



FINANCIAL DATA - Please Complete

Name of Party Filling in This Form
(both parties need to complete separate forms)

EXPENSES: (List your current expenses on a monthly basis. If there has been any change in these expenses during the recent past please indicate). Items included under “other” should be listed separately with separate dollar amounts.)

Housing: Monthly		
1.	Mortgage/Co-op Loan	
2.	Home Equity Line of Credit/Second Mortgage	
3.	Real Estate Taxes (if not included in mortgage payment)	
4.	Homeowners/Renter’s Insurance	
5.	Homeowner’s Association/Maintenance charges/Condominium Charges	
6.	Rent	
7.	Other	



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Utilities: Monthly		
1.	Fuel Oil/Gas	
2.	Electric	
3.	Telephone (land line)	
4.	Mobile Phone	
5.	Cable/Satellite TV	
6.	Internet	
7.	Alarm	
8.	Water	
9.	Other	
Food: Monthly		
1.	Groceries	
2.	Dining Out/Take Out	
3.	Other	
Clothing: Monthly		
1.	Yourself	
2.	Child(ren)	
3.	Dry Cleaning	
4.	Other	
Insurance: Monthly		



1.	Life	
2.	Fire, theft and liability and personal articles policy	
3.	Automotive	
4.	Umbrella Policy	
5.	Medical Plan	
	5A. Medical Plan for yourself (Including name of carrier and name of insured)	
	5B. Medical Plan for children (Including name of carrier and name of insured)	
6.	Dental Plan	
7.	Optical Plan	
8.	Disability	
9.	Worker's Compensation	
10.	Long Term Care Insurance	
11.	Other	
Unreimbursed Medical: Monthly		
1.	Medical	
2.	Dental	
3.	Optical	
4.	Pharmaceutical	



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5.	Surgical, Nursing, Hospital	
6.	Psychotherapy	
7.	Other	



Household Maintenance: Monthly		
1.	Repairs/Maintenance	
2.	Gardening/landscaping	
3.	Sanitation/carting	
4.	Snow Removal	
5.	Extermination	
6.	Other	
Household Help: Monthly		
1.	Domestic (housekeeper, etc.)	
2.	Nanny/Au Pair/Child Care	
3.	Babysitter	
4.	Other	
Automobile: Monthly		
(List data for each car separately)		
	Year:_____ Make:_____	
	Personal:_____ Business:_____	
1.	Lease or Loan Payments (indicate lease term)	
2.	Gas and Oil	
3.	Repairs	
4.	Car Wash	
5.	Parking and tolls	



6.	Other	
Education Costs: Monthly		
1.	Nursery and Pre-school	
2.	Primary and Secondary	
3.	College	
4.	Post-Graduate	
5.	Religious Instruction	
6.	School Transportation	
7.	School Supplies/Books	
8.	School Lunches	
9.	Tutoring	
10.	School Events	
11.	Child(ren)'s extra-curricular and educational enrichment activities (Dance, Music, Sports, etc.)	
12.	Other	
Recreational: Monthly		
1.	Vacations	
2.	Movies, Theatre, Ballet, Etc.	
3.	Music (Digital or Physical Media)	
4.	Recreation Clubs and Memberships	
5.	Activities for yourself	



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6.	Health Club	
7.	Summer Camp	
8.	Birthday party costs for your child(ren)	
9.	Other	
Income Taxes: Monthly		
1.	Federal	
2.	State	
3.	City	
4.	Social Security and Medicare	
5.	Number of dependents claimed in prior tax year	
6.	List any refund received by you for prior tax year	
Miscellaneous: Monthly		
1.	Beauty parlor/Barber/Spa	
2.	Toiletries/Non-Prescription Drugs	
3.	Books, magazines, newspapers	
4.	Gifts to others	
5.	Charitable contributions	
6.	Religious organizations dues	
7.	Union and organization dues	



8.	Commutation expenses	
9.	Veterinarian/pet expenses	
10.	Child support payments (for Child(ren) of a prior marriage or relationship pursuant to court order or agreement)	
11.	Alimony and maintenance payments (prior marriage pursuant to court order or agreement)	
12.	Loan payments	
13.	Unreimbursed business expenses	
14.	Safe Deposit Box rental fee	
Other: Monthly		
1.		
2.		
3.		

