

INFORMATION SHEETS**HUSBAND'S INFORMATION:**

LASTNAME:		FIRSTNAME:		MIDDLENAME(NOINITIALS):	
AGE:	MARITALSTATUS(Circleone) single married divorced separated widowed				
SOCIALSECURITYNUMBER		FORMERLYKNOWNAS,ORDOINGBUSINESSAS			
ADDRESS WHEREYOU RESIDE (IFDIFFERENTFROMABOVE)			YOURMAILINGADDRESS(IFDIFFERENT)		
COUNTY			EMAILADDRESS		
HOME PHONE NO.(WITHAREA CODE)		WORKPHONE NO.(WITHAREA CODE)		CELLPHONE NO.(WITHAREACODE)	
PERSONTO CONTACTINCASEOFEMERGENCY(SOMEONENOTLIVINGWITHYOU)		PHONENUMBER (WITH AREA CODE)		RELATION	

WIFE'S INFORMATION:

LASTNAME:		FIRSTNAME:		MIDDLENAME(NOINITIALS):	
AGE:	MARITALSTATUS(Circleone) single married divorced separated widowed				
SOCIALSECURITYNUMBER		FORMERLYKNOWNAS,ORDOINGBUSINESSAS			
ADDRESS WHEREYOU RESIDE (IFDIFFERENTFROMABOVE)			YOURMAILINGADDRESS(IFDIFFERENT)		
COUNTY			EMAILADDRESS		
HOME PHONE NO.(WITHAREA CODE)		WORKPHONE NO.(WITHAREA CODE)		CELLPHONE NO.(WITHAREACODE)	
PERSONTO CONTACTINCASEOFEMERGENCY(SOMEONENOTLIVINGWITHYOU)		PHONENUMBER (WITH AREA CODE)		RELATION	

SCHEDULE I INFORMATION:

Do you have any dependents other than yourself and your spouse? YES NO If yes, list dependent's information below:

<u>Relationship</u>	<u>Age</u>	<u>Live With You</u>
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you expense include expenses of people other than yourself, your spouse and your dependents? YES NO

If yes, explain: _____

EMPLOYMENT INCOME—Primary Job :

HUSBAND'S EMPLOYER'S NAME & FULL ADDRESS:		WIFE'S EMPLOYER NAME & FULL ADDRESS:	
JOB TITLE	LENGTH EMPLOYED? yrs mos	JOB TITLE	LENGTH EMPLOYED? yrs mos
When are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice per month <input type="checkbox"/> Monthly		When are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice per month <input type="checkbox"/> Monthly	pay period:
<u>Average net (take home) pay per pay period:</u> \$			

SUPPLEMENTAL INCOME	Husband	Wife
List monthly amounts:		
Commissions	\$	\$
Bonuses	\$	\$
Estimated monthly overtime	\$	\$
Tips	\$	\$
Self-Employment or Business Income (after expenses deducted)	\$	\$
Real Property (rental) Income	\$	\$
Interest and dividends	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Unemployment compensation	\$	\$
Social Security	\$	\$
Social Security check you receive for someone else	\$	\$
Other government assistance received regularly (Food stamps, Section 8, etc.)	\$	\$
V.A. Benefits	\$	\$
Other Disability Income	\$	\$
Pension or Retirement	\$	\$
Second Job	\$	\$
OTHER: (specify)	\$	\$
TOTAL:	\$	\$

EXPENSE INFORMATION: MONTHLY AMOUNTS

For Office
Use Only

EXPENSES FOR RESIDENCE		\$
	Rent	
	Mobile Home Payment	\$
	Lot Rent	\$
	Homeowner's association or condominium dues	\$
	Mortgage	First
		Second
		\$
		\$
UTILITIES		
	Electric	\$
	Gas/Heat	\$
	Water & Sewer	\$
	Basic Phone Service	\$
	Long Distance	\$
	Cellphone or Pager	\$
	Internet Access	\$ <i>E</i>
	Cable TV	\$
	Trash pickup	\$
	Home Maintenance—repairs/upkeep	\$
	Food and housekeeping supplies	\$
	Childcare	\$
	Children's education costs	\$
	Clothing, Laundry & Dry Cleaning	\$
	Personal care products and services (haircuts, nails, shampoo, etc.)	\$
	Medical/Vision/Dental Expenses (out of pocket expenses not reimbursed by insurance or paid by a health savings acct.)	\$ <i>E</i>
	Transportation (gas, maintenance, etc.—NOT CAR PAYMENT)	\$
	Entertainment, clubs, recreation, newspapers, magazines and books	\$
	Charitable contributions and religious donations	\$ <i>E</i>
INSURANCE (not deducted from paycheck or included in home mortgage payments)		
	Life	\$ <i>E</i>
	Health	\$ <i>E</i>
	Vehicle	\$
	Homeowner's or Renter's Insurance (if not covered)	
	Other	\$ <i>E</i>
Taxes (not deducted from paycheck or included in home mortgage payments)		
	Income Taxes	\$
	Property Taxes	\$ <i>E</i>
INSTALLMENT PAYMENTS		
	Make & Model:	Auto
	Make & Model:	Auto
	Make & Model:	Auto
	Other	\$
	Other	\$
	Alimony	\$ <i>E</i>
	Child Support	\$ <i>E</i>
	School Expenses for adults	\$ <i>E</i>
	School Lunches	\$
	Education of physically or mentally challenged dependent child	\$ <i>E</i>
	For continued care of household or family in the home or immediate family not living in your home	\$ <i>E</i>
	Birthdays & Christmas Gifts	\$
	Other Expenses not listed—Identify & List amounts	\$
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	Other Expenses not listed—Identify & List amounts	\$
	Other Expenses not listed—Identify & List amounts	\$
	Other Expenses not listed—Identify & List amounts	\$
	TOTAL:	\$

