
Your Portion: \$ _____ Opposing Portion: \$ _____ Valuation Method: _____
Purchase Price: \$ _____ Purchase Date: ___/___/___ Contingent Asset: yes/no

Asset: _____ Account #: _____ Asset Value: \$ _____
Date Valued: ___/___/___ % of Record Title: ___% Ownership: ___ Marital ___ Client ___
Your Portion: \$ _____ Opposing Portion: \$ _____ Valuation Method: _____
Purchase Price: \$ _____ Purchase Date: ___/___/___ Contingent Asset: yes/no

Asset: _____ Account #: _____ Asset Value: \$ _____
Date Valued: ___/___/___ % of Record Title: ___% Ownership: ___ Marital ___ Client ___
Your Portion: \$ _____ Opposing Portion: \$ _____ Valuation Method: _____
Purchase Price: \$ _____ Purchase Date: ___/___/___ Contingent Asset: yes/no

Asset: _____ Account #: _____ Asset Value: \$ _____
Date Valued: ___/___/___ % of Record Title: ___% Ownership: ___ Marital ___ Client ___
Your Portion: \$ _____ Opposing Portion: \$ _____ Valuation Method: _____
Purchase Price: \$ _____ Purchase Date: ___/___/___ Contingent Asset: yes/no

Asset: _____ Account #: _____ Asset Value: \$ _____
Date Valued: ___/___/___ % of Record Title: ___% Ownership: ___ Marital ___ Client ___
Your Portion: \$ _____ Opposing Portion: \$ _____ Valuation Method: _____
Purchase Price: \$ _____ Purchase Date: ___/___/___ Contingent Asset: yes/no

Declaration

Please read carefully and check the appropriate boxes on each of the following statements

There ___ **IS NO AGREEMENT** ___ **IS AN AGREEMENT** between me and the other party to take responsibility for a debt and hold the other party harmless from that debt.

Explain: _____

This case ___ **DOES NOT INVOLVE** ___ **INVOLVES** the establishment or modification of child support.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this document and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of: Petitioner Respondent Third Party (circle one)
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____