GROSS INCOME INFORMATION

<p>Gross (total) income - as should have been or should be reported in the most recent Federal income tax return. (State whether your income has changed during the year preceding date of this affidavit. If so, please explain.)</p>	
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<p>Attach most recent W-2, 1099s, K1s and income tax returns.</p> <p>List any amount deducted from gross income for retirement benefits or tax deferred savings.</p>	
<p>To the extent not already included in gross income in (a) above:</p>	

<p>1. Investment income, including interest and dividend income, reduced by sums expended in connection with such investment</p>	
<p>2. Worker's compensation (indicate percentage of amount due to lost wages)</p>	
<p>3. Disability benefits (indicate percentage of amount due to lost wages)</p>	
<p>4. Unemployment insurance benefits</p>	
<p>5. Social Security benefits</p>	
<p>6. Supplemental Security Income</p>	
<p>7. Public assistance</p>	
<p>8. Food stamps</p>	
<p>9. Veterans benefits</p>	



10. Pensions and retirement benefits	
11. Fellowships and stipends	
12. Annuity payments	
If any child or other member of your household is employed, set forth name and that person's annual income:	
List any maintenance and/or child support you are receiving pursuant to court order or agreement	
Other:	



ASSETS (If any asset is held jointly with spouse or another, so state, and set forth your respective shares. Attach additional sheets, if needed)

Cash Accounts:	
Cash	
a. Location	
b. Source of Funds	
c. Amount as of date of commencement	
d. Current amount	
Checking Accounts:	
a. Financial Institution	
b. Account Number	
c. Title holder	
d. Date opened	
e. Source of Funds	
f. Balance as of date of commencement	
g. Current balance	
a. Financial Institution	
b. Account Number	
c. Title holder	
d. Date opened	



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e. Source of Funds	
f. Balance as of date of commencement	
g. Current balance	
Savings Account (including individual, joint, totten trust, certificates of deposit, treasury notes)	
a. Financial Institution	
b. Account Number	
c. Title holder	
d. Type of account	
e. Date opened	
f. Source of Funds	
g. Balance as of date of commencement	
h. Current balance	
a. Financial Institution	
b. Account Number	
c. Title holder	
d. Type of account	
e. Date opened	
f. Source of Funds	
g. Balance as of date of commencement	
h. Current balance	



Real Estate (Including real property, leaseholds, life estates, etc. at market value – do not deduct any mortgage)	
a. Description	
b. Title owner	
c. Date of acquisition	
d. Original price	
e. Source of funds to acquire	
f. Amount of mortgage or lien unpaid	
g. Estimate current fair market value	
a. Description	
b. Title owner	
c. Date of acquisition	
d. Original price	
e. Source of funds to acquire	
f. Amount of mortgage or lien unpaid	
g. Estimate current fair market value	
Retirement Accounts (e.g. IRAs, 401(k)s, 403(b)s, pension, profit sharing plans, deferred compensation plans, etc.)	
a. Description	
b. Location of assets	
c. Title owner	
d. Date of acquisition	
e. Source of funds	



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f. Amount of unpaid liens	
g. Value as of date of commencement	
h. Current value	



a. Description	
b. Location of assets	
c. Title owner	
d. Date of acquisition	
e. Source of funds	
f. Amount of unpaid liens	
g. Value as of date of commencement	
h. Current value	
Vehicles (Auto, Boat, Truck, Plane, Camper, Motorcycles, etc.)	
a. Description	
b. Title owner	
c. Date of acquisition	
d. Original price	
e. Source of funds to acquire	
f. Amount of lien unpaid	
g. Current fair market value (kbb.com)	
h. Value as of date of commencement	
a. Description	
b. Title owner	
c. Date of acquisition	
d. Original price	
e. Source of funds to acquire	
f. Amount of lien unpaid	
g. Current fair market value (kbb.com)	



h. Value as of date of commencement	
Jewelry, art, antiques, household furnishings, precious objects, gold and precious metals (only if valued at more than \$500)	
a. Description	
b. Title owner	
c. Location	
d. Original price or value	
e. Source of funds to acquire	
f. Amount of lien unpaid	
g. Value as of date of commencement	
h. Estimate Current Value	
a. Description	
b. Title owner	
c. Location	
d. Original price or value	
e. Source of funds to acquire	
f. Amount of lien unpaid	
g. Value as of date of commencement	
h. Estimate Current Value	



Interest in any Business	
a. Name and Address of Business	
b. Type of Business (corporate, partnership, sole proprietorship or other)	
c. Your percentage of interest	
d. Date of acquisition	
e. Original price or value	
f. Source of funds to acquire	
g. Net worth of business and date of such valuation	
h. Other relevant information	
Cash Surrender Value of Life Insurance	
a. Insurer's name and address	
b. Name of insured	
c. Policy number	
d. Face amount of policy	
e. Policy owner	
f. Date of acquisition	
g. Source of funds	
h. Cash surrender value as of date of commencement	
i. Current cash surrender value	
a. Insurer's name and address	
b. Name of insured	
c. Policy number	
d. Face amount of policy	
e. Policy owner	
f. Date of acquisition	



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g. Source of funds	
h. Cash surrender value as of date of commencement	
i. Current cash surrender value	



