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## FINANCIAL STATUS FORM

*Please read all instructions carefully and fill out as accurately as possible.*

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

Address: \_\_\_\_\_

*It is necessary that you provide our office with a complete and accurate list of your income, liabilities, expenses and assets for use in court and/or mediation sessions. Please fill out this form as accurately as possible and return to our office ten (10) days prior to your first mediation sessions (n/a applicable if non-mediation case). If listed items do not apply, please mark n/a next to item. If a space is not provided for any financial information you may have, please list it at the end of this form.*

### I. INCOME:

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

*Please circle how pay is received as follows: weekly income = w; monthly income = M; bi-weekly income = BW. Please provide last three years of tax returns with w-2's; Please provide current paystubs for each of you if possible.*

A. Gross employment income: \_\_\_\_\_ W M BW  
*Please attach current pay stub* (if bi-weekly, 24 or 26 pay periods per year?)

#### 1. Payroll deductions:

a. Federal withholding: \_\_\_\_\_ W M BW

b. FICA: \_\_\_\_\_ W M BW

c. Medicare: \_\_\_\_\_ W M BW

d. State income tax: \_\_\_\_\_ W M BW

e. Medical insurance: \_\_\_\_\_ W M BW

Please list individuals covered by plan: \_\_\_\_\_

\_\_\_\_\_

*Important (needed for child support purposes): please provide breakdown of coverage costs for adults covered and children covered:*

Premium coverage for self: \_\_\_\_\_ W M BW

Premium coverage for spouse: \_\_\_\_\_ W M BW

Premium coverage for children: \_\_\_\_\_ W M BW

f. Dental insurance: \_\_\_\_\_ W M BW

Please list individuals covered by plan: \_\_\_\_\_

\_\_\_\_\_

Premium coverage for self: \_\_\_\_\_ W M BW

Premium coverage for spouse: \_\_\_\_\_ W M BW

Premium coverage for children: \_\_\_\_\_ W M BW

g. Credit union: \_\_\_\_\_ W M BW

Purpose of deduction: \_\_\_\_\_

h. Union dues: \_\_\_\_\_ W M BW

Purpose of deduction: \_\_\_\_\_

i. Pension: \_\_\_\_\_ W M BW

j. Other deductions: (itemize)

\_\_\_\_\_ W M BW

\_\_\_\_\_ W M BW

\_\_\_\_\_ W M BW

**B. Income from other sources:**

1. Child support payments received: \_\_\_\_\_ W M BW

2. Alimony payments received: \_\_\_\_\_ W M BW

3. State assistance: \_\_\_\_\_ W M BW

4. Dividends: *Please list source of any dividends and/or interest income and amounts received and how often received*

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5. Part time employment: *Please attach current paystub*

a. Gross weekly income: \_\_\_\_\_ W M BW

b. Deductions:

1. Federal withholding \_\_\_\_\_ W M BW

2. Fica \_\_\_\_\_ W M BW

3. Medicare \_\_\_\_\_ W M BW

4. State income tax \_\_\_\_\_ W M BW

5. Medical insurance \_\_\_\_\_ W M BW

6. Dental insurance \_\_\_\_\_ W M BW

7. Credit union \_\_\_\_\_ W M BW

Purpose of deduction: \_\_\_\_\_

8. Union dues: \_\_\_\_\_ W M BW

Purpose of deduction: \_\_\_\_\_

9. Pension \_\_\_\_\_ W M BW

10. Other deductions: (itemize)

\_\_\_\_\_ W M BW

\_\_\_\_\_ W M BW

\_\_\_\_\_ W M BW

6. Rental income:

a. Rent received: \_\_\_\_\_ W M BW

From whom: \_\_\_\_\_

Property address: \_\_\_\_\_

Expenses you pay on the rental property:

1. Mortgage: \_\_\_\_\_ W M BW

2. Utilities: (itemize) \_\_\_\_\_ W M BW

\_\_\_\_\_ W M BW

\_\_\_\_\_ W M BW

3. Taxes: \_\_\_\_\_ W M BW

4. Repairs: \_\_\_\_\_ W M BW

b. Rent received: \_\_\_\_\_ W M BW

From whom: \_\_\_\_\_

Property address: \_\_\_\_\_

Expenses you pay on the rental property:

