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## **DIVORCE/LEGAL SEPARATION/DISSOLUTION INTAKE QUESTIONNAIRE**

Today's Date: \_\_\_\_\_

### YOUR PERSONAL INFORMATION

Your Complete Legal Name: \_\_\_\_\_

Your Prior Names (if any): \_\_\_\_\_

Names of Your Prior Spouse (if any): \_\_\_\_\_

Your Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long?: \_\_\_\_\_ Part of Town: \_\_\_\_\_

Your Preferred Mailing Address: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Your Place of Birth: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax: \_\_\_\_\_ Is a call needed before fax is sent? \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ City and State of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Who Left?: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

How Often Are You Paid?: \_\_\_\_\_ Gross Pay: \_\_\_\_\_ Net Pay: \_\_\_\_\_

Overtime: \_\_\_\_\_ Average number of hours per month: \_\_\_\_\_

Bonuses: \_\_\_\_\_ Average per year: \_\_\_\_\_

Commissions: \_\_\_\_\_ Average per month: \_\_\_\_\_

Deductions from wages other than taxes and social security?: \_\_\_\_\_

Are you covered by Social Security?: \_\_\_\_\_ If not, what government pensions are you covered by?: \_\_\_\_\_

Do you have any additional earned income?: \_\_\_\_\_

If yes, what do you do, where and what is your monthly income?: \_\_\_\_\_

If Unemployed:

Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Did you graduate?: \_\_\_\_\_

If not, how many years of schooling have you completed?: \_\_\_\_\_

Colleges, Professional Schools or Training Programs Attended:

\_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Degree: \_\_\_\_\_

Did your spouse contribute to financing your education?: \_\_ If yes, how?: \_\_\_\_\_

Did you contribute to financing your spouse's education?: \_\_ If yes, how?: \_\_\_\_\_

If you did not complete your education, please state specific reasons why: \_\_\_\_\_

Have you ever discussed this matter with any other attorney?: \_\_\_\_\_

If yes, state name of Attorney and when: \_\_\_\_\_

Do you have any other claims against anyone?: \_\_\_\_\_

Are you a party to any active lawsuit?: \_\_\_\_\_

Have you ever filed Bankruptcy?: \_\_\_\_\_ If yes, when and where?: \_\_\_\_\_

Do you have a current Will?: \_\_\_\_\_

Residence: 1. County in which spouse resides: \_\_\_\_\_

2. County in which real or personal property is located: \_\_\_\_\_

3. County of your residency for at least the last 10 years: \_\_\_\_\_

PERSONAL INFORMATION OF SPOUSE

Spouse's Complete Legal Name: \_\_\_\_\_

Prior Names of Spouse (if any): \_\_\_\_\_

Name of Spouse's Prior Spouses: \_\_\_\_\_

Spouse's Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long?: \_\_\_\_\_

Spouse's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Spouse's Citizenship: \_\_\_\_\_ Spouse's Religious Affiliation: \_\_\_\_\_

Spouse's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Has Spouse ever consulted an Attorney?: \_\_\_\_\_ If yes, who?: \_\_\_\_\_

Place of Employment and Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Hours: \_\_\_\_\_ Gross Pay: \_\_\_\_\_ Net Pay: \_\_\_\_\_

How often is Spouse Paid?: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

High School Attended by Spouse: \_\_\_\_\_

Did Spouse graduate?: \_\_\_\_\_ If not, years of education completed by Spouse: \_\_\_\_\_

Colleges, Professional Schools or Training Programs attended:

\_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Degree: \_\_\_\_\_

If your Spouse did not complete his/her education, please state specific reasons why: \_\_\_\_\_

\_\_\_\_\_

Has your Spouse ever filed for bankruptcy?: \_\_\_\_\_ If yes, when and where?: \_\_\_\_\_

Does your Spouse have any claims against anyone?: \_\_\_\_\_

Does anyone have any claims against your Spouse?: \_\_\_\_\_

If yes, who?: \_\_\_\_\_

Is your spouse presently involved in any other pending Litigation?: \_\_\_\_\_ If yes, state details:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

CHILD/SPOUSAL SUPPORT

Does your Spouse receive or pay any child support?: \_\_\_\_\_ Monthly amount: \_\_\_\_\_

Does your Spouse receive or pay any spousal support?: \_\_\_\_\_ Monthly amount: \_\_\_\_\_

