

Your Personal Information

Your Misc. Information

Number of Adults Living with You: Your Maiden Name:

☐ Check if you are currently pregnant. If checked, your due date:

☐ Check to restore your former name. If checked, name to restore:

Your Birthplace City: Your Birthplace State:

Your Health: ☐ Good ☐ Fair ☐ Poor

If Poor, explain:

Your Active Duty Military

☐ Check if You are Active Duty Military or a Spouse/Dependent of Active Duty Military

If checked, Branch of Military Service:

☐ Check if Active Duty Prevents you from Participating in this Case

☐ Check if you Waive your SCRA Rights to delay this Case

Your Education/Training

Last **Elementary** School you Attended: Years Attended:

Last **Middle** School you Attended: Years Attended:

Last **High** School you Attended: Years Attended:

You obtained: ☐ High School Diploma ☐ GED ☐ N/A

Highest education level you achieved: ☐ Grade School ☐ High School ☐ Associate
☐ Bachelor's ☐ Post Graduate

College #1 you attended, if any:

Years Attended: ☐ Check if you obtained a College Degree.

If checked, Degree Obtained:

College #2 you attended, if any:

Years Attended: ☐ Check if you obtained a College Degree.

If checked, Degree Obtained:

Graduate School #1 you attended, if any:

Years Attended: ☐ Check if you obtained a Graduate Degree.

If checked, Degree Obtained:

Graduate School #2 you attended, if any:

Years Attended: ☐ Check if you obtained a Graduate Degree.

If checked, Degree Obtained:

Technical/Professional School #1 you attended, if any:

Years Attended: ☐ Check if you obtained a Degree or Certification.

If checked, Degree/Certification:

Technical/Professional School #2 you attended, if any:

Years Attended: ☐ Check if you obtained a Degree or Certification.

If checked, Degree/Certification:

Your Retirement or Public Assistance Information

- ☐ Check if you're currently Retired
- ☐ Check if you receive Public Assistance Cash Grant
- ☐ Check if you receive Public Assistance Medical
- ☐ Check if you have a Pending Public Assistance Application

Your Parents

Your Father's Full Name:

☐ Check if your Father is deceased? If not checked, please provide your Father's full address:

Your Mother's Full Name:

☐ Check if your Mother is deceased? If not checked, please provide your Mother's full address:

Your Closest (Distance-wise) Friend or Relative

Full Name:

Phone Number:

Full Address:

Your Vitals

Height: Weight (lbs): Hair color: Eye color:

Race: ☐ White ☐ Black ☐ Asian ☐ Other

Your Prior Divorces/Dissolutions

☐ Check if you were Divorced prior to this Marriage? If checked...

First prior divorce/dissolution date: First Prior Divorce Case #:

Monthly Spousal Support you PAY for First prior divorce/dissolution:

Monthly Spousal Support you RECEIVE for First prior divorce/dissolution:

First prior divorce/dissolution city, state:

Second prior divorce/dissolution date: Second Prior Divorce Case #:

Monthly Spousal Support you PAY for Second prior divorce/dissolution:

Monthly Spousal Support you RECEIVE for Second prior divorce/dissolution:

Second prior divorce/dissolution city, state:

Your Spouse's Personal Information

Your Spouse's Misc. Information

Number of Adults Living with Your Spouse:

Your Spouse's Maiden Name:

☐ Check if Your Spouse is currently pregnant. If checked, due date:

☐ Check to restore Your Spouse's former name.

If checked, name to restore:

Your Spouse's Birthplace City: Your Spouse's Birthplace State:

Your Spouse's Health: ☐ Good ☐ Fair ☐ Poor

If Poor, explain:

Your Spouse's Active Duty Military

☐ Check if Your Spouse is Active Duty Military or Spouse/Dependent of Active Duty Military

If checked, Branch of Military Service:

☐ Check if Active Duty Prevent Your Spouse from Participating in this Case.

☐ Check if Your Spouse Waives their SCRA Rights to delay this Case.

Your Spouse's Education/Training

Last Elementary School Your Spouse Attended: Years Attended:

Last Middle School Your Spouse Attended: Years Attended:

Last High School Your Spouse Attended: Years Attended:

Your Spouse obtained: ☐ High School Diploma ☐ GED ☐ N/A

Highest education level your Spouse achieved: ☐ Grade School ☐ High School ☐ Associate
☐ Bachelor's ☐ Post Graduate

College #1 Your Spouse attended, if any:

Years Attended:

☐ Check if Your Spouse obtained a College Degree.

If checked, Degree Obtained:

College #2 Your Spouse attended, if any:

Years Attended:

☐ Check if Your Spouse obtained a College Degree.

If checked, Degree Obtained:

Graduate School #1 Your Spouse attended, if any:

Years Attended:

☐ Check if Your Spouse obtained a Graduate Degree.

If checked, Degree Obtained:

Graduate School #2 Your Spouse attended, if any:

Years Attended:

☐ Check if Your Spouse obtained a Graduate Degree.

If checked, Degree Obtained:

Technical/Professional School #1 Your Spouse attended, if any:

Years Attended:

☐ Check if Your Spouse obtained a Degree or Certification.

If checked, Degree/Certification:

Technical/Professional School #2 Your Spouse attended, if any:

Years Attended:

☐ Check if Your Spouse obtained a Degree or Certification.

If checked, Degree/Certification:

Your Spouse's Retirement or Public Assistance Information

☐ Check if Your Spouse is currently Retired

☐ Check if Your Spouse receives Public Assistance Cash Grant

☐ Check if Your Spouse receives Public Assistance Medical

☐ Check if Your Spouse has a Pending Public Assistance Application

Your Spouse's Parents

Your Spouse's Father's Full Name:

☐ Check if Your Spouse's Father is deceased? If not checked, please provide Your Spouse's Father's full address:

Your Spouse's Mother's Full Name:

☐ Check if Your Spouse's Mother is deceased? If not checked, please provide Your Spouse's Mother's full address:

Your Spouse's Closest (Distance-wise) Friend or Relative

Full Name:

Phone Number:

Full Address:

Your Spouse's Vitals

Height: Weight (lbs): Hair color: Eye color:

Race: ☐ White ☐ Black ☐ Asian ☐ Other

Your Spouse's Prior Divorces/Dissolutions

☐ Check if Your Spouse was Divorced prior to this Marriage? If checked...

First prior divorce/dissolution date: First Prior Divorce Case #:

Monthly Spousal Support Your Spouse PAYS for First prior divorce/dissolution:

Monthly Spousal Support Your Spouse RECEIVES for First prior divorce/dissolution:

First prior divorce/dissolution city, state:

Second prior divorce/dissolution date: Second Prior Divorce Case #:

Monthly Spousal Support Your Spouse PAYS for Second prior divorce/dissolution:

Monthly Spousal Support Your Spouse RECEIVES for Second prior divorce/dissolution:

Second prior divorce/dissolution city, state:

Marriage Information

Location where you were married:

Date you were married:

Are there minor children born to and/or adopted during marriage? ☐ Yes ☐ No

Type of domestic relations case:

☐ Dissolution ☐ Divorce ☐ Legal Separation ☐ Annulment

Are the parties currently cohabitating? ☐ Yes ☐ No

If no, who left the marital residence first?

☐ Your Spouse ☐ You ☐ N/A

Date of separation:

Temporary Order Information

Do You seek temporary custody? ☐ Yes ☐ No

Do You seek temporary child support? ☐ Yes ☐ No

Do You seek temporary spousal support? ☐ Yes ☐ No

Are there any current Domestic Violence orders? ☐ Yes ☐ No

If Yes, Domestic Violence Case Number:

Are there any current Juvenile cases? ☐ Yes ☐ No

If Yes, Juvenile Case Number:

Is there a current Bankruptcy case for either party? ☐ Yes ☐ No

If Yes, Bankruptcy Case Number:

If Yes, Bankruptcy Case Filed Date:

Children Information

Children born to and/or adopted by You & Your Spouse.

How many children born to and/or adopted in this marriage?

How many children are Minor and/or otherwise Dependent in this marriage?

