

**WORKSHEETS**

**REAL ESTATE**

	Family home	Other
Address:	_____	_____
	_____	_____
Date purchased	_____	_____
Purchase price	_____	_____
Down payment	_____	_____
Source of down payment	_____	_____
Monthly payment	_____	_____
Taxes & Insurance	_____	_____
Current Mtg. balance	_____	_____
Current Rate on Mortgage	_____	_____
Present market value	_____	_____

**Other Real Estate:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VEHICLES**, including motorcycles and recreational vehicles:

	Year	Make/Model	Titled to	Market Value	Loan Balance	Who Uses	Monthly Payment
a.	_____	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____	_____

**Boats, travel trailers, motorcycles and recreational vehicles:**

	Year	Make/Model	Titled to	Market Value	Loan Balance	Who Uses	Monthly Payment
a.	_____	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____	_____

d. \_\_\_\_\_

**BANK ACCOUNTS:**

	Account #1	Account #2	Account #3
Name of bank	_____	_____	_____
Branch	_____	_____	_____
Type of account	_____	_____	_____
Current balance	_____	_____	_____
Who may withdraw	_____	_____	_____
Name on acct.	_____	_____	_____
Date opened	_____	_____	_____
Account number	_____	_____	_____

**BROKERAGE, IRA and MUTUAL FUND ACCOUNTS:**

	Name	Number	IRA (Y/N)	Owner	Value at marriage
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____

**PENSIONS** e.g. 401k, 403(b); retirement plans, etc.

	WIFE	HUSBAND
a. Name of plan	_____	_____
b. Your contribution	_____	_____
c. Co. contribution	_____	_____
d. Percent vested	_____	_____
e. Years until vested	_____	_____
f. Lump sum collectable now	_____	_____
g. Monthly payments collectable now	_____	_____
h. Date monthly payments	_____	_____

become available \_\_\_\_\_

**PROFIT SHARING**

**WIFE**

**HUSBAND**

Are there any profit sharing plans

Participated in by husband or wife? \_\_\_\_\_

Perks from job (free car)? \_\_\_\_\_

**COLLEGE SAVINGS ACCOUNTS:**

\_\_\_\_\_

\_\_\_\_\_

**DEBT (other than mortgage debt) (Credit cards, loans outstanding, 401k loans)**

	<b>Creditor</b>	<b>Amount owed</b>	<b>Monthly payment</b>	<b>Who incurred</b>	<b>For what</b>	<b>Who is paying Husb or Wife?</b>
a.	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____	_____
g.	_____	_____	_____	_____	_____	_____

**LIFE INSURANCE:**

	<b>Face amount</b>	<b>Insurance company</b>	<b>Cash value</b>	<b>Person insured</b>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____

If there are outstanding loans against an insurance policy, list:

a. Which policy \_\_\_\_\_



b. Amount \_\_\_\_\_

c. Reason for loan and date incurred \_\_\_\_\_

**HOUSEHOLD ITEMS:**

**ATTACH A LIST (HOUSEHOLD ITEMS OF VALUE TO BE DIVIDED)**

**SAFETY DEPOSIT BOX** Location \_\_\_\_\_

Contents \_\_\_\_\_

**Antiques, collectibles, tools, sports equipment, art.** List such items, including market value.

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

**BUSINESS INTERESTS:** in which you or your spouse have an interest:

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

**SEPARATE PROPERTY:**

Property description	When acquired	How acquired	Purchase price	Payments made during marriage	Current market value
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____

Have you ever signed a **community property agreement** or **separate property agreement** (e.g. pre-marital, pre-nuptial or post-nuptial agreement)?

**OTHER ASSETS:**

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**OTHER LIABILITIES:**

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**Assets potentially in dispute:**

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**OTHER:** (please identify below any other important items/issues to address in mediation regarding assets/liabilities)

**Divorce** Agree



**INCOME WORKSHEET**

**INCOME FROM ALL SOURCES: HUSBAND**

Employer and address

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What do you do for a living?