CHILDREN

Children of Marriage	Birth Date of Child	Social Security Number	Current Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address of children for the last 5 years if different from current:

Child: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Resides with: \_\_\_\_\_

Address: \_\_\_\_\_

Child: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Resides with: \_\_\_\_\_

Address: \_\_\_\_\_

Child: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Resides with: \_\_\_\_\_

Address: \_\_\_\_\_

Your Other Children	Birth Date of Child	Custodian
_____	_____	_____
_____	_____	_____

Spouse's Other Children	Birth Date of Child	Custodian
_____	_____	_____
_____	_____	_____

Do you receive any child support?: \_\_\_\_\_ How much?: \_\_\_\_\_

Do you pay child support?: \_\_\_\_\_ How much?: \_\_\_\_\_

Do you pay spousal support?: \_\_\_\_\_ How much?: \_\_\_\_\_

Do you pay any other court-ordered obligation?: \_\_\_\_\_ State \_\_\_\_\_ Details: \_\_\_\_\_

Do any of the children listed above have any medical or psychological needs or disabilities that require ongoing medical treatment or special schooling or training?: \_\_\_\_\_ If yes, please state:

Child's Name	Condition Description	Treating Physician
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH

Do you or your spouse have any disabilities or ongoing medical conditions?: \_\_\_\_\_

If yes, please state:

Condition	Doctor Name	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or your spouse participated in any counseling or therapy concerning the problems of this marriage or otherwise?: \_\_\_\_\_ If yes, please state:

Doctor Name	Address	Time Period
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL INSURANCE COVERAGE

Is your family covered under a medical insurance policy?: \_\_\_\_\_

Does your employer provide this coverage?: \_\_\_\_\_

What is the name of the insurance company?: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Is there any cost to you for this coverage?: \_\_\_\_\_ If yes, how much and how often?: \_\_\_\_\_

What is the cost for your children to be covered above the cost for you and your spouse to be covered?: \_\_\_\_\_

Does your Spouse's employer provide this coverage?: \_\_\_\_\_

If yes, what is the name of the insurance company?: \_\_\_\_\_

What is the address of the insurance company?: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Is there any cost to you or your Spouse for this coverage?: \_\_\_\_\_ If yes, how much and how often?: \_\_\_\_\_

What is the cost for your children to be covered above the cost for you and your spouse to be covered?: \_\_\_\_\_

REAL ESTATE

Do you and/or your spouse own real estate?: \_\_\_ If yes please provide the following information:

	1	2	3	4
Address of property	_____	_____	_____	_____
Date of purchase	_____	_____	_____	_____
Purchase price	_____	_____	_____	_____
Mortgage company	_____	_____	_____	_____
Down payment amount	_____	_____	_____	_____
Source of down payment	_____	_____	_____	_____
Monthly payment	_____	_____	_____	_____
Balance due on mortgage	_____	_____	_____	_____

2 <sup>nd</sup> mortgage amount	_____	_____	_____	_____
Home equity loan amount	_____	_____	_____	_____
Is mortgage current?	_____	_____	_____	_____
Taxes included in mortgage?	_____	_____	_____	_____
Tax per ½ year	_____	_____	_____	_____
Are taxes current?	_____	_____	_____	_____
Insurance included in mortgage?	_____	_____	_____	_____
Yearly cost of insurance	_____	_____	_____	_____
Use of property	_____	_____	_____	_____
Any liens against property	_____	_____	_____	_____
Estimate of current value	_____	_____	_____	_____
Basis for above valuation	_____	_____	_____	_____

MOTOR VEHICLES, BOATS, ETC.

	1	2	3	4
Make, Model, Year	_____	_____	_____	_____
Who Uses Item	_____	_____	_____	_____
Titleholder	_____	_____	_____	_____
VIN Number	_____	_____	_____	_____
Loan Company	_____	_____	_____	_____
Loan Balance	_____	_____	_____	_____
Monthly Payments	_____	_____	_____	_____
Are Payments Current?	_____	_____	_____	_____
Insurance Coverage	_____	_____	_____	_____

MONEY ASSETS

(CD'S, OTHER DEPOSITS, MONEY MARKET ACCOUNTS, SAVINGS ACCOUNTS)

Account Location	Address	Account Number	Current Balance	Name on Account
_____	_____	_____	_____	_____


