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INFORMATION NEEDED TO EVALUATE CASE (DIVORCE)

INCOMES AND EMPLOYMENT:

HUSBAND:				
Occupation:				
Employer's Name:				
Employer's Address:		O'.	Ct. 1	7' 0 1
Employer's Phone:	Street Address	City	State	Zip Code
Salary or Hourly:		If Salary, amoun	t:	
If hourly, rate:	per hour	Average hours p	er week:	
If any overtime, desc	ribe frequency and circumstances: _			
Monthly net income	(after tower telver out).	me:		
How long in this line of work:		How long with this employer:		
Condition of health:				
WIFE:				
Occupation:				
Employer's Name:				
Employer's Address:	Street Address	City	State	Zip Code

Employer's Phone:				
Salary or Hourly:		If Salary, amount:		
If hourly, rate:	per hour	Average hours per	week:	
	cribe frequency and circumstances:			
	ne (before taxes taken out):			
Monthly net income	(after taxes taken out):			
Describe nature and	amount of any other sources of incom	ne:		
How long in this line of work:		How long with this employer:		
Condition of health:				
HEALTH INSURA	NCE:			
	Husband\wife insured(Yes or No)	Specify whether through h	usband or wif	fe
	Children Insured (Yes or No)	Specify whether through h	nusband or wif	fe
	Others covered by this insurance?	If yes, specify whom.		
Monthly cost of insurance:		How much of cost for children:		
DAY CARE:				
Provider:	Being incurred (yes or no)			
Name:				
Address:	Street	City	State	Zip Code
Phone numbers:		<u>.</u>		
Annual Cost:				

ASSETS

REAL PROPERTY

PURCHASING HOME:				
	Yes or no			
If yes:				
	Street number	City	State	Zip Code
What county:		Names on title	:	
			(Husband, wife,	or both)
Purchase date:		Purchase price	:	
Fair Market Value:		Balance owing	<u>;</u>	
Monthly payment:				
PURCHASING OTHER:				
PROPERTY:	Yes or no			
If yes:				
	Street number	City	State	Zip Code
What county:		Names on title	:	
			(Husband, wife,	or both)
Purchase date:		Purchase price	:	
Fair Market Value:		Balance owing	<u>;</u> :	
Monthly payment:				
	uable gifts or an inheritance du assets to the marriage? (Descr		eriod of cohabitat	ion? Did
		,		

PERSONAL PROPERTY

Vehicles: (Including cars, trucks, boats, trailers, recreational vehicles, motorcycles, etc.)

Year	Make & Model	License # & State	Used by	Value and how value obtained	Balance Owed

VALUABLES: (Collections, Jewelry, Antiques, etc.)

Item	Value	How value obtained

DEBTS

Creditor	Amount	Whose (husband, wife, joint)

BANK AND INVESTMENT ACCOUNTS

Bank or institution:		Branch:		
Address:	G. 1	C'.	G	7' 0 1
Account number:	Street number	City	State	Zip Code
Type of account:	(For example, checking, s	savings, money market, Cl	D or mutual fund)	
Name on account:		Balance:		
		0000		
Bank or institution:		Branch:		
Address:	G 1	C'.	G	7' 0 1
Account number:	Street number	City	State	Zip Code
Type of account:				
Name on account:		Balance:		
		0000		
Bank or institution:		Branch:		
Address:				
Account number:	Street number	City	State	Zip Code
Type of account:				
Name on account:		Balance:		
		0000		
Bank or institution:		Branch:		
Address:				
Account number:	Street number	City	State	Zip Code
Type of account:				
Name on account:		Baland	ce:	

STOCKS AND BONDS

Name of Company	Number of shares	Value

	PENSION, PROFIT SHAR	ING, AND STOCK PU	RCHASE PLANS	
HUSBAND:				
Name of Fund Adn	ninistrator:			
Address:	Street number	City	State	Zip Code
Account number:		City		
Type of account:	(For example, IRA, SEP, p	pension, 401k, Keogh, or	profit sharing)	
Name on account (often referred to as the "Partic	ripant"):		
Balance:		Date of Balar	nce:	
		00000		
Name of Fund Adn	ninistrator:			
Address:				
Account number:	Street number	City	State	Zip Code
Type of account:	(E. J. IDA GED	' 4011 W 1		
	(For example, IRA, SEP, p	-	profit sharing)	
Name on account (often referred to as the "Partic	ipant"):		
Balance:		Date of Balar	nce:	
Name of Fund Adn	ninistrator:	0000		
Address:				
Account number:	Street number	City	State	Zip Code

Type of account:				
	(For example, IRA, SEP, pension,	401k, Keogh, or	r profit sharing)	
Name on account (often referred to as the "Participant"):			
Balance:		Date of Balar	nce:	
WIFE:				
Name of Fund Adn	ninistrator:			
Address:				
	Street number	City	State	Zip Code
Account number:				
Type of account:	(For example, IRA, SEP, pension,	401k, Keogh, o	r profit sharing)	
Name on account (often referred to as the "Participant"):			
Balance:		Date of Balar	nce:	
Name of Fund Adn	ninistrator:			
Address:				
	Street number	City	State	Zip Code
Account number:				
Type of account:	(For example, IRA, SEP, pension,	401k. Keogh. o	r profit sharing)	
Nama an account (
	often referred to as the "Participant"):			
Balance:		Date of Balar	nce:	
N CE LAL				
Name of Fund Adn	ninistrator:			
Address:	Street number	City	State	Zip Code
Account number:				
Type of account:				
- •	(For example, IRA, SEP, pension,	401k, Keogh, or	r profit sharing)	
Name on account (often referred to as the "Participant"):			

Balance:		Date of	of Balance:		
	LIFE I	NSURANCE POI	LICIES		
On Husband's Life	:				
Policy Amount:			Premium Am	ount:	
Beneficiary Name:			Policy Type:		
Company Name:				Universal, Te	erm, or other
Address:	Street Number	City		State	Zip Code
Policy Number:					-
On Wife's Life:					
Policy Amount:			Premium Am	ount:	
Beneficiary Name:			Policy Type:		
Company Name:				Universal, To	erm, or other
Address:	Street Number	City		State	Zip Code
Policy Number:					
		OTHER ASSETS			