Custody arrangement? ☐ Sole ☐ Shared ☐ Split

Child Support Obligor? ☐ Your Spouse ☐ You

Health Insurance Obligor? ☐ Your Spouse ☐ You

First Child Information (born/adopted this marriage)

First Name: Middle Name: Last Name:

Gender: ☐ Male ☐ Female ☐ Other:

Date of Birth:

Disabled and/or Dependent: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No

Child's SSN (xxx-xx-xxxx):

Resides with: ☐ You ☐ Your Spouse ☐ Both ☐ Other

Will Reside with: ☐ You ☐ Your Spouse ☐ Other

If Other, will reside with (full name):

Residential Parent for School Purposes: ☐ You ☐ Your Spouse ☐ Other

If Other, will reside with (full name):

Employment/School Related Childcare Amount:

School: Grade:

Second Child Information (born/adopted this marriage)

First Name: Middle Name: Last Name:

Gender: ☐ Male ☐ Female ☐ Other:

Date of Birth:

Disabled and/or Dependent: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No

Child's SSN (xxx-xx-xxxx):

Resides with: ☐ You ☐ Your Spouse ☐ Both ☐ Other

Will Reside with: ☐ You ☐ Your Spouse ☐ Other

If Other, will reside with (full name):

Residential Parent for School Purposes: ☐ You ☐ Your Spouse ☐ Other

If Other, will reside with (full name):

Employment/School Related Childcare Amount:

School: Grade:

Third Child Information (born/adopted this marriage)First Name: Middle Name: Last Name: Gender: ☐ Male ☐ Female ☐ Other: Date of Birth: Disabled and/or Dependent: ☐ Yes ☐ NoPaternity Established: ☐ Yes ☐ NoChild's SSN (xxx-xx-xxxx): Resides with: ☐ You ☐ Your Spouse ☐ Both ☐ OtherWill Reside with: ☐ You ☐ Your Spouse ☐ OtherIf Other, will reside with (full name): Residential Parent for School Purposes: ☐ You ☐ Your Spouse ☐ OtherIf Other, will reside with (full name): Employment/School Related Childcare Amount: School: Grade: **Fourth Child Information (born/adopted this marriage)**First Name: Middle Name: Last Name: Gender: ☐ Male ☐ Female ☐ Other: Date of Birth: Disabled and/or Dependent: ☐ Yes ☐ NoPaternity Established: ☐ Yes ☐ NoChild's SSN (xxx-xx-xxxx): Resides with: ☐ You ☐ Your Spouse ☐ Both ☐ OtherWill Reside with: ☐ You ☐ Your Spouse ☐ OtherIf Other, will reside with (full name): Residential Parent for School Purposes: ☐ You ☐ Your Spouse ☐ OtherIf Other, will reside with (full name): Employment/School Related Childcare Amount: School: Grade: **Fifth Child Information (born/adopted this marriage)**First Name: Middle Name: Last Name: Gender: ☐ Male ☐ Female ☐ Other: Date of Birth: Disabled and/or Dependent: ☐ Yes ☐ NoPaternity Established: ☐ Yes ☐ NoChild's SSN (xxx-xx-xxxx): Resides with: ☐ You ☐ Your Spouse ☐ Both ☐ OtherWill Reside with: ☐ You ☐ Your Spouse ☐ Other

If Other, will reside with (full name):
Residential Parent for School Purposes: ☐ You ☐ Your Spouse ☐ Other
If Other, will reside with (full name):
Employment/School Related Childcare Amount:
School: Grade:

Sixth Child Information (born/adopted this marriage)

First Name: Middle Name: Last Name:
Gender: ☐ Male ☐ Female ☐ Other:
Date of Birth:
Disabled and/or Dependent: ☐ Yes ☐ No
Paternity Established: ☐ Yes ☐ No
Child's SSN (xxx-xx-xxxx):
Resides with: ☐ You ☐ Your Spouse ☐ Both ☐ Other
Will Reside with: ☐ You ☐ Your Spouse ☐ Other
If Other, will reside with (full name):
Residential Parent for School Purposes: ☐ You ☐ Your Spouse ☐ Other
If Other, will reside with (full name):
Employment/School Related Childcare Amount:
School: Grade:

Seventh Child Information (born/adopted this marriage)

First Name: Middle Name: Last Name:
Gender: ☐ Male ☐ Female ☐ Other:
Date of Birth:
Disabled and/or Dependent: ☐ Yes ☐ No
Paternity Established: ☐ Yes ☐ No
Child's SSN (xxx-xx-xxxx):
Resides with: ☐ You ☐ Your Spouse ☐ Both ☐ Other
Will Reside with: ☐ You ☐ Your Spouse ☐ Other
If Other, will reside with (full name):
Residential Parent for School Purposes: ☐ You ☐ Your Spouse ☐ Other
If Other, will reside with (full name):
Employment/School Related Childcare Amount:
School: Grade:

Eighth Child Information (born/adopted this marriage)

First Name: Middle Name: Last Name:
Gender: ☐ Male ☐ Female ☐ Other:

Date of Birth:

Disabled and/or Dependent: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No

Child's SSN (xxx-xx-xxxx):

Resides with: ☐ You ☐ Your Spouse ☐ Both ☐ Other

Will Reside with: ☐ You ☐ Your Spouse ☐ Other

If Other, will reside with (full name):

Residential Parent for School Purposes: ☐ You ☐ Your Spouse ☐ Other

If Other, will reside with (full name):

Employment/School Related Childcare Amount:

School: Grade:

Children Information

Your Children NOT born to and/or adopted by You & Your Spouse.

Number of Your children not born/adopted during this marriage?

First Child Information (Your child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:

Gender: ☐ Male ☐ Female ☐ Other:

Date of Birth:

Disabled and/or Dependent: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No

Child's SSN (xxx-xx-xxxx):

Resides with You: ☐ Yes ☐ No

Amount of Child Support RECEIVED by You for this Child:

Amount of Child Support PAID by You for this Child:

Absent Parent Full Name:

Absent Parent Street Address:

Absent Parent City, State ZIP:

Absent Parent Telephone Number:

Second Child Information (Your child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:

Gender: ☐ Male ☐ Female ☐ Other:

Date of Birth:

Disabled and/or Dependent: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No

Child's SSN (xxx-xx-xxxx):

Resides with You: ☐ Yes ☐ No

Amount of Child Support RECEIVED by You for this Child:

Amount of Child Support PAID by You for this Child:

Absent Parent Full Name:

Absent Parent Street Address:

Absent Parent City, State ZIP:

Absent Parent Telephone Number:

Third Child Information (Your child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:

Gender: ☐ Male ☐ Female ☐ Other:

Date of Birth:

Disabled and/or Dependent: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No
Child's SSN (xxx-xx-xxxx):
Resides with You: ☐ Yes ☐ No
Amount of Child Support RECEIVED by You for this Child:
Amount of Child Support PAID by You for this Child:
Absent Parent Full Name:
Absent Parent Street Address:
Absent Parent City, State ZIP:
Absent Parent Telephone Number:

Fourth Child Information (Your child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:
Gender: ☐ Male ☐ Female ☐ Other:
Date of Birth:
Disabled and/or Dependent: ☐ Yes ☐ No
Paternity Established: ☐ Yes ☐ No
Child's SSN (xxx-xx-xxxx):
Resides with You: ☐ Yes ☐ No
Amount of Child Support RECEIVED by You for this Child:
Amount of Child Support PAID by You for this Child:
Absent Parent Full Name:
Absent Parent Street Address:
Absent Parent City, State ZIP:
Absent Parent Telephone Number:

Fifth Child Information (Your child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:
Gender: ☐ Male ☐ Female ☐ Other:
Date of Birth:
Disabled and/or Dependent: ☐ Yes ☐ No
Paternity Established: ☐ Yes ☐ No
Child's SSN (xxx-xx-xxxx):
Resides with You: ☐ Yes ☐ No
Amount of Child Support RECEIVED by You for this Child:
Amount of Child Support PAID by You for this Child:
Absent Parent Full Name:
Absent Parent Street Address:
Absent Parent City, State ZIP:
Absent Parent Telephone Number:

Sixth Child Information (Your child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:

Gender: ☐ Male ☐ Female ☐ Other:

Date of Birth:

Disabled and/or Dependent: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No

Child's SSN (xxx-xx-xxxx):

Resides with You: ☐ Yes ☐ No

Amount of Child Support RECEIVED by You for this Child:

Amount of Child Support PAID by You for this Child:

Absent Parent Full Name:

Absent Parent Street Address:

Absent Parent City, State ZIP:

Absent Parent Telephone Number:

Children Information

Your Spouse's Children NOT born to and/or adopted by You & Your Spouse.

Number of Your Spouse's children not born/adopted during this marriage?

