

DOMESTIC RELATIONS FINANCIAL WORKSHEET			
Description	Husband	Wife	Joint
MONTHLY INCOME			
Salary			
Bonuses, Commissions, Overtime, etc.			
Business Income from Self Employment			
Rental Income (gross receipts less necessary expense)			
Disability, Workers Comp., Unemployment, etc.			
Pension, Retirement, Annuities, etc.			
Social Security, Other Public Benefits			
Spousal or Child Support from Prior Marriage			
Interest and Dividends			
Income from Royalties, Trusts or Estates			
Recurring Gains from Dealing in Property			
Other Income of a Recurring Nature			
GROSS MONTHLY INCOME			
Net Monthly Income from Employment after deducting only federal and state taxes and FICA			
MARITAL ASSETS			
Cash & Checking Accounts			
Savings Accounts			
CD's & Money Market Accounts			
Stocks and Bonds			
Other Securities			
Home			
Other Real Estate			
Vehicles			
Furniture, Furnishings & Appliances			
Jewelry			
Retirement/IRA			
Money Owed by Others			
Collectibles			
Other Assets			
TOTAL MARITAL ASSETS			
MARITAL LIABILITIES			
Home Mortgage			
2nd Mortgage/Equity Line			
Mortgage on Other Real Property			
Credit Card Debt			
Trade Accounts			
Business Debts			
Taxes Owed			
Other Debt			
TOTAL MARITAL LIABILITIES			

AVERAGE MONTHLY EXPENSES			
Description			
	Husband	Wife	
HOUSEHOLD			
Mortgage/Rent Payments			
Property Taxes			
Insurance			
Electricity			
Water/Sewer			
Gas			
Garbage			
Telephone			
Repairs & Maintenance			
Lawn Care			
Pest Control			
Cable TV			
Groceries			
Meals Outside Home			
Misc. Household Expenses			
TOTAL HOUSEHOLD EXPENSES			
TRANSPORTATION			
Car Payments			
Gas and Oil			
Insurance			
Repairs			
Auto Tags and Taxes			
Other			
TOTAL TRANSPORTATION EXPENSES			
INSURANCE			
Health			
Life			
Disability			
Other			
TOTAL INSURANCE EXPENSES			
CHILDREN			
Child Care			
School Tuition			
School Supplies			
Lunch Money			
Extracurricular Activity Fees			
Clothing/Diapers			
Medical/ Dental/Prescription (not covered by insurance)			
Grooming/Hygiene			
Gifts			
Entertainment			
TOTAL CHILDREN'S EXPENSES			
	Husband	Wife	
OTHER EXPENSES			

Payments to Creditors	
Clothing	
Medical/ Dental/Prescription (not covered by insurance)	
Hygiene/Grooming	
Entertainment	
Vacations	
Prescriptions	
Dues	
Religious/Charitable Contributions	
Alimony/Child Support Paid	
TOTAL OTHER EXPENSES	
TOTAL MONTHLY EXPENSES	