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What is your Annual Gross Income from All Sources? \_\_\_\_\_

**Paycheck info:**

Gross salary/wages (•Weekly •Bi-weekly •Monthly •Semi-monthly •Annual) \$\_\_\_\_\_

**Deductions:**

- a.Social Security/Medicare Tax \$\_\_\_\_\_
- b.Federal Income Tax \$\_\_\_\_\_
- c.New York State Tax \$\_\_\_\_\_
- d.NYC/Yonkers Tax \$\_\_\_\_\_
- e.Other payroll deductions

Health Insurance \$\_\_\_\_\_

Retirement Plan contribution \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_\_ \$\_\_\_\_\_

**NET INCOME** \$\_\_\_\_\_ per \_\_\_\_\_

NOTE: ATTACH INFORMATION FOR ADDITIONAL EMPLOYERS ON SEPARATE PAGES.

**INCOME FROM ALL SOURCES: HUSBAND (contd)**

b. Self-Employment Income (Describe and list self-employment income; attach to this form the most recently filed Federal and State income tax returns, including all schedules): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Interest/Dividend Income: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- d. Other Income/ Benefits:
- |                                       |          |           |
|---------------------------------------|----------|-----------|
| 1. Workers Compensation               | \$ _____ | per _____ |
| 2. Disability Benefits <sup>2</sup>   | \$ _____ | per _____ |
| 3. Unemployment Insurance Benefits    | \$ _____ | per _____ |
| 4. Social Security Benefits           | \$ _____ | per _____ |
| 5. Veterans Benefits                  | \$ _____ | per _____ |
| 6. Pensions and Retirement Benefits   | \$ _____ | per _____ |
| 7. Fellowships/Stipends/Annuities     | \$ _____ | per _____ |
| 8. Supplemental Security Income (SSI) | \$ _____ | per _____ |

e. Income from other sources: (List here and explain any other income including but not limited to: non-income producing assets; employment “perks” and reimbursed expenses to the extent that they reduce personal expenses; fringe benefits as a result of employment; periodic income, personal injury settlements; non-reported income; and money, goods and services provided by relatives and friends):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





**INCOME FROM ALL SOURCES: WIFE**

Employer and address

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What do you do for a living?

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What is your Annual Gross Income from All Sources? \_\_\_\_\_

Paycheck info:

Gross salary/wages (•Weekly •Bi-weekly •Monthly •Semi-monthly •Annual) \$ \_\_\_\_\_

Deductions:

a.Social Security/Medicare Tax \$ \_\_\_\_\_

b.Federal Income Tax \$ \_\_\_\_\_

c.New York State Tax \$ \_\_\_\_\_

d.NYC/Yonkers Tax \$ \_\_\_\_\_

e.Other payroll deductions \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_

Retirement Plan contribution \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

NET INCOME \$ \_\_\_\_\_ per \_\_\_\_\_

NOTE: ATTACH INFORMATION FOR ADDITIONAL EMPLOYERS ON SEPARATE PAGES.

**INCOME FROM ALL SOURCES:      WIFE (contd)**

B.      Self-Employment Income (Describe and list self- employment income; attach to this form the most recently filed Federal and State income tax returns, including all schedules): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c.      Interest/Dividend Income: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- d.      Other Income/ Benefits:
- |    |                                    |          |           |  |
|----|------------------------------------|----------|-----------|--|
| 1. | Workers Compensation               | \$ _____ | per _____ |  |
| 2. | Disability Benefits <sup>2</sup>   | \$ _____ | per _____ |  |
| 3. | Unemployment Insurance Benefits    | \$ _____ | per _____ |  |
| 4. | Social Security Benefits           | \$ _____ | per _____ |  |
| 5. | Veterans Benefits                  | \$ _____ | per _____ |  |
| 6. | Pensions and Retirement Benefits   | \$ _____ | per _____ |  |
| 7. | Fellowships/Stipends/Annuities     | \$ _____ | per _____ |  |
| 8. | Supplemental Security Income (SSI) | \$ _____ | per _____ |  |

e.      Income from other sources: (List here and explain any other income including but not limited to: non-income producing assets; employment “perks” and reimbursed expenses to the extent that they reduce personal expenses; fringe benefits as a result of employment; periodic income, personal injury settlements; non-reported income; and money, goods and services provided by relatives and friends):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

**Medical Insurance:**

Insurance Company: \_\_\_\_\_

Source of Insurance: (husband/wife employer? private pay?)

Cost:           \$\_\_\_\_\_ per \$\_\_\_\_\_

Plan Info:

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

**Dental Insurance:**

Insurance Company: \_\_\_\_\_

Source of Insurance: (husband/wife employer? private pay?)

Cost:           \$\_\_\_\_\_ per \$\_\_\_\_\_

Plan Info:

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

**Other:**

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