First Child Information (Your Spouse's child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:

Gender: ☐ Male ☐ Female ☐ Other:

Date of Birth:

Disabled and/or Dependent: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No

Child's SSN (xxx-xx-xxxx):

Resides with Your Spouse: ☐ Yes ☐ No

Amount of Child Support RECEIVED by Your Spouse for this Child:

Amount of Child Support PAID by Your Spouse for this Child:

Absent Parent Full Name:

Absent Parent Street Address:

Absent Parent City, State ZIP:

Absent Parent Telephone Number:

Second Child Information (Your Spouse's child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:

Gender: ☐ Male ☐ Female ☐ Other:

Date of Birth:

Disabled and/or Dependent: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No

Child's SSN (xxx-xx-xxxx):

Resides with Your Spouse: ☐ Yes ☐ No

Amount of Child Support RECEIVED by Your Spouse for this Child:

Amount of Child Support PAID by Your Spouse for this Child:

Absent Parent Full Name:

Absent Parent Street Address:

Absent Parent City, State ZIP:

Absent Parent Telephone Number:

Third Child Information (Your Spouse's child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:

Gender: ☐ Male ☐ Female ☐ Other:

Date of Birth:

Disabled and/or Dependent: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No
Child's SSN (xxx-xx-xxxx):
Resides with Your Spouse: ☐ Yes ☐ No
Amount of Child Support RECEIVED by Your Spouse for this Child:
Amount of Child Support PAID by Your Spouse for this Child:
Absent Parent Full Name:
Absent Parent Street Address:
Absent Parent City, State ZIP:
Absent Parent Telephone Number:

Fourth Child Information (Your Spouse's child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:
Gender: ☐ Male ☐ Female ☐ Other:
Date of Birth:
Disabled and/or Dependent: ☐ Yes ☐ No
Paternity Established: ☐ Yes ☐ No
Child's SSN (xxx-xx-xxxx):
Resides with Your Spouse: ☐ Yes ☐ No
Amount of Child Support RECEIVED by Your Spouse for this Child:
Amount of Child Support PAID by Your Spouse for this Child:
Absent Parent Full Name:
Absent Parent Street Address:
Absent Parent City, State ZIP:
Absent Parent Telephone Number:

Fifth Child Information (Your Spouse's child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:
Gender: ☐ Male ☐ Female ☐ Other:
Date of Birth:
Disabled and/or Dependent: ☐ Yes ☐ No
Paternity Established: ☐ Yes ☐ No
Child's SSN (xxx-xx-xxxx):
Resides with Your Spouse: ☐ Yes ☐ No
Amount of Child Support RECEIVED by Your Spouse for this Child:
Amount of Child Support PAID by Your Spouse for this Child:
Absent Parent Full Name:
Absent Parent Street Address:
Absent Parent City, State ZIP:
Absent Parent Telephone Number:

Sixth Child Information (Your Spouse's child NOT born/adopted this marriage)

First Name: Middle Name: Last Name:

Gender: ☐ Male ☐ Female ☐ Other:

Date of Birth:

Disabled and/or Dependent: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No

Child's SSN (xxx-xx-xxxx):

Resides with Your Spouse: ☐ Yes ☐ No

Amount of Child Support RECEIVED by Your Spouse for this Child:

Amount of Child Support PAID by Your Spouse for this Child:

Absent Parent Full Name:

Absent Parent Street Address:

Absent Parent City, State ZIP:

Absent Parent Telephone Number:

Your Income Information Section

Are You Employed? ☐ Yes ☐ No
Wages Actual or Estimated? ☐ Actual ☐ Estimated

Are wages:

Wages per Pay Period: Pay Periods Per Year:

Base Yearly Wages (2021):

Last Year Base Wages (2020):

Two Years Ago Base Wages (2019):

Three Years Ago Base Wages (2018):

Last Year Overtime, Commissions, Bonuses, Etc. (2020):

Two Years Ago Overtime, Commissions, Bonuses, Etc. (2019):

Three Years Ago Overtime, Commissions, Bonuses, Etc. (2018):

Current Yearly Interest and Dividends:

Current Yearly Unemployment Compensation:

Current Yearly Workers' Compensation:

Current Yearly Social Security Disability:

Source of Yearly Disability Income Other than Social Security:

Current Yearly Income for Disability Other than Social Security:

Current Yearly Social Security Retirement Income:

Current Yearly Gross Self-Employment Income:

Current Yearly Self-Employment Expenses:

Type of Current Monthly Mandatory Work Deductions (NOT Taxes):

Amount of Current Monthly Mandatory Work Deductions (NOT Taxes):

Work Position:

Work Hours per Week: Work Phone:

Amount of Current Monthly SSI:

Amount of Monthly Public Assistance:

☐ Check if You have another Source of Income.

If Checked,

Source Name

Yearly Amount

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Your Spouse Income Information Section

Is Your Spouse Employed? ☐ Yes ☐ No
Wages Actual or Estimated? ☐ Actual ☐ Estimated

Are wages:

Wages per Pay Period: Pay Periods Per Year:

Base Yearly Wages (2021):

Last Year Base Wages (2020):

Two Years Ago Base Wages (2019):

Three Years Ago Base Wages (2018):

Last Year Overtime, Commissions, Bonuses, Etc. (2020):

Two Years Ago Overtime, Commissions, Bonuses, Etc. (2019):

Three Years Ago Overtime, Commissions, Bonuses, Etc. (2018):

Current Yearly Interest and Dividends:

Current Yearly Unemployment Compensation:

Current Yearly Workers' Compensation:

Current Yearly Social Security Disability:

Source of Yearly Disability Income Other than Social Security:

Current Yearly Income for Disability Other than Social Security:

Current Yearly Social Security Retirement Income:

Current Yearly Gross Self-Employment Income:

Current Yearly Self-Employment Expenses:

Type of Current Monthly Mandatory Work Deductions (NOT Taxes):

Amount of Current Monthly Mandatory Work Deductions (NOT Taxes):

Work Position:

Work Hours per Week: Work Phone:

Amount of Current Monthly SSI:

Amount of Monthly Public Assistance:

☐ Check if Your Spouse has another Source of Income.

If Checked, Source Name Yearly Amount

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Pensions Information Section

☐ Check if You and/or Your Spouse earn or contribute to any pensions.

If Checked, how many pensions do You have or are contributing to:

If Checked, how many pensions does Your Spouse have or is contributing to:

Your Pension Information Section

Your **FIRST** Pension Information

Type of pension:

Deposit Institution Zip Code:

Name of Deposit Institution:

Deposit Institution Street Address:

Deposit Institution City:

Deposit Institution State:

Account Number:

On what date did You BEGIN earning this pension:

On what date did/does this Pension vest:

When is the earliest date You CAN retire and receive this Pension:

Please provide the your best estimate of this Pension monthly payment:

Desired type of distribution:

☐ Coverture ☐ Custom % ☐ Custom Amount ☐ Buyout ☐ You Keep

Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date

☐ Check if this Pension has a Survivorship Plan. If Checked, monthly cost:

Your **SECOND** Pension Information

Type of pension:

Deposit Institution Zip Code:

Name of Deposit Institution:

Deposit Institution Street Address:

Deposit Institution City:

Deposit Institution State:

Account Number:

On what date did You BEGIN earning this pension:

On what date did/does this Pension vest:

When is the earliest date You CAN retire and receive this Pension:

Please provide the your best estimate of this Pension monthly payment:

Desired type of distribution:

☐ Coverture ☐ Custom % ☐ Custom Amount ☐ Buyout ☐ You Keep

Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date

☐ Check if this Pension has a Survivorship Plan. If Checked, monthly cost:

Your **THIRD** Pension Information

Type of pension:

Deposit Institution Zip Code:

Name of Deposit Institution:

Deposit Institution Street Address:

Deposit Institution City:

Deposit Institution State:

Account Number:

On what date did You BEGIN earning this pension:

On what date did/does this Pension vest:

When is the earliest date You CAN retire and receive this Pension:

Please provide the your best estimate of this Pension monthly payment:

Desired type of distribution:

☐ Coverture ☐ Custom % ☐ Custom Amount ☐ Buyout ☐ You Keep

Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date

☐ Check if this Pension has a Survivorship Plan. If Checked, monthly cost:

Your **FOURTH** Pension Information

Type of pension:

Deposit Institution Zip Code:

Name of Deposit Institution:

Deposit Institution Street Address:

Deposit Institution City:

Deposit Institution State:

Account Number:

On what date did You BEGIN earning this pension:

On what date did/does this Pension vest:

When is the earliest date You CAN retire and receive this Pension:

Please provide the your best estimate of this Pension monthly payment:

Desired type of distribution:

☐ Coverture ☐ Custom % ☐ Custom Amount ☐ Buyout ☐ You Keep

Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date

☐ Check if this Pension has a Survivorship Plan. If Checked, monthly cost:

Your Spouse's Pension Information Section

Your Spouse's **FIRST** Pension Information

Type of pension:

Deposit Institution Zip Code:

Name of Deposit Institution:

Deposit Institution Street Address:

Deposit Institution City:

Deposit Institution State:

Account Number:

On what date did Your Spouse BEGIN earning this pension:

On what date did/does this Pension vest:

When is the earliest date Your Spouse CAN retire and receive this Pension:

Please provide the your best estimate of this Pension *monthly* payment:

Desired type of distribution:
☐ Coverture ☐ Custom % ☐ Custom Amount ☐ Buyout ☐ Your Spouse Keeps

Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date

☐ Check if this Pension has a Survivorship Plan. If Checked, monthly cost:

Your Spouse's **SECOND** Pension Information

Type of pension:

Deposit Institution Zip Code:

Name of Deposit Institution:

Deposit Institution Street Address:

Deposit Institution City:

Deposit Institution State:

Account Number:

On what date did Your Spouse BEGIN earning this pension:

On what date did/does this Pension vest:

When is the earliest date Your Spouse CAN retire and receive this Pension:

Please provide the your best estimate of this Pension *monthly* payment:

Desired type of distribution:
☐ Coverture ☐ Custom % ☐ Custom Amount ☐ Buyout ☐ Your Spouse Keeps

Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date

☐ Check if this Pension has a Survivorship Plan. If Checked, monthly cost:

Your Spouse's **THIRD** Pension Information

Type of pension:

Deposit Institution Zip Code:

Name of Deposit Institution:

Deposit Institution Street Address:

Deposit Institution City:
Deposit Institution State:
Account Number:
On what date did Your Spouse BEGIN earning this pension:
On what date did/does this Pension vest:
When is the earliest date Your Spouse CAN retire and receive this Pension:
Please provide the your best estimate of this Pension monthly payment:
Desired type of distribution:
☐ Coverture ☐ Custom % ☐ Custom Amount ☐ Buyout ☐ Your Spouse Keeps
Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date
☐ Check if this Pension has a Survivorship Plan. If Checked, monthly cost:

Your Spouse's **FOURTH** Pension Information

Type of pension:
Deposit Institution Zip Code:
Name of Deposit Institution:
Deposit Institution Street Address:
Deposit Institution City:
Deposit Institution State:
Account Number:
On what date did Your Spouse BEGIN earning this pension:
On what date did/does this Pension vest:
When is the earliest date Your Spouse CAN retire and receive this Pension:
Please provide the your best estimate of this Pension monthly payment:
Desired type of distribution:
☐ Coverture ☐ Custom % ☐ Custom Amount ☐ Buyout ☐ Your Spouse Keeps
Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date
☐ Check if this Pension has a Survivorship Plan. If Checked, monthly cost:

Retirement Information Section

☐ Check if You and/or Your Spouse have a retirement account.
If Checked, how many retirement accounts do You have:
If Checked, how many retirement accounts does Your Spouse have:

Your **FIRST** Retirement Account Information

Deposit Institution Zip Code:
Name of Deposit Institution:
Deposit Institution Street Address:
Deposit Institution City:

Deposit Institution State:
Account Number:
Balance on marriage date (0.00, if started after marriage):
Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date
Balance on date for valuation: Yearly Amount of Interest:
Either party claim a sole/separate interest from the other on this account: ☐ Yes ☐ No
Desired form of distribution:
☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ QDRO
Desired type of distribution:
☐ 50% Increased Value ☐ Custom % ☐ Custom Amount ☐ You Keep
If selected, Custom % or Amount:

Your **SECOND** Retirement Account Information

Deposit Institution Zip Code:
Name of Deposit Institution:
Deposit Institution Street Address:
Deposit Institution City:
Deposit Institution State:
Account Number:
Balance on marriage date (0.00, if started after marriage):
Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date
Balance on date for valuation: Yearly Amount of Interest:
Either party claim a sole/separate interest from the other on this account: ☐ Yes ☐ No
Desired form of distribution:
☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ QDRO
Desired type of distribution:
☐ 50% Increased Value ☐ Custom % ☐ Custom Amount ☐ You Keep
If selected, Custom % or Amount:

Your **THIRD** Retirement Account Information

Deposit Institution Zip Code:
Name of Deposit Institution:
Deposit Institution Street Address:
Deposit Institution City:
Deposit Institution State:
Account Number:
Balance on marriage date (0.00, if started after marriage):
Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date
Balance on date for valuation: Yearly Amount of Interest:
Either party claim a sole/separate interest from the other on this account: ☐ Yes ☐ No
Desired form of distribution:

☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ QDRO

Desired type of distribution:

☐ 50% Increased Value ☐ Custom % ☐ Custom Amount ☐ You Keep

If selected, Custom % or Amount:

Your **FOURTH** Retirement Account Information

Deposit Institution Zip Code:

Name of Deposit Institution:

Deposit Institution Street Address:

Deposit Institution City:

Deposit Institution State:

Account Number:

Balance on marriage date (0.00, if started after marriage):

Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date

Balance on date for valuation: Yearly Amount of Interest:

Either party claim a sole/separate interest from the other on this account: ☐ Yes ☐ No

Desired form of distribution:

☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ QDRO

Desired type of distribution:

☐ 50% Increased Value ☐ Custom % ☐ Custom Amount ☐ You Keep

If selected, Custom % or Amount:

Your Spouse's **FIRST** Retirement Account Information

Deposit Institution Zip Code:

Name of Deposit Institution:

Deposit Institution Street Address:

Deposit Institution City:

Deposit Institution State:

Account Number:

Balance on marriage date (0.00, if started after marriage):

Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date

Balance on date for valuation: Yearly Amount of Interest:

Either party claim a sole/separate interest from the other on this account: ☐ Yes ☐ No

Desired form of distribution:

☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ QDRO

Desired type of distribution:

☐ 50% Increased Value ☐ Custom % ☐ Custom Amount ☐ Your Spouse Keeps

If selected, Custom % or Amount:

Your Spouse's **SECOND** Retirement Account Information

Deposit Institution Zip Code:

Name of Deposit Institution:

Deposit Institution Street Address:
Deposit Institution City:
Deposit Institution State:
Account Number:
Balance on marriage date (0.00, if started after marriage):
Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date
Balance on date for valuation: Yearly Amount of Interest:
Either party claim a sole/separate interest from the other on this account: ☐ Yes ☐ No
Desired form of distribution:
☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ QDRO
Desired type of distribution:
☐ 50% Increased Value ☐ Custom % ☐ Custom Amount ☐ Your Spouse Keeps
If selected, Custom % or Amount:

Your Spouse's **THIRD** Retirement Account Information

Deposit Institution Zip Code:
Name of Deposit Institution:
Deposit Institution Street Address:
Deposit Institution City:
Deposit Institution State:
Account Number:
Balance on marriage date (0.00, if started after marriage):
Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date
Balance on date for valuation: Yearly Amount of Interest:
Either party claim a sole/separate interest from the other on this account: ☐ Yes ☐ No
Desired form of distribution:
☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ QDRO
Desired type of distribution:
☐ 50% Increased Value ☐ Custom % ☐ Custom Amount ☐ Your Spouse Keeps
If selected, Custom % or Amount:

Your Spouse's **FOURTH** Retirement Account Information

Deposit Institution Zip Code:
Name of Deposit Institution:
Deposit Institution Street Address:
Deposit Institution City:
Deposit Institution State:
Account Number:
Balance on marriage date (0.00, if started after marriage):
Desired date for valuation: ☐ Date of Separation ☐ Final Hearing Date
Balance on date for valuation: Yearly Amount of Interest:

Either party claim a sole/separate interest from the other on this account: ☐ Yes ☐ No

Desired form of distribution:

☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ QDRO

Desired type of distribution:

☐ 50% Increased Value ☐ Custom % ☐ Custom Amount ☐ Your Spouse Keeps

If selected, Custom % or Amount:

Spousal Support This Marriage Information Section

Spousal support paid for this marriage: ☐ Yes ☐ No
Who will be **paying** Spousal support: ☐ You ☐ Your Spouse

Amount of monthly spousal support:

Spousal support duration: ☐ Years ☐ Months

What day is first spousal support payment:

Is spousal support for lifetime: ☐ Yes ☐ No

The Court can change the amount later: ☐ Yes ☐ No

The Court can change the duration later: ☐ Yes ☐ No

Spousal support terminates when either party dies: ☐ Yes ☐ No

Spousal support terminates when person being paid remarries: ☐ Yes ☐ No

Spousal support terminates when person being paid cohabitates: ☐ Yes ☐ No

Spousal support terminates when disability causes the
person being paid to apply for medicaid: ☐ Yes ☐ No

Monthly spousal support will be paid:
☐ CSEA ☐ Check ☐ Withholding/Direct Deposit ☐ Bank Transfer

Any special payment provisions:

Gift and/or Inheritance Information Section

Do You expect any gift or inheritance in next 6 months:

☐ Yes

☐ No

Does Your Spouse expect any gift or inheritance in next 6 months:

☐ Yes

☐ No

Your Gift and/or Inheritance Information Section

FIRST Source of Expected Gift or Inheritance:

Amount:

SECOND Source of Expected Gift or Inheritance:

Amount:

THIRD Source of Expected Gift or Inheritance:

Amount:

FOURTH Source of Expected Gift or Inheritance:

Amount:

FIFTH Source of Expected Gift or Inheritance:

Amount:

SIXTH Source of Expected Gift or Inheritance:

Amount:

Your Spouse's Gift and/or Inheritance Information Section

FIRST Source of Expected Gift or Inheritance:

Amount:

SECOND Source of Expected Gift or Inheritance:

Amount:

THIRD Source of Expected Gift or Inheritance:

Amount:

FOURTH Source of Expected Gift or Inheritance:

Amount:

FIFTH Source of Expected Gift or Inheritance:

Amount:

SIXTH Source of Expected Gift or Inheritance:

Amount:

Monthly Housing Expenses Information Section

Your Monthly Housing Expenses Information Section

Name(s) of any Person(s) Helping with Monthly Expenses:

Amount of Help Received for Monthly Expenses:

Housing is: ☐ Rented ☐ Owned

Monthly Rent or Mortgage Amount:

Monthly Homeowners Insurance Amount (If not included in last response):

Monthly Second Mortgage and/or Equity Loan Payment:

Monthly Renter's Insurance Amount (If not included in last response): ...