CHECKING ACCOUNTS

Account Location	Address	Account Number	Current Balance	Name on Account

CREDIT UNION ACCOUNTS

Account Location	Address	Account Number	Current Balance	Name on Account

CERTIFICATE OF DEPOSIT

Do you or your spouse have any certificates of deposit?: \_\_\_\_\_ If yes, please state the following:

Account Location	Account Number	Current Balance	Name on Account	Maturity Date



SAVINGS BONDS/OTHER GOVERNMENT SECURITIES

Do you or your spouse have any U.S. Savings Bonds?: \_\_\_\_\_

State the number and types of bonds owned, if known: \_\_\_\_\_

Where are the bonds located?: \_\_\_\_\_

State the value of the bonds; if known: \_\_\_\_\_

DEFERRED COMPENSATION: KEOUGH, 401K PLANS, IRA'S ETC.

	1	2	3	4
Name of Trustee	_____	_____	_____	_____
Account Location	_____	_____	_____	_____
Type	_____	_____	_____	_____
Account Number	_____	_____	_____	_____
Current Balance	_____	_____	_____	_____
Name on Account	_____	_____	_____	_____
Single or Joint	_____	_____	_____	_____

OTHER BONDS, STOCKS, STOCK PLANS, FUTURES, OPTIONS, ETC.

	1	2	3	4
Company Name	_____	_____	_____	_____
Number of Shares	_____	_____	_____	_____
Name Appearing On Certificate	_____	_____	_____	_____
Who has Possession	_____	_____	_____	_____
Value per Share/Unit	_____	_____	_____	_____
Purchase Date	_____	_____	_____	_____
Cost	_____	_____	_____	_____
Any securities pledged or encumbered?	_____	_____	_____	_____

PENSION OR PROFIT SHARING PLANS

1 2 3 4

Plan Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
Type	_____	_____	_____	_____
Party Covered	_____	_____	_____	_____
Employer Provided	_____	_____	_____	_____
Value	_____	_____	_____	_____

BUSINESSES

Do you or your Spouse have any interest in any business?: \_\_\_\_\_ If yes, please state the following for each business:

	1	2	3	4
Company Name	_____	_____	_____	_____
Business Type	_____	_____	_____	_____
Acquisition Date	_____	_____	_____	_____
Amount Invested	_____	_____	_____	_____
% of Interest	_____	_____	_____	_____
Value	_____	_____	_____	_____

Notes and Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIFE INSURANCE, ANNUITIES, ETC.

	1	2	3	4
Company	_____	_____	_____	_____
Face Amount	_____	_____	_____	_____
Type	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Issue Date	_____	_____	_____	_____

Beneficiary \_\_\_\_\_  
 Cash Value \_\_\_\_\_

SAFE DEPOSIT BOX

Institution	Address	Name	Contents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER PROPERTY

	Assets	Present Fair Market Value
Accounts receivable and/or other claims due to you	_____	_____
Cash	_____	_____
Other liquid assets	_____	_____
Machinery (value > \$500)	_____	_____
Tools (value > \$500)	_____	_____
Artwork	_____	_____
Camera/Video	_____	_____
Sport Equipment (value > \$500)	_____	_____
Musical Instrument (value > \$500)	_____	_____
Coins precious metal	_____	_____
Collectibles/Antiques	_____	_____
Jewelry	_____	_____
Pets/Livestock	_____	_____
Trusts	_____	_____
Guardianship	_____	_____
Anything Else of Substantial Value	_____	_____
Anticipated Tax Refunds	_____	_____

Have you given anyone else a financial statement in the last 5 years?: \_\_\_\_\_  
If yes, state the following: To Whom?: \_\_\_\_\_ When?: \_\_\_\_\_

COMPUTER RECORDS

Do you and/or your spouse keep personal and/or business financial information on a computer?: \_\_\_\_\_  
If yes, where is the computer?: \_\_\_\_\_  
Who has access to it?: \_\_\_\_\_  
Does access require a password?: \_\_\_\_\_  
Who knows the password?: \_\_\_\_\_  
Is the computer information backed up on a regular basis?: \_\_\_\_\_  
If yes, where are back-up tapes/discs stored?: \_\_\_\_\_  
Who has access to back-up tapes/discs?: \_\_\_\_\_  
Do you have an e-mail account?: \_\_\_\_\_  
Does your spouse have an e-mail account?: \_\_\_\_\_  
Do you each have access to the other's account?: \_\_\_\_\_  
Do you have a website, Facebook or LinkedIn Account?: \_\_\_\_\_  
Address: \_\_\_\_\_  
Does your spouse have a website, Facebook or LinkedIn Account?: \_\_\_\_\_  
Address: \_\_\_\_\_

