

Sample Financial Affidavit

Client: _____

Date Prepared: ____ / ____ / ____

Re: Marriage of: _____

and: _____

Attorney: _____

Date of Filing: ____ / ____ / ____

District Court: _____

County/State: _____

Case Number: _____ Judge: _____

Name: _____

Soc. Sec. #: _____

Occupation: _____

Number of Hours Worked per Week: _____

If variable, note average hours over the last year: _____

Employer: _____

Address: _____

City, State: _____ ZIP: _____

Phone No: (_____) _____ — _____

Method of Payment:

- Weekly (52 Paychecks/Year)
- Every Other Week - Bi-Weekly (26 Paychecks/Year)
- Twice per Month - Bi-Monthly (24 Paychecks/Year)
- Monthly (12 Paychecks/Year)

Client: _____

Is your work seasonal, or do you not work during the summer? Y N

If **yes**, how many paychecks do you receive per year? _____

Your Total Earned Income (Attach Copies of Returns — Last 3 years)

Earned Income Reported on Last Federal Tax Return: \$ _____

Year of Last Tax Return: _____

Occupation Reported on Last Tax Return: _____

Last Six Pay Dates	Gross Amount of Pay	Net Amount of Pay
<small>(Attach Copies of Pay Vouchers from all Employers)</small>		

Average Pay	\$ _____	\$ _____

Calculate Gross Monthly Pay from Primary Employment: \$ _____

	x		/ 12	=	
<small>Gross Pay Per Check</small>		<small>No. of Paychecks Per Year</small>			<small>Monthly Gross Pay</small>

Payroll Deductions from Primary Employment: \$ _____

Withholding Status/No. of Exemptions:

Federal: _____ Additional Withholding: _____

State: _____ Additional Withholding: _____

Client: _____

	Deduction Per Paycheck	Monthly Deduction (Deduction x # Paychecks) / 12
Federal Withholding Tax	_____	_____
State Withholding Tax	_____	_____
Social Security	_____	_____
Medicare	_____	_____
Medical Insurance	_____	_____
Dental Insurance	_____	_____
Bonds	_____	_____
Credit Union	_____	_____
401(k) 403(b) 457	_____	_____
Loan Repayment	_____	_____
Union Dues	_____	_____
Charitable Contributions	_____	_____
Other	_____	_____
_____	_____	_____
TOTAL DEDUCTIONS:	_____	_____

Net Monthly Income from Primary Employment: \$ _____

\$ _____
Gross Monthly Income

\$ _____
Monthly Deductions

\$ _____
*Net Monthly Income
from Primary Employment*

Other Sources of Income

Source	Number of Payments Per Month	Amount of Payment
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL: \$ _____

Client: _____

Deductions from Other Income

Deduction	Number of Payments/Month	Amount of Payment
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		TOTAL: \$ _____

Net Monthly Income from Other Sources

\$ _____	\$ _____	\$ _____
<i>Total Income from Other Sources</i>	<i>Total Deductions from Other Sources</i>	<i>Net Monthly Income from Other Sources</i>

Net Monthly Income from All Sources

\$ _____	\$ _____	\$ _____
<i>Net Monthly Income from Primary Employment</i>	<i>Net Monthly Income from Other Sources</i>	<i>Net Monthly Income from All Sources</i>

Monthly Income of Dependent Children: \$ _____

PART B. EXPENSES

Client: _____

Date Prepared: ____ / ____ / ____

	Monthly Expenses	Annual Expenses
HOME EXPENSES		
Rent Mortgage	\$ _____	\$ _____
HOA Fees	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____
Internet	\$ _____	\$ _____
Security System	\$ _____	\$ _____
Cable Satellite	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Gas Fuel Oil Propane	\$ _____	\$ _____
Water Sewer	\$ _____	\$ _____
Trash Removal	\$ _____	\$ _____
Grass Cutting Fertilizing	\$ _____	\$ _____
Landscape Maintenance	\$ _____	\$ _____
Snow Removal	\$ _____	\$ _____
Exterminator	\$ _____	\$ _____
General Home Repairs Maint. Windows Carpets	\$ _____	\$ _____
Home Impr. Upgrades	\$ _____	\$ _____
Housecleaning	\$ _____	\$ _____
Misc. Household	\$ _____	\$ _____
 TOTAL HOME EXPENSES:	 \$ _____	 \$ _____