Monthly Gas Fuel Amount for Housing:

Monthly Fuel Oil Amount for Housing:

Monthly Propane Amount for Housing:

Monthly Electric Amount for Housing:

Monthly Water and Sewer Amount for Housing:

Monthly Sewer Amount for Housing (If not included in last response): ...

Monthly Land line Telephone Amount for Housing:

Monthly Cell Phone Amount (If not included elsewhere):

Monthly Trash Amount:

Monthly Cable Or Satellite TV:

Monthly House Cleaning:

Monthly Housing Maintenance:

Monthly Housing Repair:

Monthly Lawn Service:

Monthly Snow Removal:

Monthly Housing Other Name:

Monthly Housing Other Amount:

Monthly Housing Other Name:

Monthly Housing Other Amount:

Monthly Housing Other Name:

Monthly Housing Other Amount:

Monthly Housing Other Name:

Monthly Housing Other Amount:

You Spouse's Monthly Housing Expenses Information Section

Name(s) of any Person(s) Helping with Monthly Expenses:

Amount of Help Received for Monthly Expenses:	
Housing is: <input type="radio"/> Rented <input type="radio"/> Owned	
Monthly Rent or Mortgage Amount:	
Monthly Homeowners Insurance Amount (If not included in last response):	
Monthly Second Mortgage and/or Equity Loan Payment:	
Monthly Renter's Insurance Amount (If not included in last response): ...	
Monthly Gas Fuel Amount for Housing:	
Monthly Fuel Oil Amount for Housing:	
Monthly Propane Amount for Housing:	
Monthly Electric Amount for Housing:	
Monthly Water and Sewer Amount for Housing:	
Monthly Sewer Amount for Housing (If not included in last response): ...	
Monthly Land line Telephone Amount for Housing:	
Monthly Cell Phone Amount (If not included elsewhere):	
Monthly Trash Amount:	
Monthly Cable Or Satellite TV:	
Monthly House Cleaning:	
Monthly Housing Maintenance:	
Monthly Housing Repair:	
Monthly Lawn Service:	
Monthly Snow Removal:	
Monthly Housing Other Name:	
Monthly Housing Other Amount:	
Monthly Housing Other Name:	
Monthly Housing Other Amount:	
Monthly Housing Other Name:	
Monthly Housing Other Amount:	
Monthly Housing Other Name:	
Monthly Housing Other Amount:	

Monthly Living Expenses Information Section

Your Information Section

Monthly Cost of Groceries, including Laundry/Cleaning Products & Toiletries?	
Monthly Restaurant Expenses?	
Monthly Cost for Fuel and Oil for Transportation?	
Monthly Cost of Car Repairs?	
Monthly Cost of Parking?	
Monthly Cost of Public Transportation?	
Monthly Cost of Clothing?	
Monthly Cost of Dry Cleaning and Laundry?	
Monthly Cost of Hair and Nail Care?	
Other Type of Personal Grooming?	
Monthly Cost of Other Type1 of Personal Grooming?	
Other Type2 of Personal Grooming?	
Monthly Cost of Other Type2 of Personal Grooming?	
Monthly Cost of Internet?	
Other Type1 of Living Expenses?	
Monthly Cost of Other Type1 of Living Expenses?	
Other Type2 of Living Expenses?	
Monthly Cost of Other Type2 of Living Expenses?	
Other Type3 of Living Expenses?	
Monthly Cost of Other Type3 of Living Expenses?	
Other Type4 of Living Expenses?	
Monthly Cost of Other Type4 of Living Expenses?	
Monthly Cost of Extraordinary Obligations to Minor/Dependent Children?	
Monthly Cost of Spousal Support Payments (NOT this marriage)?	
Monthly Cost of Subscriptions & Books?	
Monthly Cost of Entertainment?	
Monthly Cost of Charity and Tithing?	
Monthly Cost of Membership in Associations/Club?	
Monthly Cost of Vacation/Travel?	
Monthly Amount of Pet Expenses?	
Monthly Cost of Gifts?	
Monthly Amount of Bankruptcy Payments?	
Monthly Cost of Attorney Fees?	
Type of Additional Taxes NOT Deducted from Pay?	

Monthly Cost of Additional Taxes NOT Deducted from Pay?	
Other Misc Type of Living Expense	
Monthly Amount of Other Misc Type of Living Expense?	
Other Misc Type of Living Expense	
Monthly Amount of Other Misc Type of Living Expense?	

Your Spouse's Information Section

Monthly Cost of Groceries, including Laundry/Cleaning Products & Toiletries?	
Monthly Restaurant Expenses?	
Monthly Cost for Fuel and Oil for Transportation?	
Monthly Cost of Car Repairs?	
Monthly Cost of Parking?	
Monthly Cost of Public Transportation?	
Monthly Cost of Clothing?	
Monthly Cost of Dry Cleaning and Laundry?	
Monthly Cost of Hair and Nail Care?	
Other Type of Personal Grooming?	
Monthly Cost of Other Type1 of Personal Grooming?	
Other Type2 of Personal Grooming?	
Monthly Cost of Other Type2 of Personal Grooming?	
Monthly Cost of Internet?	
Other Type1 of Living Expenses?	
Monthly Cost of Other Type1 of Living Expenses?	
Other Type2 of Living Expenses?	
Monthly Cost of Other Type2 of Living Expenses?	
Other Type3 of Living Expenses?	
Monthly Cost of Other Type3 of Living Expenses?	
Other Type4 of Living Expenses?	
Monthly Cost of Other Type4 of Living Expenses?	
Monthly Cost of Extraordinary Obligations to Minor/Dependent Children?	
Monthly Cost of Spousal Support Payments (NOT this marriage)?	
Monthly Cost of Subscriptions & Books?	
Monthly Cost of Entertainment?	
Monthly Cost of Charity and Tithing?	
Monthly Cost of Membership in Associations/Club?	
Monthly Cost of Vacation/Travel?	
Monthly Amount of Pet Expenses?	

Monthly Cost of Gifts?	
Monthly Amount of Bankruptcy Payments?	
Monthly Cost of Attorney Fees?	
Type of Additional Taxes NOT Deducted from Pay?	
Monthly Cost of Additional Taxes NOT Deducted from Pay?	
Other Misc Type of Living Expense	
Monthly Amount of Other Misc Type of Living Expense?	
Other Misc Type of Living Expense	
Monthly Amount of Other Misc Type of Living Expense?	

Monthly Health Care Expenses Information Section

Your Information Section

Monthly Physician Expenses NOT Covered by Insurance:	
Monthly Dental Expenses NOT Covered by Insurance:	
Monthly Optometrist and/or Optician Expenses NOT Covered by Insurance:	
Monthly Prescriptions Expenses NOT Covered by Insurance:	

Other Monthly Health Care Expenses Type (NOT Covered by Insurance):

Monthly Amount of Other Health Care Expenses (NOT Covered by Insurance):

Other Monthly Health Care Expenses Type (NOT Covered by Insurance):

Monthly Amount of Other Health Care Expenses (NOT Covered by Insurance):

Your Spouse's Information Section

Monthly Physician Expenses NOT Covered by Insurance:

Monthly Dental Expenses NOT Covered by Insurance:

Monthly Optometrist and/or Optician Expenses NOT Covered by Insurance:

Monthly Prescriptions Expenses NOT Covered by Insurance:

Other Monthly Health Care Expenses Type (NOT Covered by Insurance):

Monthly Amount of Other Health Care Expenses (NOT Covered by Insurance):

Other Monthly Health Care Expenses Type (NOT Covered by Insurance):

Monthly Amount of Other Health Care Expenses (NOT Covered by Insurance):

Monthly Education Expenses Information Section

Your Information Section

Monthly Tuition for Your Own Education:	
Monthly Tuition for Children:	
Monthly School Books, Fees, Etc.:	
First Student Loan Company:	
Monthly Payment for First Student Loan:	
Second Student Loan Company:	
Monthly Payment for Second Student Loan:	
Third Student Loan Company:	
Monthly Payment for Third Student Loan:	
Type of Other Monthly Education Cost:	
Monthly Amount of Other Education Cost:	
Type of Other Monthly Education Cost:	
Monthly Amount of Other Education Cost:	

Your Spouse's Information Section

Monthly Tuition for Your Own Education:	
Monthly Tuition for Children:	
Monthly School Books, Fees, Etc.:	
First Student Loan Company:	
Monthly Payment for First Student Loan:	
Second Student Loan Company:	
Monthly Payment for Second Student Loan:	
Third Student Loan Company:	
Monthly Payment for Third Student Loan:	
Type of Other Monthly Education Cost:	
Monthly Amount of Other Education Cost:	
Type of Other Monthly Education Cost:	
Monthly Amount of Other Education Cost:	

Monthly Debt Payments Information Section

Joint Debt Payments Information Section

How Many Loans in Both Your and Your Spouse's Names?