1. Mortgage: \_\_\_\_\_ W M BW

2. Utilities: (itemize) \_\_\_\_\_ W M BW

\_\_\_\_\_ W M BW

\_\_\_\_\_ W M BW

3. Taxes: \_\_\_\_\_ W M BW

4. Repairs: \_\_\_\_\_ W M BW

c. Rent received: \_\_\_\_\_ W M BW

From whom: \_\_\_\_\_

Property address: \_\_\_\_\_

Expenses you pay on the rental property:

1. Mortgage: \_\_\_\_\_ W M BW

2. Utilities: (itemize) \_\_\_\_\_ W M BW

\_\_\_\_\_ W M BW

\_\_\_\_\_ W M BW

3. Taxes: \_\_\_\_\_ W M BW

4. Repairs: \_\_\_\_\_ W M BW

(cont.)

7. Mortgage income paid to you by others: \_\_\_\_\_ W M BW

8. All other income (please specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**II. EXPENSES:**

*Please circle basis of payment: weekly = w; monthly = M; yearly = Y; bi-weekly = BW.*

a. Household expenses:

1. Mortgage payments: \_\_\_\_\_ W M Y BW

2. Rent payments: \_\_\_\_\_ W M Y BW

3. Home equity loan \_\_\_\_\_ W M Y BW

4. Real estate taxes: \_\_\_\_\_ W M Y BW

5. Condo fees/assessments \_\_\_\_\_ W M Y BW

6. Homeowners/renters insurance \_\_\_\_\_ W M Y BW

7. Fuel oil: \_\_\_\_\_ W M Y BW

8. Gas: \_\_\_\_\_ W M Y BW

9. Electricity: \_\_\_\_\_ W M Y BW

10. Telephone: \_\_\_\_\_ W M Y BW

11. Cable TV: \_\_\_\_\_ W M Y BW

12. Water: \_\_\_\_\_ W M Y BW

13. Sewer: \_\_\_\_\_ W M Y BW

14. Trash collection: \_\_\_\_\_ W M Y BW

15. Other utilities: \_\_\_\_\_ W M Y BW

16. Food: \_\_\_\_\_ W M Y BW

17. Meals outside home: \_\_\_\_\_ W M Y BW

18. Other: \_\_\_\_\_ W M Y BW

19. Other: \_\_\_\_\_ W M Y BW

20. Other: \_\_\_\_\_ W M Y BW

21. Other: \_\_\_\_\_ W M Y BW

b. Transportation expenses:

1. Gas for car: \_\_\_\_\_ W M Y BW
2. Repairs on car: \_\_\_\_\_ W M Y BW
3. Loan payment on car: \_\_\_\_\_ W M Y BW
4. Tolls: \_\_\_\_\_ W M Y BW
5. Parking: \_\_\_\_\_ W M Y BW
6. Public transportation: \_\_\_\_\_ W M Y BW
7. Auto insurance: \_\_\_\_\_ W M Y BW
8. Other: \_\_\_\_\_ W M Y BW
9. Other: \_\_\_\_\_ W M Y BW

c. Personal expenses:

1. Clothing (self only): \_\_\_\_\_ W M Y BW
2. Personal grooming (self only): \_\_\_\_\_ W M Y BW  
*(haircuts, makeup, shampoo, etc.)*
3. Medical insurance: \_\_\_\_\_ W M Y BW  
*(if not deducted from paycheck)*
4. Dental insurance: \_\_\_\_\_ W M Y BW  
*(if not deducted from paycheck)*
5. Life insurance: \_\_\_\_\_ W M Y BW
6. Medical/dental expenses: \_\_\_\_\_ W M Y BW  
*(out of pocket, not covered by insurance; include dental, optical & prescription)*
7. Pension contribution: \_\_\_\_\_ W M Y BW
8. Personal education: \_\_\_\_\_ W M Y BW
9. Entertainment (self only): \_\_\_\_\_ W M Y BW  
*(movies, etc; do not include entertainment for children)*
10. Vacations: \_\_\_\_\_ W M Y BW
11. Other: \_\_\_\_\_ W M Y BW
12. Other: \_\_\_\_\_ W M Y BW
13. Other: \_\_\_\_\_ W M Y BW
14. Other: \_\_\_\_\_ W M Y BW
15. Alimony payments: \_\_\_\_\_ W M Y BW  
*(for spouse other than the spouse of this marriage)*

d. Children's expenses:

- 1. Day care: \_\_\_\_\_ W M Y BW
- 2. Children's clothing: \_\_\_\_\_ W M Y BW
- 3. Children's grooming: \_\_\_\_\_ W M Y BW  
*(haircuts, shampoo, etc.)*
- 4. Children's tuition: \_\_\_\_\_ W M Y BW
- 5. Entertainment for children: \_\_\_\_\_ W M Y BW
- 6. Children's vacations: \_\_\_\_\_ W M Y BW
- 7. Children's clubs/camps: \_\_\_\_\_ W M Y BW
- 8. Children's medical/dental expenses: \_\_\_\_\_ W M Y BW  
*(out of pocket, not covered by insurance; include dental, optical & prescription)*
- 11. Other: \_\_\_\_\_ W M Y BW
- 12. Other: \_\_\_\_\_ W M Y BW
- 13. Other: \_\_\_\_\_ W M Y BW
- 14. Other: \_\_\_\_\_ W M Y BW
- 15. Child support payments: \_\_\_\_\_ W M Y BW  
*(for child other than the child of this marriage)*

Comments on anticipated future expenses or how the above expenses are allocated and/or shared between you and your spouse: \_\_\_\_\_

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III. UNSECURED LIABILITIES:

Please list all creditors to whom you owe money, the total amount owed, the date the debt was incurred, the current balance and the weekly or monthly payments made by you. Make sure you include outstanding debts which carry a balance, namely credit cards, medical bills, vet bills, student loans, family and/or friend loans and the like.

Do not include mortgages, car loans, or any secured debts as these debts will be listed under the assets provisions. Please provide as much supporting documentation as possible, including current statements, appraisals and the like.

CREDITOR	AMOUNT OF DEBT	DATE INCURRED	BALANCE	PAYMENT	JOINT/INDIVIDUAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VI. ASSETS:

1. Real Estate:

(If you are unsure of the property's value, you will need to have a local real estate agent perform a market analysis of the property or have an appraisal performed. Please discuss these options with your mediator and each other.)

a. Location: \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Mortgage balance: \$ \_\_\_\_\_

List any lien, second mortgages or other encumbrance on property \_\_\_\_\_

Jointly owned?: Yes \_\_\_\_\_ No \_\_\_\_\_ With whom?: \_\_\_\_\_

b. Location: \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Mortgage balance: \$ \_\_\_\_\_

List any lien, second mortgages or other encumbrance on property \_\_\_\_\_

Jointly owned?: Yes \_\_\_\_\_ No \_\_\_\_\_ With whom?: \_\_\_\_\_

c. Location: \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Mortgage balance: \$ \_\_\_\_\_

List any lien, second mortgages or other encumbrance on property \_\_\_\_\_  
\_\_\_\_\_

Jointly owned?: Yes \_\_\_\_\_ No \_\_\_\_\_ With whom?: \_\_\_\_\_

d. Location: \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Mortgage balance: \$ \_\_\_\_\_

List any lien, second mortgages or other encumbrance on property \_\_\_\_\_  
\_\_\_\_\_

Jointly owned?: Yes \_\_\_\_\_ No \_\_\_\_\_ With whom?: \_\_\_\_\_

2. Automobiles/vehicles:

Vehicle 1: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Loan balance: \$ \_\_\_\_\_

How is title held?: \_\_\_\_\_ (joint/sole)

Vehicle 2: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Loan balance: \$ \_\_\_\_\_

How is title held?: \_\_\_\_\_ (joint/sole)

Vehicle 3: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Loan balance: \$ \_\_\_\_\_

How is title held?: \_\_\_\_\_ (joint/sole)

Vehicle 4: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Loan balance: \$ \_\_\_\_\_

How is title held?: \_\_\_\_\_ (joint/sole)

Vehicle 5: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Loan balance: \$ \_\_\_\_\_

How is title held?: \_\_\_\_\_ (joint/sole)

Vehicle 1: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_ Loan balance: \$ \_\_\_\_\_

How is title held?: \_\_\_\_\_ (joint/sole)

3. Household Furnishings:

*(Please include items of exceptional value only: the majority of personal property will be divided between the parties.)*

Household furniture/appliances: \$ \_\_\_\_\_ Antiques/valuables: \$ \_\_\_\_\_

4. Bank Accounts:

*(Please provide current statements unless the account is a bill-paying checking account.)*

a. Checking accounts:

1. Bank: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Account number: \_\_\_\_\_ Joint or individual: \_\_\_\_\_

2. Bank: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Account number: \_\_\_\_\_ Joint or individual: \_\_\_\_\_

3. Bank: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Account number: \_\_\_\_\_ Joint or individual: \_\_\_\_\_

4. Bank: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Account number: \_\_\_\_\_ Joint or individual: \_\_\_\_\_

5. Bank: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Account number: \_\_\_\_\_ Joint or individual: \_\_\_\_\_

b. Savings accounts:

1. Bank: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Account number: \_\_\_\_\_ Joint or individual: \_\_\_\_\_

2. Bank: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Account number: \_\_\_\_\_ Joint or individual: \_\_\_\_\_

3. Bank: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Account number: \_\_\_\_\_ Joint or individual: \_\_\_\_\_

4. Bank: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Account number: \_\_\_\_\_ Joint or individual: \_\_\_\_\_

5. Bank: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Account number: \_\_\_\_\_ Joint or individual: \_\_\_\_\_

5. Stocks & Bonds:

*(Please provide current statements)*

1. Company: \_\_\_\_\_ No. of shares: \_\_\_\_\_

Price per share: \_\_\_\_\_ Estimated value: \_\_\_\_\_ Owner(s) of record: \_\_\_\_\_

2. Company: \_\_\_\_\_ No. of shares: \_\_\_\_\_

Price per share: \_\_\_\_\_ Estimated value: \_\_\_\_\_ Owner(s) of record: \_\_\_\_\_

3. Company: \_\_\_\_\_ No. of shares: \_\_\_\_\_

Price per share: \_\_\_\_\_ Estimated value: \_\_\_\_\_ Owner(s) of record: \_\_\_\_\_

4. Company: \_\_\_\_\_ No. of shares: \_\_\_\_\_

Price per share: \_\_\_\_\_ Estimated value: \_\_\_\_\_ Owner(s) of record: \_\_\_\_\_

5. Company: \_\_\_\_\_ No. of shares: \_\_\_\_\_

Price per share: \_\_\_\_\_ Estimated value: \_\_\_\_\_ Owner(s) of record: \_\_\_\_\_

6. Company: \_\_\_\_\_ No. of shares: \_\_\_\_\_

Price per share: \_\_\_\_\_ Estimated value: \_\_\_\_\_ Owner(s) of record: \_\_\_\_\_

6. Life Insurance:

*(Please provide current statements)*

1. Name of Insured: \_\_\_\_\_ Company: \_\_\_\_\_

Face amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

2. Name of Insured: \_\_\_\_\_ Company: \_\_\_\_\_

Face amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

3. Name of Insured: \_\_\_\_\_ Company: \_\_\_\_\_

Face amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

4. Name of Insured: \_\_\_\_\_ Company: \_\_\_\_\_

Face amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

*(cont.)*

7. Pension/Retirement Plans

(If possible, please provide current statements)

1. Company: \_\_\_\_\_ Type: \_\_\_\_\_  
(IRA, Keough, 401k. etc.)

Current value: \$ \_\_\_\_\_ Date funds available: \_\_\_\_\_

Name of plan participant: \_\_\_\_\_

2. Company: \_\_\_\_\_ Type: \_\_\_\_\_  
(IRA, Keough, 401k. etc.)

Current value: \$ \_\_\_\_\_ Date funds available: \_\_\_\_\_

Name of plan participant: \_\_\_\_\_

3. Company: \_\_\_\_\_ Type: \_\_\_\_\_  
(IRA, Keough, 401k. etc.)

Current value: \$ \_\_\_\_\_ Date funds available: \_\_\_\_\_

Name of plan participant: \_\_\_\_\_

4. Company: \_\_\_\_\_ Type: \_\_\_\_\_  
(IRA, Keough, 401k. etc.)

Current value: \$ \_\_\_\_\_ Date funds available: \_\_\_\_\_

Name of plan participant: \_\_\_\_\_

5. Company: \_\_\_\_\_ Type: \_\_\_\_\_  
(IRA, Keough, 401k. etc.)

Current value: \$ \_\_\_\_\_ Date funds available: \_\_\_\_\_

Name of plan participant: \_\_\_\_\_

8. All Other Assets:

Jewelry: \$ \_\_\_\_\_ Antiques: \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_

\_\_\_\_\_

9. Health Insurance:

Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Policy number: \_\_\_\_\_

Persons covered: \_\_\_\_\_

