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**INFORMATION NEEDED TO EVALUATE CASE
(DIVORCE)**

INCOMES AND EMPLOYMENT:

HUSBAND:

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: _____

If any overtime, describe frequency and circumstances: _____

Monthly gross income (before taxes taken out): _____

Monthly net income (after taxes taken out): _____

Describe nature and amount of any other sources of income: _____

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: _____

If any overtime, describe frequency and circumstances: _____

Monthly gross income (before taxes taken out): _____

Monthly net income (after taxes taken out): _____

Describe nature and amount of any other sources of income: _____

How long in this line of work: _____

How long with this employer: _____

Condition of health: _____

HEALTH INSURANCE:

Husband\wife insured(Yes or No)

Specify whether through husband or wife

Children Insured (Yes or No)

Specify whether through husband or wife

Others covered by this insurance?

If yes, specify whom.

Monthly cost of insurance: _____

How much of cost for children: _____

DAY CARE:

Being incurred (yes or no)

Provider:

Name:

Address:

Street

City

State

Zip Code

Phone numbers:

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: _____

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: _____

Monthly payment: _____

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Has either party received valuable gifts or an inheritance during the marriage or period of cohabitation? Did either party bring significant assets to the marriage? (Describe)

BANK AND INVESTMENT ACCOUNTS

Bank or institution: _____ Branch: _____

Address: _____
Street number City State Zip Code

Account number: _____

Type of account: _____
(For example, checking, savings, money market, CD or mutual fund)

Name on account: _____ Balance: _____

□ □ □ □ □

Bank or institution: _____ Branch: _____

Address: _____
Street number City State Zip Code

Account number: _____

Type of account: _____

Name on account: _____ Balance: _____

□ □ □ □ □

Bank or institution: _____ Branch: _____

Address: _____
Street number City State Zip Code

Account number: _____

Type of account: _____

Name on account: _____ Balance: _____

□ □ □ □ □

Bank or institution: _____ Branch: _____

Address: _____
Street number City State Zip Code

Account number: _____

Type of account: _____

Name on account: _____ Balance: _____

STOCKS AND BONDS

Name of Company	Number of shares	Value

PENSION, PROFIT SHARING, AND STOCK PURCHASE PLANS

HUSBAND:

Name of Fund Administrator: _____

Address: _____
Street number City State Zip Code

Account number: _____

Type of account: _____
(For example, IRA, SEP, pension, 401k, Keogh, or profit sharing)

Name on account (often referred to as the "Participant"): _____

Balance: _____ Date of Balance: _____

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Name of Fund Administrator: _____

Address: _____
Street number City State Zip Code

Account number: _____

Type of account: _____
(For example, IRA, SEP, pension, 401k, Keogh, or profit sharing)

Name on account (often referred to as the "Participant"): _____

Balance: _____ Date of Balance: _____

□ □ □ □ □

Name of Fund Administrator: _____

Address: _____
Street number City State Zip Code

Account number: _____

Type of account: _____
(For example, IRA, SEP, pension, 401k, Keogh, or profit sharing)

Name on account (often referred to as the "Participant"): _____

Balance: _____ Date of Balance: _____

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WIFE:

Name of Fund Administrator: _____

Address: _____
Street number City State Zip Code

Account number: _____

Type of account: _____
(For example, IRA, SEP, pension, 401k, Keogh, or profit sharing)

Name on account (often referred to as the "Participant"): _____

Balance: _____ Date of Balance: _____

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Name of Fund Administrator: _____

Address: _____
Street number City State Zip Code

Account number: _____

Type of account: _____
(For example, IRA, SEP, pension, 401k, Keogh, or profit sharing)

Name on account (often referred to as the "Participant"): _____

Balance: _____ Date of Balance: _____

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Name of Fund Administrator: _____

Address: _____
Street number City State Zip Code

Account number: _____

Type of account: _____
(For example, IRA, SEP, pension, 401k, Keogh, or profit sharing)

Name on account (often referred to as the "Participant"): _____

Balance: _____ Date of Balance: _____

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LIFE INSURANCE POLICIES

On Husband's Life:

Policy Amount: _____ Premium Amount: _____

Beneficiary Name: _____ Policy Type: _____
Universal, Term, or other

Company Name: _____

Address: _____
Street Number City State Zip Code

Policy Number: _____

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On Wife's Life:

Policy Amount: _____ Premium Amount: _____

Beneficiary Name: _____ Policy Type: _____
Universal, Term, or other

Company Name: _____

Address: _____
Street Number City State Zip Code

Policy Number: _____

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OTHER ASSETS