FIRST Loan Information

Joint Creditor Name:

Loan Number/Identifier:

Purpose or Security

Who Primarily Benefited From This Debt? ☐ Both ☐ You ☐ Your Spouse

Monthly Payment:

Balance Owed:

Party to be Responsible for this Joint Debt? ☐ Both ☐ You ☐ Your Spouse

SECOND Loan Information

Joint Creditor Name:

Loan Number/Identifier:

Purpose or Security

Who Primarily Benefited From This Debt? ☐ Both ☐ You ☐ Your Spouse

Monthly Payment:

Balance Owed:

Party to be Responsible for this Joint Debt? ☐ Both ☐ You ☐ Your Spouse

Your Debt Payments Information Section

How Many Loans in Your Name Only?

Your FIRST Loan Information

Creditor Name:

Loan Number/Identifier:

Purpose or Security

Who Primarily Benefited From This Debt? ☐ Both ☐ You ☐ Your Spouse

Monthly Payment:

Balance Owed:

Party to be Responsible for this Joint Debt? ☐ Both ☐ You ☐ Your Spouse

Your SECOND Loan Information

Creditor Name:

Loan Number/Identifier:

Purpose or Security

Who Primarily Benefited From This Debt? ☐ Both ☐ You ☐ Your Spouse

Monthly Payment:

Balance Owed:

Party to be Responsible for this Joint Debt? ☐ Both ☐ You ☐ Your Spouse

Your Spouse's Debt Payments Information Section

How Many Loans in Your Spouse's Name Only?

Your Spouse's FIRST Loan Information

Creditor Name:

Loan Number/Identifier:

Purpose or Security

Who Primarily Benefited From This Debt? ☐ Both ☐ You ☐ Your Spouse

Monthly Payment:

Balance Owed:

Party to be Responsible for this Joint Debt? ☐ Both ☐ You ☐ Your Spouse

Your Spouse's SECOND Loan Information

Creditor Name:

Loan Number/Identifier:

Purpose or Security

Who Primarily Benefited From This Debt? ☐ Both ☐ You ☐ Your Spouse

Monthly Payment:

Balance Owed:

Party to be Responsible for this Joint Debt? ☐ Both ☐ You ☐ Your Spouse

Insurance Information Section

Your Information Section

Have Health Insurance at your Employer ☐ Yes ☐ No

Have Other Group Health Insurance Plan ☐ Yes ☐ No

Health Insurance Company Name:

Health Insurance Company Street Address:

Health Insurance Company City:

Health Insurance Company State:

Health Insurance Company ZIP:

Are you a Health Insurance Obligor of a Child of THIS Marriage? ☐ Yes ☐ No

Elects to be Obligor for More than the Max Amount/Limit? ☐ Yes ☐ No

Health Insurance Policy Number:

Monthly Health Insurance Premium:

Number of All Dependents Covered by this Health Insurance:

Number of Children from THIS Marriage Covered by this Health Insurance:

Are Children from THIS Marriage Already in a Family Plan? ☐ Yes ☐ No

Are Children from THIS Marriage Already in an Individual Plan? ☐ Yes ☐ No

Monthly Life Insurance Premium:

Monthly Auto Insurance Premium:

Monthly Renters/Property Insurance Premium:

Other Type of Insurance:

Monthly Other Type of Insurance Premium:

Monthly Disability Insurance Premium:

Your Spouse's Information Section

Have Health Insurance at your Employer ☐ Yes ☐ No

Have Other Group Health Insurance Plan ☐ Yes ☐ No

Health Insurance Company Name:

Health Insurance Company Street Address:

Health Insurance Company City:

Health Insurance Company State:

Health Insurance Company ZIP:

Are you a Health Insurance Obligor of a Child of THIS Marriage? ☐ Yes ☐ No

Elects to be Obligor for More than the Max Amount/Limit? ☐ Yes ☐ No

Health Insurance Policy Number:

Monthly Health Insurance Premium:

Number of All Dependents Covered by this Health Insurance:

Number of Children from THIS Marriage Covered by this Health Insurance:

Are Children from THIS Marriage Already in a Family Plan? ☐ Yes ☐ No

Are Children from THIS Marriage Already in an Individual Plan? ☐ Yes ☐ No

Monthly Life Insurance Premium:	
Monthly Auto Insurance Premium:	
Monthly Renters/Property Insurance Premium:	
Other Type of Insurance:	
Monthly Other Type of Insurance Premium:	
Monthly Disability Insurance Premium:	

Funds On Deposit Information Section

Joint Funds On Deposit Information Section

How many deposit accounts in BOTH parties' names?

FIRST Deposit Account Information

Deposit Institution Zip Code?

Name of Deposit Institution?

Deposit Institution Street Address?

Deposit Institution City?

Deposit Institution State?

Account Number?

Current Balance?

Yearly Interest?

Does either party claim a sole/separate interest from the other on this fund? ☐ Yes ☐ No

Who claims to own this fund? ☐ You ☐ Your Spouse

Why does this person own this fund solely and separately?

SECOND Deposit Account Information

Deposit Institution Zip Code?

Name of Deposit Institution?

Deposit Institution Street Address?

Deposit Institution City?

Deposit Institution State?

Account Number?

Current Balance?

Yearly Interest?

Does either party claim a sole/separate interest from the other on this fund? ☐ Yes ☐ No

Who claims to own this fund? ☐ You ☐ Your Spouse

Why does this person own this fund solely and separately?

Your Funds On Deposit Information Section

How many deposit accounts in Your name only?

Your FIRST Deposit Account Information

Deposit Institution Zip Code?

Name of Deposit Institution?

Deposit Institution Street Address?

Deposit Institution City?

Deposit Institution State?

Account Number?

Current Balance?

Yearly Interest?

Does either party claim a sole/separate interest from the other on this fund? ☐ Yes ☐ No

Who claims to own this fund? ☐ You ☐ Your Spouse

Why does this person own this fund solely and separately?

Your Spouse's Funds On Deposit Information Section

How many deposit accounts in Your Spouse's name only?

Your Spouse's FIRST Deposit Account Information

Deposit Institution Zip Code?

Name of Deposit Institution?

Deposit Institution Street Address?

Deposit Institution City?

Deposit Institution State?

Account Number?

Current Balance?

Yearly Interest?

Does either party claim a sole/separate interest from the other on this fund? ☐ Yes ☐ No

Who claims to own this fund? ☐ You ☐ Your Spouse

Why does this person own this fund solely and separately?

Stocks/Investment Information Section

☐ Check if any Stocks or Investments (Accounts or Certificates) are Owned By You and/or Your Spouse?

Joint Stocks/Investments Information Section

How many deposit accounts in BOTH parties' names?

FIRST Joint Stock/Investment Information

Stock/Investment Institution Zip Code?

Name of Stock/Investment Institution?

Stock/Investment Institution Street Address?

Stock/Investment Institution City?

Stock/Investment Institution State?

Account Number?

Current Value?

Yearly Interest and Dividends from this account?

Does either party claim a sole/separate interest from the other on this account? ☐ Yes ☐ No

How will this account value be distributed between the parties?

☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ Percentage Buyout ☐ Fixed Buyout

Joint Stock Investments **Paying Party1**: ☐ You ☐ Your Spouse

Your Investment Equity Percent:

How much is to be paid to You?

Your Spouse Stock Investment Equity Percent:

How much is to be paid to Your Spouse?

Your Stocks Investments Information Section

How many deposit accounts in Your name only?

Your **FIRST Stock Investment Information**

Stock/Investment Institution Zip Code?

Name of Stock/Investment Institution?

Stock/Investment Institution Street Address?

Stock/Investment Institution City?

Stock/Investment Institution State?

Account Number?

Current Value?

Yearly Interest and Dividends from this account?

Does either party claim a sole/separate interest from the other on this account? ☐ Yes ☐ No

How will this account value be distributed between the parties?

☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ Percentage Buyout ☐ Fixed Buyout

Your Spouse's Stocks Investments Information Section

How many deposit accounts in Your Spouse's name only?

Your Spouse's **FIRST Stock Investment Information**

Stock/Investment Institution Zip Code?

Name of Stock/Investment Institution?

Stock/Investment Institution Street Address?

Stock/Investment Institution City?

Stock/Investment Institution State?

Account Number?

Current Value?

Yearly Interest and Dividends from this account?

Does either party claim a sole/separate interest from the other on this account? ☐ Yes ☐ No

How will this account value be distributed between the parties?

☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ Percentage Buyout ☐ Fixed Buyout

Your Spouse's SECOND Stock Investment Information

Stock/Investment Institution Zip Code?

Name of Stock/Investment Institution?

Stock/Investment Institution Street Address?

Stock/Investment Institution City?

Stock/Investment Institution State?

Account Number?

Current Value?

Yearly Interest and Dividends from this account?

Does either party claim a sole/separate interest from the other on this account? ☐ Yes ☐ No

How will this account value be distributed between the parties?

☐ Distribute Investments ☐ Liquidate/Split Net Value ☐ Percentage Buyout ☐ Fixed Buyout

Real Estate Information Section

☐ Check if any Real Estate is Owned by You and/or Your Spouse?

Joint Real Estate Information Section

How many Real Estate Properties are owned in BOTH Parties' Names:

FIRST Real Estate Info

ZIP code of this Property?

