

## Financial Affidavit Worksheet

It is in your best interest to assemble a financial affidavit before documents become scattered in a spouse's reorganization or move. Some of the information here may pertain to support and not division of assets or debt. Either way, it will be to your advantage to have all this information filed in a single, safe place as soon as you possibly can. Courts typically require most of the following information before they will hear your case. Remember, if there is a policy, you need the policy number and related documents. If there is an account, you need a copy of the most recent statement.

Job title: \_\_\_\_\_  
Primary employer: \_\_\_\_\_  
Hours per week: \_\_\_\_\_  
Payroll: \_\_\_\_\_  
Monthly gross income: \_\_\_\_\_  
Monthly payroll deductions: \_\_\_\_\_  
Exemptions claimed: \_\_\_\_\_  
Federal income tax: \_\_\_\_\_  
Social Security: \_\_\_\_\_  
Medicare: \_\_\_\_\_  
State income tax: \_\_\_\_\_  
Health insurance premium: \_\_\_\_\_  
Dental insurance premium: \_\_\_\_\_  
Retirement contributions (401[k] and so on): \_\_\_\_\_

**Total deductions:** \_\_\_\_\_  
Net monthly income: \_\_\_\_\_  
Other sources of income: \_\_\_\_\_  
Deductions from income, including legitimate business expenses: \_\_\_\_\_  
Net monthly income from other sources: \_\_\_\_\_  
Net monthly income from all sources: \_\_\_\_\_  
Net monthly income of children: \_\_\_\_\_  
Income reported on last federal tax return: \_\_\_\_\_

Monthly income of other party: \_\_\_\_\_  
Monthly expenses for \_\_\_\_ adult(s): \_\_\_\_\_  
\_\_\_\_ child(ren): \_\_\_\_\_  
Housing: \_\_\_\_\_  
Rent: \_\_\_\_\_  
First mortgage: \_\_\_\_\_  
Second mortgage: \_\_\_\_\_  
Homeowner's fee: \_\_\_\_\_  
**Total:** \_\_\_\_\_  
Utilities: \_\_\_\_\_  
Gas and electric: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Water and sewer: \_\_\_\_\_  
Trash collection: \_\_\_\_\_  
Cable TV/Internet: \_\_\_\_\_  
**Total:** \_\_\_\_\_  
Food: \_\_\_\_\_  
Grocery items: \_\_\_\_\_  
Restaurant: \_\_\_\_\_  
**Total:** \_\_\_\_\_

Medical (after insurance): \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Dentist: \_\_\_\_\_  
Prescriptions: \_\_\_\_\_  
Therapy: \_\_\_\_\_  
**Total:** \_\_\_\_\_  
Automobile insurance: \_\_\_\_\_  
Life insurance: \_\_\_\_\_  
Health insurance: \_\_\_\_\_  
Dental insurance: \_\_\_\_\_  
Homeowner's insurance: \_\_\_\_\_  
**Total:** \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Vehicle 1: \_\_\_\_\_  
Payment: \_\_\_\_\_  
Fuel: \_\_\_\_\_  
Repair and maintenance: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Parking: \_\_\_\_\_  
**Total:** \_\_\_\_\_  
Vehicle 2: \_\_\_\_\_  
Payment: \_\_\_\_\_  
Fuel: \_\_\_\_\_  
Repair and maintenance: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Parking: \_\_\_\_\_  
**Total:** \_\_\_\_\_  
Clothing: \_\_\_\_\_  
Laundry: \_\_\_\_\_  
Childcare: \_\_\_\_\_  
Childcare related: \_\_\_\_\_  
Education: \_\_\_\_\_  
For children: \_\_\_\_\_  
School: \_\_\_\_\_  
Lunches: \_\_\_\_\_  
Sports: \_\_\_\_\_  
For spouse: \_\_\_\_\_  
Tuition: \_\_\_\_\_  
Books and fees: \_\_\_\_\_  
Recreation: \_\_\_\_\_  
Entertainment: \_\_\_\_\_  
Hobbies: \_\_\_\_\_  
Membership in clubs: \_\_\_\_\_  
Miscellaneous: \_\_\_\_\_  
Gifts: \_\_\_\_\_  
Hair care/nail: \_\_\_\_\_  
Books/newspapers: \_\_\_\_\_  
Donations: \_\_\_\_\_

Real estate, including location, market value, outstanding mortgage, net equity, and a list of all furniture:

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Motor vehicles, including year and make, market value, outstanding loans, and net equity:

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Bank accounts, including name of bank and current balance:

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Stocks, bonds, and mutual funds. (Attach broker statements.) Include stock or bond name, shares or par, and the market value for each position or holding:

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Life insurance. List the company name, the policy number, the owner's name, the insured's name, the beneficiary's name, the face value, and the cash surrender value:

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Pension, profit sharing, and retirement plans. For each plan, list the plan name, the participant, and the value:

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