Client: _____

	Monthly Expenses	Annual Expenses
FOOD EXPENSES		
Groceries	\$ _____	\$ _____
Snacks	\$ _____	\$ _____
Fast Foods	\$ _____	\$ _____
Restaurant Meals	\$ _____	\$ _____
TOTAL FOOD EXPENSES:	\$ _____	\$ _____

ENTERTAINMENT & RECREATION EXPENSES		
Entertainment (excl. dining out)	\$ _____	\$ _____
Videos CDs DVDs	\$ _____	\$ _____
Movies and Theater	\$ _____	\$ _____
Hobbies – <i>Self</i>	\$ _____	\$ _____
Classes Lessons – <i>Self</i> (recreational)	\$ _____	\$ _____
Vacations Travel	\$ _____	\$ _____
Memberships Clubs – <i>Self</i>	\$ _____	\$ _____
TOTAL ENT. & REC. EXPENSES:	\$ _____	\$ _____

MEDICAL (After Insurance – Excludes Children)		
Physicians	\$ _____	\$ _____
Dentist Orthodontist	\$ _____	\$ _____
Optometrist Vision Care	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____
TOTAL MEDICAL EXPENSES:	\$ _____	\$ _____

Client: _____

	Monthly Expenses	Annual Expenses
INSURANCE		
Life	\$ _____	\$ _____
Health Dental (Post Divorce)	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Long Term Care	\$ _____	\$ _____
Home Insurance	\$ _____	\$ _____
Auto Insurance	\$ _____	\$ _____
Other Insurance	\$ _____	\$ _____
TOTAL INSURANCE EXPENSES:	\$ _____	\$ _____

	Monthly Expenses	Annual Expenses
TRANSPORTATION EXPENSES FOR SELF		
Auto Payment	\$ _____	\$ _____
Fuel	\$ _____	\$ _____
Repair Maintenance	\$ _____	\$ _____
Parking Tolls	\$ _____	\$ _____
License	\$ _____	\$ _____
TOTAL TRANSPORT. EXPENSES:	\$ _____	\$ _____

Client: _____

	Monthly Expenses	Annual Expenses
CLOTHING EXPENSES		
Clothing – <i>Self</i>	\$ _____	\$ _____
Laundry Dry Cleaning	\$ _____	\$ _____
TOTAL CLOTHING EXPENSES:	\$ _____	\$ _____

MISCELLANEOUS		
Gifts Holiday Expenses	\$ _____	\$ _____
Vitamins Non-Rx Drugs	\$ _____	\$ _____
Toiletries	\$ _____	\$ _____
Beauty Salon Hair Nails	\$ _____	\$ _____
Pet Care Vet	\$ _____	\$ _____
Books Papers Magazines	\$ _____	\$ _____
Stationary Office Supplies	\$ _____	\$ _____
Postage Courier	\$ _____	\$ _____
Business Exp. (Non-Reimbursed)	\$ _____	\$ _____
Education – <i>Self</i> (Non-Reim.)	\$ _____	\$ _____
Bed Bath Kitchen Items	\$ _____	\$ _____
Floral Arrangements	\$ _____	\$ _____
Photo Developing Printing	\$ _____	\$ _____
Contributions Donations	\$ _____	\$ _____
Cash	\$ _____	\$ _____
Other Miscellaneous	\$ _____	\$ _____
TOTAL MISC. EXPENSES:	\$ _____	\$ _____

Client: _____

	Monthly Expenses	Annual Expenses
OTHER PAYMENTS		
Quarterly Taxes & Other Tax Payments	\$ _____	\$ _____
Credit Card Loan Debt Payments	\$ _____	\$ _____
Service Fees (Banks, Investment Accts.)	\$ _____	\$ _____
Eldercare Expenses	\$ _____	\$ _____
Spousal Support Payments	\$ _____	\$ _____
Child Support Payments	\$ _____	\$ _____
Professional Fees (Financial Planning, Acc't, Legal)	\$ _____	\$ _____
Mediation Arbitration Court Costs	\$ _____	\$ _____
Therapy Counseling	\$ _____	\$ _____
TOTAL OTHER PAYMENTS:	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES: (Excluding Children)	\$ _____	\$ _____