This Property Street Address?

This Property City?

This Property State?

Current Value?

Name of FIRST Mortgage/Loan Company for this Property?

Balance owed on FIRST Mortgage/Loan for this Property?

Monthly payment for FIRST Mortgage/Loan for this Property?

Name of SECOND Mortgage/Loan Company for this Property?

Balance owed on SECOND Mortgage/Loan for this Property?

Monthly payment for SECOND Mortgage/Loan for this Property?

Is this Property a Rental/Investment Property? ☐ Yes ☐ No

Joint Real Estate Yearly Net Rental Income1:

Does either party claim a sole/separate interest in this Real Estate? ☐ Yes ☐ No

How will this Real Estate value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout/Refinance

SECOND Real Estate Info

ZIP code of this Property?

This Property Street Address?

This Property City?

This Property State?

Current Value?

Name of FIRST Mortgage/Loan Company for this Property?

Balance owed on FIRST Mortgage/Loan for this Property?

Monthly payment for FIRST Mortgage/Loan for this Property?

Name of SECOND Mortgage/Loan Company for this Property?

Balance owed on SECOND Mortgage/Loan for this Property?

Monthly payment for SECOND Mortgage/Loan for this Property?

Is this Property a Rental/Investment Property? ☐ Yes ☐ No

Joint Real Estate Yearly Net Rental Income1:

Does either party claim a sole/separate interest in this Real Estate? ☐ Yes ☐ No

How will this Real Estate value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout/Refinance

Your Real Estate Information Section

How many Real Estate Properties are owned in Your Name Only:

Your FIRST Real Estate Info

ZIP code of this Property?

This Property Street Address?

This Property City?

This Property State?

Current Value?

Name of FIRST Mortgage/Loan Company for this Property?

Balance owed on FIRST Mortgage/Loan for this Property?

Monthly payment for FIRST Mortgage/Loan for this Property?

Name of SECOND Mortgage/Loan Company for this Property?

Balance owed on SECOND Mortgage/Loan for this Property?

Monthly payment for SECOND Mortgage/Loan for this Property?

Is this Property a Rental/Investment Property? ☐ Yes ☐ No

Joint Real Estate Yearly Net Rental Income1:

Does either party claim a sole/separate interest in this Real Estate? ☐ Yes ☐ No

How will this Real Estate value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout/Refinance

Your Spouse's Real Estate Information Section

How many Real Estate Properties are owned in Your Spouse's Name Only:

Your Spouse's FIRST Real Estate Info

ZIP code of this Property?

This Property Street Address?

This Property City?

This Property State?

Current Value?

Name of FIRST Mortgage/Loan Company for this Property?

Balance owed on FIRST Mortgage/Loan for this Property?

Monthly payment for FIRST Mortgage/Loan for this Property?

Name of SECOND Mortgage/Loan Company for this Property?

Balance owed on SECOND Mortgage/Loan for this Property?

Monthly payment for SECOND Mortgage/Loan for this Property?

Is this Property a Rental/Investment Property? ☐ Yes ☐ No

Joint Real Estate Yearly Net Rental Income1:

Does either party claim a sole/separate interest in this Real Estate? ☐ Yes ☐ No

How will this Real Estate value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout/Refinance

Vehicles Information Section

☐ Check if Any Vehicles (Cars, Trucks, Boats, Trailers, etc.) are Owned and/or Leased by You and/or Your Spouse?

Joint Vehicles Information Section

How Many Vehicles Leased or Titled in Both Parties' Names?

FIRST Joint Vehicle Info

Model year of this vehicle?

What make and model is this vehicle?

What is the VIN of this vehicle?

Is this vehicle leased or owned? ☐ Owned ☐ Leased

IF LEASED,

Name of vehicle lease company?

Monthly lease payment for this vehicle?

How will this leased vehicle be handled?

☐ Terminate Lease

☐ Transfer Lease Responsibility to You

☐ Transfer Lease Responsibility to Your Spouse

IF OWNED,

What is the current value of this vehicle?

Name of FIRST car loan company?

Balance due to FIRST car loan company for this vehicle?

Monthly payment to FIRST car loan company for this vehicle?

Name of SECOND car loan company?

Balance due to SECOND car loan company for this vehicle?

Monthly payment to SECOND car loan company for this vehicle?

Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No

Who claims to own this vehicle? ☐ You ☐ Your Spouse

Why does this person own this vehicle solely and separately?

How will this vehicle value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout

If Fixed Buyout, To Be Transferred to: ☐ You ☐ Your Spouse

Your Vehicles Equity Percent:

How much is to be paid to You?

Your Spouse's Vehicles Equity Percent:

How much is to be paid to Your Spouse?

SECOND Joint Vehicle Info

Model year of this vehicle?

What make and model is this vehicle?

What is the VIN of this vehicle?

Is this vehicle leased or owned? ☐ Owned ☐ Leased

IF LEASED,

Name of vehicle lease company?

Monthly lease payment for this vehicle?

How will this leased vehicle be handled?

☐ Terminate Lease

☐ Transfer Lease Responsibility to You

☐ Transfer Lease Responsibility to Your Spouse

IF OWNED,

What is the current value of this vehicle?

Name of FIRST car loan company?

Balance due to FIRST car loan company for this vehicle?

Monthly payment to FIRST car loan company for this vehicle?

Name of SECOND car loan company?

Balance due to SECOND car loan company for this vehicle?

Monthly payment to SECOND car loan company for this vehicle?

Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No

Who claims to own this vehicle? ☐ You ☐ Your Spouse

Why does this person own this vehicle solely and separately?

How will this vehicle value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout

If Fixed Buyout, To Be Transferred to: ☐ You ☐ Your Spouse

Your Vehicles Equity Percent:

How much is to be paid to You?

Your Spouse's Vehicles Equity Percent:

How much is to be paid to Your Spouse?

THIRD Joint Vehicle Info

Model year of this vehicle?

What make and model is this vehicle?

What is the VIN of this vehicle?

Is this vehicle leased or owned? ☐ Owned ☐ Leased

IF LEASED,

Name of vehicle lease company?

Monthly lease payment for this vehicle?

How will this leased vehicle be handled?

☐ Terminate Lease

☐ Transfer Lease Responsibility to You

☐ Transfer Lease Responsibility to Your Spouse

IF OWNED,

What is the current value of this vehicle?

Name of FIRST car loan company?

Balance due to FIRST car loan company for this vehicle?

Monthly payment to FIRST car loan company for this vehicle?

Name of SECOND car loan company?

Balance due to SECOND car loan company for this vehicle?

Monthly payment to SECOND car loan company for this vehicle?

Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No

Who claims to own this vehicle? ☐ You ☐ Your Spouse

Why does this person own this vehicle solely and separately?

How will this vehicle value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout

If Fixed Buyout, To Be Transferred to: ☐ You ☐ Your Spouse

Your Vehicles Equity Percent:

How much is to be paid to You?

Your Spouse's Vehicles Equity Percent:

How much is to be paid to Your Spouse?

FOURTH Joint Vehicle Info

Model year of this vehicle?

What make and model is this vehicle?

What is the VIN of this vehicle?

Is this vehicle leased or owned? ☐ Owned ☐ Leased

IF LEASED,

Name of vehicle lease company?

Monthly lease payment for this vehicle?

How will this leased vehicle be handled?

☐ Terminate Lease

☐ Transfer Lease Responsibility to You

☐ Transfer Lease Responsibility to Your Spouse

IF OWNED,

What is the current value of this vehicle?

Name of FIRST car loan company?

Balance due to FIRST car loan company for this vehicle?

Monthly payment to FIRST car loan company for this vehicle?

Name of SECOND car loan company?

Balance due to SECOND car loan company for this vehicle?

Monthly payment to SECOND car loan company for this vehicle?

Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No

Who claims to own this vehicle? ☐ You ☐ Your Spouse

Why does this person own this vehicle solely and separately?

How will this vehicle value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout
 If Fixed Buyout, To Be Transferred to: ☐ You ☐ Your Spouse
 Your Vehicles Equity Percent:
 How much is to be paid to You?
 Your Spouse's Vehicles Equity Percent:
 How much is to be paid to Your Spouse?

Your Vehicles Information Section

How Many Vehicles Leased or Titled just in Your name?

Your FIRST Vehicle Information

Model year of this vehicle?
 What make and model is this vehicle?
 What is the VIN of this vehicle?
 Is this vehicle leased or owned? ☐ Owned ☐ Leased
 IF LEASED,
 Name of vehicle lease company?
 Monthly lease payment for this vehicle?
 How will this leased vehicle be handled?
 ☐ Terminate Lease
 ☐ Continue Lease Responsibility to You
 ☐ Transfer Lease Responsibility to Your Spouse
 IF OWNED,
 What is the current value of this vehicle?
 Name of FIRST car loan company?
 Balance due to FIRST car loan company for this vehicle?
 Monthly payment to FIRST car loan company for this vehicle?
 Name of SECOND car loan company?
 Balance due to SECOND car loan company for this vehicle?
 Monthly payment to SECOND car loan company for this vehicle?
 Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No
 Who claims to own this vehicle? ☐ You ☐ Your Spouse
 Why does this person own this vehicle solely and separately?
 How will this vehicle value be distributed between the parties?
☐ Liquidate/Split Net Value ☐ Fixed Buyout
 If Fixed Buyout, To Be Transferred to: ☐ You ☐ Your Spouse
 Your Vehicles Equity Percent:

How much is to be paid to You?
Your Spouse's Vehicles Equity Percent:
How much is to be paid to Your Spouse?