DEBTS

Please provide the following information on each debt. List all debts including credit cards (Visa, MasterCard, Discover, etc.) and loan companies (Beneficial, Household Finance, etc.):

Name of Company: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_  
Reason for debt: \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_  
Reason for debt: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company:\_\_\_\_\_ Account Number:\_\_\_\_\_  
Name account is in:\_\_\_\_\_ Balance as of last billing:\_\_\_\_\_  
Reason for debt:\_\_\_\_\_ Monthly payment:\_\_\_\_\_  
Personal or Joint:\_\_\_\_\_ Comments:\_\_\_\_\_

Name of Company:\_\_\_\_\_ Account Number:\_\_\_\_\_  
Name account is in:\_\_\_\_\_ Balance as of last billing:\_\_\_\_\_  
Reason for debt:\_\_\_\_\_ Monthly payment:\_\_\_\_\_  
Personal or Joint:\_\_\_\_\_ Comments:\_\_\_\_\_

If there are debts owed for hospital or doctor services, please give the following information:

Name of Doctor/Hospital:\_\_\_\_\_ Debt Amount:\_\_\_\_\_  
Reason for Debt:\_\_\_\_\_ Monthly Payment:\_\_\_\_\_

Name of Doctor/Hospital:\_\_\_\_\_ Debt Amount:\_\_\_\_\_  
Reason for Debt:\_\_\_\_\_ Monthly Payment:\_\_\_\_\_

Name of Doctor/Hospital:\_\_\_\_\_ Debt Amount:\_\_\_\_\_  
Reason for Debt:\_\_\_\_\_ Monthly Payment:\_\_\_\_\_

Name of Doctor/Hospital:\_\_\_\_\_ Debt Amount:\_\_\_\_\_  
Reason for Debt:\_\_\_\_\_ Monthly Payment:\_\_\_\_\_

INHERITANCE/ADVANCEMENT/HEIRLOOMS

During the course of your marriage, did you or your spouse ever receive any inheritances or advancements on inheritances?:\_\_\_\_\_ If yes, please give the following information:

Name of Deceased/Donor:\_\_\_\_\_

Relationship to you or your spouse:\_\_\_\_\_

What was inherited/advanced? (Include dollar amount or value):\_\_\_\_\_

How was the inherited/advancement used?:\_\_\_\_\_

What are the current locations of the inheritance/advancement?: \_\_\_\_\_

GIFTS

During the course of your marriage, did you or your spouse receive any property or monetary gifts exceeding \$1,000.00 from anyone?: \_\_\_ If the answer is yes, then please give the following information:

Name of the person who gave gift: \_\_\_\_\_

Amount of gift: \_\_\_\_\_

To whom was the gift specifically given?: \_\_\_\_\_

How was the gift used?: \_\_\_\_\_

PRIOR AGREEMENTS

Have you and your spouse entered into any prior agreements?: \_\_\_\_\_

Prenuptial: \_\_\_\_\_ Separation: \_\_\_\_\_

PRE-MARITAL PROPERTY

Did you bring any real estate, stocks, bonds, bank accounts, retirement, pension benefits, personal property, household goods, vehicles, etc., into the marriage with you?: \_\_\_\_\_

If the answer is yes, please describe what was brought into the marriage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did your spouse bring any real estate, stocks, bonds, bank account, retirement accounts, pension benefits, personal property, household goods, vehicles, etc. into the marriage?: \_\_\_\_\_

If the answer is yes, please describe what was brought into the marriage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OTHER NON-MARITAL PROPERTY

Have you or your spouse received any of the following?:

V.A. Benefits: \_\_\_\_\_

Social Security (SSI, SSD) benefits: \_\_\_\_\_

Personal injury claims money: \_\_\_\_\_

Trust money: \_\_\_\_\_

Are there any other assets or liabilities owned or owed by you or your spouse which have not been disclosed in this worksheet: including, but not limited to, anything of value you have put into trust, or received from a trust?: \_\_\_\_\_ If the answer is yes, please state these in detail:

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### MONTHLY LIVING EXPENSES

DO NOT INCLUDE ON THIS SHEET ITEMS DEDUCTED FROM YOUR SALARY

To determine the monthly amount, multiply the weekly amount by 4.3 or divide yearly total by 12. Fill out only those items which apply. If estimated, so state.