Describe any increase or decrease in income anticipated to occur within the next year? _____

Describe any increase or decrease in expenses anticipated to occur within the next year? _____

INCOME: From employment, trade, profession or business	<i>HUSBAND</i>	<i>WIFE</i>
Calendar year 2015	\$	\$
Calendar year 2016	\$	\$
This year to date	\$	\$
INCOME: From other sources, including but not limited to, unemployment, workers' compensation, social security, retirement, etc.		
What kind?		
Calendar year 2015	\$	\$
Calendar year 2016	\$	\$
This year to date	\$	\$

Co-signed Debts:

Have you co-

signed for anyone other than your spouse? YES NO If yes, be sure their name and relationship is listed on your list of debts.

Has anyone else other than your spouse co-

signed for you? YES NO If yes, be sure their name and relationship is listed on your list of debts.

PRIOR ADDRESSES WITHIN THE LAST THREE YEARS: If none, circle NONE	<i>From</i>	<i>To</i>
Address:		
Address:		
Address:		

Real Estate: List below the addresses of any real estate that you own. Include timeshares and any property in which you have a life estate.

<i>Address</i>	<i>Property Tax/Insurance Escrowed</i>	<i>OWN</i>	<i>Current Market Value</i>	<i>Total Balance All Mortgages</i>
	Y N			
	Y N			
	Y N			
	Y N			
	Y N			

Motor Vehicles:

List ANY & ALL cars, trucks, single wide mobile homes, motorcycles, four-wheelers, etc. that are titled in your name. If the motor vehicle has a LIEN on the title, be sure the debt is listed on your list of debts.

YEAR	MAKE & MODEL	MILEAGE	List Creditor if Lien OR PIF if paid in full	TAG Number	If financed, is it a lease or purchase? Circle one.		To be completed by attorney
					lease	purchase	
					lease	purchase	
					lease	purchase	
					lease	purchase	
					lease	purchase	
					lease	purchase	
					lease	purchase	

Student loans:

Do you owe student loans? YES NO if yes, be sure they are listed on your list of debts.

Domestic Support Obligations:

Do you owe child support? YES NO if yes, be sure they are listed on your list of debts.

Do you owe alimony? YES NO if yes, be sure they are listed on your list of debts.

Taxes:

Do you presently owe Income Taxes? YES NO if yes, be sure they are listed on your

list of debts. Do you presently owe Sales Taxes? YES NO if yes, be sure they are listed on your

list of debts. Do you presently owe Property Taxes? YES NO if yes, be sure they are listed on your

list of debts. Do you presently owe any other Taxes? YES NO if yes, be sure they are listed on your list of debts.

Chapter 7 or Chapter 13 bankruptcies filed in the last 10 years:

H W J	Date filed	What City?	Case Number	Attorney	Dismissed (✓)	Discharged (✓)	Date	7 or 13? (Circle)
								7 13
								7 13
								7 13
								7 13

TO BE COMPLETED BY ATTORNEY: Conferred with: Husband Wife

Both Ch7: Ch13: Responsible Attorney:

H W J Engagement received from: Date: Chapter 7 Fee:

Payment:

Chapter 13 Fee:

Name: _____

WE NEED COMPLETE MAILING ADDRESSES ON ALL DEBTS LISTED
 circle letter to show whether each debt is owed by husband (H) wife (W) joint (J) or co-signed (C)

CREDITOR NAME:		<i>Balance Due</i>	<i>Description of Debt</i>	
Account No:		\$	H W J C	
Address				
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Account No:		\$	H W J C	
Address				
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Address				
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Account No:		\$	H W J C	
Address				

Name: _____

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Account No:		\$	H W J C	
Address				
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Name: _____

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