

**CLIENT NAME:** \_\_\_\_\_

**CLIENT FINANCIAL AFFIDAVIT INFORMATION**

**The following information is being collected for the purpose of preparing a Financial Affidavit to be submitted to the Court and to be used in connection with negotiations. The information provided should be as complete and accurate as possible since you may be required to provide documentation verifying the information in your Affidavit, and your Affidavit must be signed by you under oath. If further space is required please detail on a separate sheet of paper:**

**I. INCOME**

**Name and Address of Employer:** \_\_\_\_\_

\_\_\_\_\_ **Title:** \_\_\_\_\_

**A. Income from Employment:**

**Provide current paystub**

Gross monthly salary \$ \_\_\_\_\_

Less: Fed. Income Tax \$ \_\_\_\_\_

F.I.C.A. \$ \_\_\_\_\_

Medicare tax \$ \_\_\_\_\_

State Tax \$ \_\_\_\_\_

City Tax \$ \_\_\_\_\_

Medical/dental insurance \$ \_\_\_\_\_

Child Care  
(custodial parent only) \$ \_\_\_\_\_

**Other Deductions:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Deductions:** \$ \_\_\_\_\_

**Net Monthly Salary:** \$ \_\_\_\_\_

Bonus \$ \_\_\_\_\_

Less: Estimated taxes \$ \_\_\_\_\_

Net bonus: \$ \_\_\_\_\_

Income continued ....

**B. Other Income:**

Dividends (\$\_\_\_\_\_ per year)

monthly interest \$ \_\_\_\_\_

Interest:

Taxable interest (\$\_\_\_\_\_ per year)

monthly taxable interest \$ \_\_\_\_\_

Tax free interest (\$\_\_\_\_\_ per year)

monthly tax free interest \$ \_\_\_\_\_

Trust income (\$\_\_\_\_\_ per year)

monthly trust income \$ \_\_\_\_\_

Income from other sources

(monthly) - please itemize \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total other income: \$ \_\_\_\_\_

Less: estimated taxes \$ \_\_\_\_\_

Net monthly other income: \$ \_\_\_\_\_

**TOTAL NET MONTHLY INCOME:** \$ \_\_\_\_\_

**II. LIVING EXPENSES (indicate whether annual or monthly):**

**A. Shelter expenses:**

Mortgage or rent	\$ _____	
Home Equity loan	\$ _____	
Real property taxes	\$ _____	
Homeowner's insurance	\$ _____	
Electricity	\$ _____	
Telephone:		
Home	\$ _____	
Cell	\$ _____	
Water	\$ _____	
Security system	\$ _____	
Fuel	\$ _____	
Furnace maintenance	\$ _____	
Refuse collection	\$ _____	
Cable T.V.	\$ _____	
Internet	\$ _____	
Total Shelter expenses:		\$ _____

**B. Outside expenses:**

Lawn maintenance	\$ _____
Trees	\$ _____
Septic tank	\$ _____
Plants/landscaping	\$ _____
Snow plowing	\$ _____
Driveway maintenance	\$ _____

Living Expenses continued . . .

Pool maintenance	\$ _____	
Total outside expenses:		\$ _____

**C. Food:**

Groceries, meat, produce, etc.	\$ _____	
Restaurant expenses	\$ _____	
Total food:		\$ _____

**D. Clothing and shoes:**

Self	\$ _____	
Children	\$ _____	
Total clothing and shoes:		\$ _____

**E. Household expenses:**

Laundry	\$ _____	
Dry cleaning	\$ _____	
Fur storage & cleaning	\$ _____	
Rug cleaning	\$ _____	
Housewares	\$ _____	
Newspapers	\$ _____	
Magazines	\$ _____	
Books/stationery supplies	\$ _____	
Flowers	\$ _____	
Miscellaneous	\$ _____	
Total household items:		\$ _____

Living Expenses continued . . .

**F. Transportation/Automobile expenses:**

Gas and oil	\$ _____	
Wash	\$ _____	
Tolls	\$ _____	
Parking	\$ _____	
License	\$ _____	
Registration/emissions test	\$ _____	
Insurance	\$ _____	
Repairs/maintenance	\$ _____	
Personal property tax	\$ _____	
Loan	\$ _____	
Lease	\$ _____	
Total automobile expenses:		\$ _____
Commutation expenses		\$ _____

**G. Children's Expenses:**

Tuition	\$ _____	
Room and board	\$ _____	
Travel expense	\$ _____	
Special equipment	\$ _____	
Uniforms	\$ _____	
Lessons	\$ _____	
Tutoring	\$ _____	
Children's allowances	\$ _____	
Child support	\$ _____	
Camp	\$ _____	
Total Children's Expenses:		\$ _____

Living Expenses continued . . .

**H. Insurance:**

Life	\$ _____	
Disability	\$ _____	
Other	\$ _____	
Total insurance:		\$ _____

**I. Medical & dental expenses:**

**(unreimbursed)**

	<u>Self</u>	<u>Children</u>	
Doctors	\$ _____	\$ _____	
Dentists	\$ _____	\$ _____	
Hospital	\$ _____	\$ _____	
Prescription drugs	\$ _____	\$ _____	
Eyeglasses/contact lenses	\$ _____	\$ _____	
Insurance	\$ _____	\$ _____	
Orthodontia	\$ _____	\$ _____	
Psychiatrist/psychologist	\$ _____	\$ _____	
Total medical & dental expenses:			\$ _____

**J. Repairs:**

Plumbing	\$ _____	
Carpentry	\$ _____	
Painting	\$ _____	
Household equipment	\$ _____	
Miscellaneous	\$ _____	
Total repairs:		\$ _____

Living Expenses continued . . .

**K. Help:**

Cleaning	\$ _____	
Baby-sitters	\$ _____	
Housekeeper	\$ _____	
Other	\$ _____	
Total help:		\$ _____

**L. Miscellaneous family (or personal)**

**expenses:**

Hairdresser	\$ _____	
Barber	\$ _____	
Veterinarian	\$ _____	
Home entertaining	\$ _____	
Liquor	\$ _____	
Entertainment	\$ _____	
Travel and vacation	\$ _____	
Clubs	\$ _____	
Charities	\$ _____	
Miscellaneous	\$ _____	
Other items:		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total miscellaneous expenses:		\$ _____



Living Expenses continued . . .

**M. Gifts:**

Holiday presents	\$ _____	
Birthday presents	\$ _____	
Miscellaneous (wedding, etc.)	\$ _____	
Total gifts		\$ _____

**N. Nonreimbursed business expenses:**

Travel	\$ _____	
Entertainment	\$ _____	
Clubs & societies	\$ _____	
Other	\$ _____	
Total nonreimbursed business expenses:		\$ _____

**TOTAL LIVING EXPENSES:** \$ \_\_\_\_\_

**III. LIABILITIES (exclusive of mortgages)**

<u>Creditor</u>	<u>Amount of Debt</u>	<u>Balance Due</u>	<u>Date Debt Incurred</u>	<u>Monthly Payment</u>
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
Total monthly payments on debts:			\$ _____	

**Contingent Liabilities (describe)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL LIABILITIES:**

\$ \_\_\_\_\_

IV. **ASSETS** (as of \_\_\_\_\_ date)

A. **Real Estate:**

Residence located at

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

Title in whose name: \_\_\_\_\_

Fair market value \$ \_\_\_\_\_

Less: first mortgage \$ \_\_\_\_\_

    other mortgage or lien \$ \_\_\_\_\_

Equity: \$ \_\_\_\_\_

Your interest (1/2 etc.) \$ \_\_\_\_\_

**Other real property:**

Property located at

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

Title in whose name: \_\_\_\_\_

Fair market value \$ \_\_\_\_\_

Less: first mortgage \$ \_\_\_\_\_

    other mortgage or lien \$ \_\_\_\_\_

Equity: \$ \_\_\_\_\_

Your interest (1/2 etc.) \$ \_\_\_\_\_

Assets continued . . .

**B. Automobiles**

Year \_\_\_\_\_ Model \_\_\_\_\_ Value \_\_\_\_\_

Title \_\_\_\_\_

Driver \_\_\_\_\_

Loan balance (if any)      \$ \_\_\_\_\_

Equity: \$ \_\_\_\_\_

Year \_\_\_\_\_ Model \_\_\_\_\_ Value \_\_\_\_\_

Title \_\_\_\_\_

Driver \_\_\_\_\_

Loan balance (if any)      \$ \_\_\_\_\_

Equity: \$ \_\_\_\_\_

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

**C. Bank Accounts**

**Savings Accounts**

<u>Bank</u>	<u>Account #</u>	<u>Title</u>	<u>Balance</u>
-------------	------------------	--------------	----------------

Total Savings Accounts: \$ \_\_\_\_\_

Assets continued . . .

**Checking Accounts**

<u>Bank</u>	<u>Account #</u>	<u>Title</u>	<u>Balance</u>
-------------	------------------	--------------	----------------

Total Checking Accounts: \$ \_\_\_\_\_

**D. Securities:**

Publicly traded (you may attach schedule)

<u>No. of shares</u>	<u>Company</u>	<u>Basis</u>	<u>Value</u>
----------------------	----------------	--------------	--------------

Total value of publicly traded securities: \$ \_\_\_\_\_

Assets continued . . .

Securities:

Not Publicly traded

<u>No. of shares</u>	<u>Company</u>	<u>Basis</u>	<u>Value</u>
----------------------	----------------	--------------	--------------

Total value of securities not publicly traded: \$ \_\_\_\_\_

Total Value of Securities: \$ \_\_\_\_\_

**E. Pensions and Retirement Plans and**

**Other Future Assets:**

Pension plans, profit sharing plans, include IRAs and 401Ks (describe and state value):

Assets continued . . .

Vested Interest In Trusts and Estates (describe):

Total Future Assets: \$ \_\_\_\_\_

**F. Other Assets (describe)**

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

Total Other Assets: \$ \_\_\_\_\_

**G. Personal Property: (please estimate values)**

Jewelry	\$ _____
Furniture/furnishings	\$ _____
Silver	\$ _____
Art	\$ _____
Other (describe)	\$ _____

Total Personal Property \$ \_\_\_\_\_

Assets continued . . .

Life Insurance

<u>Company</u>	<u>Face Value</u>	<u>Beneficiary</u>	<u>Cash Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL VALUE OF ASSETS:**

**\$\_\_\_\_\_**

**V. MEDICAL INSURANCE**

Name and Address of Medical Insurance Carrier: \_\_\_\_\_

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

Names of Persons Covered: \_\_\_\_\_



**SUMMARY**

**I. TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**II. TOTAL LIVING EXPENSES** \$ \_\_\_\_\_

**III. TOTAL LIABILITIES** \$ \_\_\_\_\_

**IV. TOTAL VALUE OF ASSETS:** \$ \_\_\_\_\_