#### A. HOUSING COSTS

Rent or first mortgage (including taxes and insurance): \_\_\_\_\_

Real estate taxes (if not included above): \_\_\_\_\_

Real estate/homeowner's insurance (if not included above): \_\_\_\_\_

Second mortgage/equity line of credit: \_\_\_\_\_

#### Utilities

Electric: \_\_\_\_\_

Gas, fuel oil, propane: \_\_\_\_\_

Water and sewer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Trash collection: \_\_\_\_\_

Cable/satellite television: \_\_\_\_\_

Cleaning, maintenance, repair: \_\_\_\_\_

Lawn service, snow removal: \_\_\_\_\_

Other: \_\_\_\_\_

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TOTAL MONTHLY: \_\_\_\_\_

#### B. OTHER MONTHLY LIVING EXPENSES

Food



Groceries (including food, paper, cleaning products, toiletries, other): \_\_\_\_\_

Restaurant: \_\_\_\_\_

Transportation

Vehicle loans, leases: \_\_\_\_\_

Vehicle maintenance (oil, repair, license): \_\_\_\_\_

Gasoline: \_\_\_\_\_

Parking, public transportation: \_\_\_\_\_

Clothing

Clothes (other than children's): \_\_\_\_\_

Dry cleaning, laundry: \_\_\_\_\_

Personal grooming

Hair, nail care: \_\_\_\_\_

Other: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Internet (if not included elsewhere): \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL MONTHLY: \_\_\_\_\_

C. MONTHLY CHILD-RELATED EXPENSES

(For children of the marriage or relationship)

Work/education-related child care: \_\_\_\_\_

Other child care: \_\_\_\_\_

Unusual parenting time travel: \_\_\_\_\_

Special and unusual needs of child(ren) (not included elsewhere): \_\_\_\_\_

Clothing: \_\_\_\_\_

School supplies: \_\_\_\_\_

Child(ren)'s allowances: \_\_\_\_\_

Extracurricular activities, lessons: \_\_\_\_\_

School lunches: \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL MONTHLY: \_\_\_\_\_

D. INSURANCE PREMIUMS

Life: \_\_\_\_\_

Auto: \_\_\_\_\_

Health: \_\_\_\_\_

Disability: \_\_\_\_\_

Renters/personal property (if not included in part 1 above): \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL MONTHLY: \_\_\_\_\_

**E. MONTHLY EDUCATION EXPENSES**

Tuition: \_\_\_\_\_

Self: \_\_\_\_\_

Child(ren): \_\_\_\_\_

Books, fees, other: \_\_\_\_\_

College loan repayment: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

TOTAL MONTHLY: \_\_\_\_\_

**F. MONTHLY HEALTH CARE EXPENSES**

(Not covered by insurance)

Physicians: \_\_\_\_\_

Dentists: \_\_\_\_\_

Optometrists/opticians: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

TOTAL MONTHLY: \_\_\_\_\_

**G. MISCELLANEOUS MONTHLY EXPENSES**

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren): \_\_\_\_\_

Child support for children who were not born of this marriage or relationship and were not adopted of this marriage: \_\_\_\_\_

Spousal support paid to former spouse(s): \_\_\_\_\_

Subscriptions, books: \_\_\_\_\_

Entertainment: \_\_\_\_\_

Charitable contributions: \_\_\_\_\_

Memberships (associations, clubs): \_\_\_\_\_

Travel, vacations: \_\_\_\_\_

Pets: \_\_\_\_\_

Gifts: \_\_\_\_\_

Bankruptcy payments: \_\_\_\_\_

Attorney fees: \_\_\_\_\_

Required deductions from wages (excluding taxes, Social Security and Medicare) (please also indicate type): \_\_\_\_\_

Additional taxes paid (not deducted from wages) (please also indicate type): \_\_\_\_\_

\_\_\_\_\_  
 Other: \_\_\_\_\_

\_\_\_\_\_  
 TOTAL MONTHLY: \_\_\_\_\_

H. MONTHLY INSTALLMENT PAYMENTS

(Do not repeat expenses already listed)

Examples: car, credit card, rent-to-own, cash advance payments

To Whom Paid	Purpose	Balance Due	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL MONTHLY: \_\_\_\_\_

GRAND TOTAL MONTHLY (Sum of A through H): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Are you requesting a name change?: \_\_\_\_\_ If yes, what change?: \_\_\_\_\_