

FINANCIAL DECLARATION

Employment Information

Client's Occupation: _____

Employer's Name/Address: _____

Length of employment: _____

Beginning date of employment: _____

Please attach a current wage stub or statement and the last two years' tax returns filed.

If you are not currently employed, please state your last employment date, gross monthly earnings and reason for unemployment below.

Date: _____

Monthly earnings: _____

Reason for unemployment: _____

Highest year of education completed: _____

Spouse's Occupation: _____

Employer's Name/Address: _____

Length of employment: _____

If your spouse is not currently employed, please state their last employment date, gross monthly earnings and reason for unemployment below.

Date: _____ Monthly earnings: _____

Reason for unemployment: _____

Gross Monthly Income:

Wages/Salary: _____ BAH: _____ BAS: _____

Interest dividend income: _____

Spousal maintenance received from other relationships: _____

Other income: _____

Year to date gross income: _____

Business Income (Self-Employment)

Self-employed business income: _____

Self-employed business expenses: _____

Monthly Deductions from Gross Income:

Income taxes: _____

FICA/self-employment taxes: _____

State industrial insurance: _____

Mandatory union/professional dues: _____

Pension plan payments: _____

Spousal maintenance paid: _____

Miscellaneous Income:

Child support received from other relationships: _____

Name of paying parent: _____

Available Assets:

Cash on hand: _____

On deposit in banks: _____

Stocks and bonds: _____

Cash value of life insurance: _____

Other: _____

Monthly Expenses:

Housing:

Rent/1st mortgage: \$ _____ Lienholder: _____

Installment payments for other mortgages/encumbrances: _____

Property Taxes (if not in monthly payment): (\$ annual) _____

Insurance (if not in monthly payment): (\$ annual) _____

Association dues, if any (\$annual) _____

Repairs \$ _____ Yard maintenance/upkeep \$ _____

Utilities:

Heat (gas and oil): _____

Electricity: _____

Water, sewer, garbage: _____

Telephone: _____ Cell: _____

Cable: _____ Internet: _____

Other: _____

Food and Supplies:

Food for ____ person(s): _____

Supplies (paper, tobacco, pets): _____

Meals eaten out: _____

Children:

Day care/work-related babysitting: _____

Clothing: _____

Tuition (if any): _____

Other child-related expenses: _____

Transportation:

Vehicle payments or leases: _____ Lienholder: _____

Vehicle insurance and license: _____

Vehicle gas, oil, ordinary maintenance: _____

Parking: _____ Ferry: _____

Other transportation expenses: _____

Health Care:

Health Insurance: _____ Dental Insurance _____

Uninsured dental, orthodontic, medical, eye care expenses: _____

Other uninsured health care expenses: _____

Personal Expenses (Not including children):

Clothing: _____

Laundry/dry cleaning _____

Hair care/personal care expenses: _____

Clubs and recreation: _____

Education: _____

Books, newspapers, magazines, photos: _____

Gifts: _____

Other: _____

Miscellaneous Expenses:

Life Insurance (if not deducted from income): _____

Church and other donations _____

Other: _____

Other: _____

Other Debts and Monthly Expenses, e.g., credit card debt, open accounts:

Creditor	Description	Month of Last Payment	Amount of Last Payment	Balance Owning

Attorney's Fees and Costs:

Attorney's fees/costs paid to date: _____

Source of attorney's fees/costs paid: _____

Arrangements made to pay attorney's fees/costs: _____