Your SECOND Vehicle Information

Model year of this vehicle?
What make and model is this vehicle?
What is the VIN of this vehicle?
Is this vehicle leased or owned? ☐ Owned ☐ Leased
IF LEASED,

Name of vehicle lease company?
Monthly lease payment for this vehicle?
How will this leased vehicle be handled?
☐ Terminate Lease
☐ Continue Lease Responsibility to You
☐ Transfer Lease Responsibility to Your Spouse

IF OWNED,

What is the current value of this vehicle?
Name of FIRST car loan company?
Balance due to FIRST car loan company for this vehicle?
Monthly payment to FIRST car loan company for this vehicle?
Name of SECOND car loan company?
Balance due to SECOND car loan company for this vehicle?
Monthly payment to SECOND car loan company for this vehicle?

Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No

Who claims to own this vehicle? ☐ You ☐ Your Spouse

Why does this person own this vehicle solely and separately?

How will this vehicle value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout

If Fixed Buyout, To Be Transferred to: ☐ You ☐ Your Spouse

Your Vehicles Equity Percent:

How much is to be paid to You?
Your Spouse's Vehicles Equity Percent:
How much is to be paid to Your Spouse?

Your THIRD Vehicle Information

Model year of this vehicle?
What make and model is this vehicle?
What is the VIN of this vehicle?
Is this vehicle leased or owned? ☐ Owned ☐ Leased
IF LEASED,

Name of vehicle lease company?

Monthly lease payment for this vehicle?

How will this leased vehicle be handled?

☐ Terminate Lease

☐ Continue Lease Responsibility to You

☐ Transfer Lease Responsibility to Your Spouse

IF OWNED,

What is the current value of this vehicle?

Name of FIRST car loan company?

Balance due to FIRST car loan company for this vehicle?

Monthly payment to FIRST car loan company for this vehicle?

Name of SECOND car loan company?

Balance due to SECOND car loan company for this vehicle?

Monthly payment to SECOND car loan company for this vehicle?

Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No

Who claims to own this vehicle? ☐ You ☐ Your Spouse

Why does this person own this vehicle solely and separately?

How will this vehicle value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout

If Fixed Buyout, To Be Transferred to: ☐ You ☐ Your Spouse

Your Vehicles Equity Percent:

How much is to be paid to You?

Your Spouse's Vehicles Equity Percent:

How much is to be paid to Your Spouse?

Your FOURTH Vehicle Information

Model year of this vehicle?

What make and model is this vehicle?

What is the VIN of this vehicle?

Is this vehicle leased or owned? ☐ Owned ☐ Leased

IF LEASED,

Name of vehicle lease company?

Monthly lease payment for this vehicle?

How will this leased vehicle be handled?

☐ Terminate Lease

☐ Continue Lease Responsibility to You

☐ Transfer Lease Responsibility to Your Spouse

IF OWNED,

What is the current value of this vehicle?

Name of FIRST car loan company?

Balance due to FIRST car loan company for this vehicle?	
Monthly payment to FIRST car loan company for this vehicle?	
Name of SECOND car loan company?	
Balance due to SECOND car loan company for this vehicle?	
Monthly payment to SECOND car loan company for this vehicle?	

Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No

Who claims to own this vehicle? ☐ You ☐ Your Spouse

Why does this person own this vehicle solely and separately?

How will this vehicle value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout

If Fixed Buyout, To Be Transferred to: ☐ You ☐ Your Spouse

Your Vehicles Equity Percent:

How much is to be paid to You?

Your Spouse's Vehicles Equity Percent:

How much is to be paid to Your Spouse?

Your Spouse's Vehicles Information Section

How Many Vehicles Leased or Titled just in Your Spouse's name?

Your Spouse's FIRST Vehicle Information

Model year of this vehicle?

What make and model is this vehicle?

What is the VIN of this vehicle?

Is this vehicle leased or owned? ☐ Owned ☐ Leased

IF LEASED,

Name of vehicle lease company?

Monthly lease payment for this vehicle?

How will this leased vehicle be handled?

☐ Terminate Lease

☐ Continue Lease Responsibility to Your Spouse

☐ Transfer Lease Responsibility to You

IF OWNED,

What is the current value of this vehicle?

Name of FIRST car loan company?

Balance due to FIRST car loan company for this vehicle?

Monthly payment to FIRST car loan company for this vehicle?

Name of SECOND car loan company?

Balance due to SECOND car loan company for this vehicle?

Monthly payment to SECOND car loan company for this vehicle?

Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No

Who claims to own this vehicle? ☐ Your Spouse ☐ You

Why does this person own this vehicle solely and separately?

How will this vehicle value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout

If Fixed Buyout, To Be Transferred to: ☐ Your Spouse ☐ You

Your Vehicles Equity Percent:

How much is to be paid to You?

Your Spouse's Vehicles Equity Percent:

How much is to be paid to Your Spouse?

Your Spouse's SECOND Vehicle Information

Model year of this vehicle?

What make and model is this vehicle?

What is the VIN of this vehicle?

Is this vehicle leased or owned? ☐ Owned ☐ Leased

IF LEASED,

Name of vehicle lease company?

Monthly lease payment for this vehicle?

How will this leased vehicle be handled?

☐ Terminate Lease

☐ Continue Lease Responsibility to Your Spouse

☐ Transfer Lease Responsibility to You

IF OWNED,

What is the current value of this vehicle?

Name of FIRST car loan company?

Balance due to FIRST car loan company for this vehicle?

Monthly payment to FIRST car loan company for this vehicle?

Name of SECOND car loan company?

Balance due to SECOND car loan company for this vehicle?

Monthly payment to SECOND car loan company for this vehicle?

Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No

Who claims to own this vehicle? ☐ Your Spouse ☐ You

Why does this person own this vehicle solely and separately?

How will this vehicle value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout

If Fixed Buyout, To Be Transferred to: ☐ Your Spouse ☐ You

Your Vehicles Equity Percent:

How much is to be paid to You?

Your Spouse's Vehicles Equity Percent:

How much is to be paid to Your Spouse?

Your Spouse's THIRD Vehicle Information

Model year of this vehicle?

What make and model is this vehicle?

What is the VIN of this vehicle?

Is this vehicle leased or owned? ☐ Owned ☐ Leased

IF LEASED,

Name of vehicle lease company?

Monthly lease payment for this vehicle?

How will this leased vehicle be handled?

☐ Terminate Lease

☐ Continue Lease Responsibility to Your Spouse

☐ Transfer Lease Responsibility to You

IF OWNED,

What is the current value of this vehicle?

Name of FIRST car loan company?

Balance due to FIRST car loan company for this vehicle?

Monthly payment to FIRST car loan company for this vehicle?

Name of SECOND car loan company?

Balance due to SECOND car loan company for this vehicle?

Monthly payment to SECOND car loan company for this vehicle?

Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No

Who claims to own this vehicle? ☐ Your Spouse ☐ You

Why does this person own this vehicle solely and separately?

How will this vehicle value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout

If Fixed Buyout, To Be Transferred to: ☐ Your Spouse ☐ You

Your Vehicles Equity Percent:

How much is to be paid to You?

Your Spouse's Vehicles Equity Percent:

How much is to be paid to Your Spouse?

Your Spouse's FOURTH Vehicle Information

Model year of this vehicle?

What make and model is this vehicle?

What is the VIN of this vehicle?

Is this vehicle leased or owned? ☐ Owned ☐ Leased

IF LEASED,

Name of vehicle lease company?

Monthly lease payment for this vehicle?

How will this leased vehicle be handled?

☐ Terminate Lease

☐ Continue Lease Responsibility to Your Spouse

☐ Transfer Lease Responsibility to You

IF OWNED,

What is the current value of this vehicle?

Name of FIRST car loan company?

Balance due to FIRST car loan company for this vehicle?

Monthly payment to FIRST car loan company for this vehicle?

Name of SECOND car loan company?

Balance due to SECOND car loan company for this vehicle?

Monthly payment to SECOND car loan company for this vehicle?

Does either party claim a sole/separate interest in this vehicle? ☐ Yes ☐ No

Who claims to own this vehicle? ☐ Your Spouse ☐ You

Why does this person own this vehicle solely and separately?

How will this vehicle value be distributed between the parties?

☐ Liquidate/Split Net Value ☐ Fixed Buyout

If Fixed Buyout, To Be Transferred to: ☐ Your Spouse ☐ You

Your Vehicles Equity Percent:

How much is to be paid to You?

Your Spouse's Vehicles Equity Percent:

How much is to be paid to Your Spouse?