Investment Accounts/Securities/Stock Options/Commodities/Broker Margin Accounts	
a. Description	
b. Title holder	
c. Location	
d. Date of acquisition	
e. Source of funds	
f. Value as of date of commencement	
g. Current value	
a. Description	
b. Title holder	
c. Location	
d. Date of acquisition	
e. Source of funds	
f. Value as of date of commencement	
g. Current value	
Loans to Others and Accounts Receivable	
a. Debtor's Name and Address	
b. Original amount of loan or debt	
c. Source of funds from which loan made or origin of debt	
d. Date payment(s) due	



e. Amount due as of date of commencement	
f. Current amount due	
Contingent Interests (stock options, interests subject to life estates, prospective inheritances)	
a. Description	
b. Location	
c. Date of vesting	
d. Title owner	
e. Date of acquisition	
f. Original price or value	
g. Source of acquisition to acquire	
h. Method of valuation	
i. Value as of date of commencement	
j. Current value	\$
Other Assets (e.g., tax shelter investments, collections, judgments, causes of action, patents, trademarks, copyrights, and any other asset not hereinabove itemized)	
a. Description	
b. Title owner	
c. Location	
d. Original Price or value	



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e. Source of funds to acquire	
f. Amount of lien unpaid	
g. Value as of date of commencement	
h. Current value	



LIABILITIES *Attach additional sheets, if needed)*

Accounts Payable	
a. Name and address of creditor	
b. Debtor	
c. Amount of original debt	
d. Date of incurring debt	
e. Purpose	
f. Monthly or other periodic payment	
g. Amount of debt as of date of commencement	
h. Amount of current debt	
a. Name and address of creditor	
b. Debtor	
c. Amount of original debt	
d. Date of incurring debt	
e. Purpose	
f. Monthly or other periodic payment	
g. Amount of debt as of date of commencement	
h. Amount of current debt	
Credit Card Debt	



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a. Debtor	
b. Amount of original debt	
c. Date of incurring debt	
d. Purpose	
e. Monthly or other periodic payment	
f. Amount of debt as of date of commencement	
g. Amount of current debt	
a. Debtor	
b. Amount of original debt	
c. Date of incurring debt	
d. Purpose	
e. Monthly or other periodic payment	
f. Amount of debt as of date of commencement	
g. Amount of current debt	
Mortgages Payable on Real Estate	
a. Name and address of mortgagee	
b. Address of property mortgaged	
c. Mortgagor(s)	
d. Original debt	
e. Date of incurring debt	



f. Monthly or other periodic payment	
g. Maturity date	
h. Amount of debt as of date of commencement	
i. Amount of current debt	
a. Name and address of mortgagee	
b. Address of property mortgaged	
c. Mortgagor(s)	
d. Original debt	
e. Date of incurring debt	
f. Monthly or other periodic payment	
g. Maturity date	
h. Amount of debt as of date of commencement	
i. Amount of current debt	
Home Equity and Other Lines of Credit	
a. Name and address of mortgagee	
b. Address of property mortgaged	
c. Mortgagor(s)	
d. Original debt	
e. Date of incurring debt	
f. Monthly or other periodic payment	



g. Maturity date	
h. Amount of debt as of date of commencement	
i. Amount of current debt	
Notes Payable	
a. Name and address of note holder	
b. Debtor	
c. Amount of original debt	
d. Date of incurring debt	
e. Purpose	
f. Monthly or other periodic payment	
g. Amount of debt as of date of commencement	
h. Amount of current debt	
Brokers Margin Accounts	
a. Name and address of broker	
b. Amount of original debt	
c. Date of incurring debt	
d. Purpose	
e. Monthly or other periodic payment	
f. Amount of debt as of date of commencement	
g. Amount of current debt	



Taxes Payable	
a. Description of Tax	
b. Amount of Tax	
c. Date Due	
TOTAL: Taxes Payable	\$
Loans on Life Insurance Policies	
a. Name and address of insurer	
b. Amount of loan	
c. Date incurred	
d. Purpose	
e. Name of Borrower	
f. Monthly or other periodic payment	
g. Amount of debt as of date of commencement	
h. Amount of current debt	
Installment accounts payable (security agreements, chattel mortgages)	
a. Name and address of creditor	
b. Debtor	
c. Amount of original debt	
d. Date of incurring debt	



e. Purpose	
f. Monthly or other periodic payment	
g. Amount of debt as of date of commencement	
h. Amount of current debt	
Other Liabilities	
a. Description	
b. Name and address of creditor	
c. Debtor	
d. Original amount of debt	
e. Date incurred	
f. Purpose	
g. Monthly or other periodic payment	
h. Amount of debt as of date of commencement	
i. Amount of current debt	
a. Description	
b. Name and address of creditor	
c. Debtor	
d. Original amount of debt	
e. Date incurred	



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f. Purpose	
g. Monthly or other periodic payment	
h. Amount of debt as of date of commencement	
i. Amount of current debt	



ASSETS TRANSFERRED

List all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter. Note: Transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the Statement of Net Worth.

Description of Property	To Whom Transferred and Relationship to Transferee	Date of Transfer	Value

LEGAL & EXPERT FEES

Please state the amount you have paid to all lawyers and experts retained in connection with your marital dissolution, including name of professional, amounts and dates paid, and source of funds. Attach retainer agreement for your present attorney.

Other data concerning the financial circumstances of the parties that should be brought to the attention of the court are:
