



**\_\_\_\_\_ INFORMATION SHEETS \_\_\_\_\_**

***HUSBAND'S INFORMATION:***

LAST NAME:		FIRST NAME:		MIDDLE NAME (NO INITIALS):	
AGE:	MARITAL STATUS (Circle one)      single      married      divorced      separated      widowed				
SOCIAL SECURITY NUMBER		FORMERLY KNOWN AS, OR DOING BUSINESS AS			
ADDRESS WHERE YOU RESIDE (IF DIFFERENT FROM ABOVE)			YOUR MAILING ADDRESS (IF DIFFERENT)		
COUNTY			EMAIL ADDRESS		
HOME PHONE NO. (WITH AREA CODE)		WORK PHONE NO. (WITH AREA CODE)		CELL PHONE NO. (WITH AREA CODE)	
PERSON TO CONTACT IN CASE OF EMERGENCY (SOMEONE <b>NOT</b> LIVING WITH YOU)		PHONE NUMBER (WITH AREA CODE)		RELATION	

***WIFE'S INFORMATION:***

LAST NAME:		FIRST NAME:		MIDDLE NAME (NO INITIALS):	
AGE:	MARITAL STATUS (Circle one)      single      married      divorced      separated      widowed				
SOCIAL SECURITY NUMBER		FORMERLY KNOWN AS, OR DOING BUSINESS AS			
ADDRESS WHERE YOU RESIDE (IF DIFFERENT FROM ABOVE)			YOUR MAILING ADDRESS (IF DIFFERENT)		
COUNTY			EMAIL ADDRESS		
HOME PHONE NO. (WITH AREA CODE)		WORK PHONE NO. (WITH AREA CODE)		CELL PHONE NO. (WITH AREA CODE)	
PERSON TO CONTACT IN CASE OF EMERGENCY (SOMEONE <b>NOT</b> LIVING WITH YOU)		PHONE NUMBER (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 your expenses 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	
Average net (take home) pay per pay period: \$		pay period:	

<b>SUPPLEMENTAL INCOME</b> <b>List monthly amounts:</b>	<b>Husband</b>	<b>Wife</b>
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.)	\$	\$
VA Benefits	\$	\$
Other Disability Income	\$	\$
Pension or Retirement	\$	\$
Second Job	\$	\$
OTHER: (specify)	\$	\$
<b>TOTAL:</b>	\$	\$

**EXPENSE INFORMATION: MONTHLY AMOUNTS**

For Office  
Use Only

<b>EXPENSES FOR RESIDENCE</b>		\$
	Rent	\$
	Mobile Home Payment	\$
	Lot Rent	\$
	Homeowner's association or condominium dues	\$
	Mortgage First	\$
	Second	\$
<b>UTILITIES</b>		
	Electric	\$
	Gas Heat	\$
	Water & Sewer	\$
	Basic Phone Service	\$
	Long Distance	\$
	Cell phone or Pager	\$
	Internet Access	\$ <i>E</i>
	Cable TV	\$
	Trash pickup	\$
	Home Maintenance – repairs/upkeep	\$
	Food and housekeeping supplies	\$
	Child care	\$
	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>
<b>INSURANCE (not deducted from paycheck or included in home mortgage payments)</b>		
	Life	\$ <i>E</i>
	Health	\$ <i>E</i>
	Vehicle	\$
	Homeowner's or Renter's Insurance (if not escrowed)	
	Other	\$ <i>E</i>
<b>Taxes (not deducted from paycheck or included in home mortgage payments)</b>		
	Income Taxes	\$
	Property Taxes	\$ <i>E</i>
<b>INSTALLMENT PAYMENTS</b>		
	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	\$
	Other Expenses not listed – Identify & List amounts	\$
	Other Expenses not listed – Identify & List amounts	\$
	Other Expenses not listed – Identify & List amounts	\$
	Other Expenses not listed – Identify & List amounts	\$
	Other Expenses not listed – Identify & List amounts	\$
	<b>TOTAL:</b>	\$

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? \_\_\_\_\_

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

**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.

<b>PRIOR ADDRESSES</b> 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, singlewide mobile homes, motor cycles, 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:		Balance Due	Description of Debt
Account No:		\$	H W J C
Address			
Account No:		\$	H W J C
Address			
Account No:		\$	H W J C
Address			
Account No:		\$	H W J C
Address			
Account No:		\$	H W J C
Address			
Account No:		\$	H W J C
Address			

Name: \_\_\_\_\_

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



Name: \_\_\_\_\_

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