Client: _____

	Monthly Expenses	Annual Expenses
CHILD-RELATED EXPENSES		
Education Tuition	\$ _____	\$ _____
School Supplies Field Trips	\$ _____	\$ _____
Childcare –Work Related (After Tax Credit)	\$ _____	\$ _____
Childcare (Non-Work Related)	\$ _____	\$ _____
Sports Camps Lessons	\$ _____	\$ _____
Hobbies Toys Games	\$ _____	\$ _____
School Meals Luncheons	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Medical (Not Covered by Insurance)	\$ _____	\$ _____
Dentist Orthodontist (Not Covered by Insurance)	\$ _____	\$ _____
Optometrist Vision Care (Not Covered by Insurance)	\$ _____	\$ _____
Prescriptions (Not Covered by Insurance)	\$ _____	\$ _____
Allowances	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
TOTAL CHILD-RELATED EXPENSES:	\$ _____	\$ _____

TOTAL MONTHLY EXPENSES:	\$ _____	\$ _____
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PART C. ASSETS

Client: _____

Date Prepared: ____ / ____ / ____

Assets

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
REAL ESTATE					
Primary Residence					
Fair Market Value	_____	_____	_____	_____	\$ _____
1st Mortgage	_____	_____	_____	_____	\$ _____
2nd Mortgage	_____	_____	_____	_____	\$ _____
Net Equity	_____	_____	_____	_____	\$ _____
Other Real Estate (1)					
Fair Market Value	_____	_____	_____	_____	\$ _____
1st Mortgage	_____	_____	_____	_____	\$ _____
2nd Mortgage	_____	_____	_____	_____	\$ _____
Net Equity	_____	_____	_____	_____	\$ _____
Other Real Estate (2)					
Fair Market Value	_____	_____	_____	_____	\$ _____
1st Mortgage	_____	_____	_____	_____	\$ _____
2nd Mortgage	_____	_____	_____	_____	\$ _____
Net Equity	_____	_____	_____	_____	\$ _____
Other Real Estate (3)					
Fair Market Value	_____	_____	_____	_____	\$ _____
1st Mortgage	_____	_____	_____	_____	\$ _____
2nd Mortgage	_____	_____	_____	_____	\$ _____
Net Equity	_____	_____	_____	_____	\$ _____
SUBTOTAL REAL ESTATE:					\$ _____

Client: _____

Assets (Continued)

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
WORKING CAPITAL	_____	_____	_____	_____	\$ _____
Cash	_____	_____	_____	_____	\$ _____
					SUBTOTAL CASH: \$ _____
CHECKING ACCOUNTS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
					SUBTOTAL CHECKING ACCOUNTS: \$ _____
SAVINGS ACCOUNTS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
					SUBTOTAL SAVINGS ACCOUNTS: \$ _____
MONEY MARKET ACCOUNTS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
					SUBTOTAL MONEY MARKET ACCOUNTS: \$ _____
CERTIFICATES OF DEPOSITS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
					SUBTOTAL CERTIFICATES OF DEPOSITS: \$ _____

Client: _____

Assets (Continued)

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
TREASURY BILLS SAVINGS BONDS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
SUBTOTAL TREASURY BILLS SAVINGS BONDS:					\$ _____
MUTUAL FUNDS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
SUBTOTAL MUTUAL FUNDS:					\$ _____
INDIVIDUAL STOCKS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	— <i>Loans Against Brokerage Account</i>				
SUBTOTAL INDIVIDUAL STOCKS:					\$ _____
INDIVIDUAL BONDS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	— <i>Loans Against Brokerage Account</i>				
SUBTOTAL INDIVIDUAL BONDS:					\$ _____

Client: _____

Assets (Continued)

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
RETIREMENT ACCOUNTS					
IRAs	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				SUBTOTAL IRAs:	\$ _____
Roth IRAs	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				SUBTOTAL ROTH IRAs:	\$ _____
401(k), 403(b), 457 Plans	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				— Loans Against Plans	\$ _____
				SUBTOTAL 401(k), 403(b), 457 PLANS:	\$ _____
Thrift Plans	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				SUBTOTAL THRIFT PLANS:	\$ _____
				SUBTOTAL RETIREMENT ACCOUNTS:	\$ _____

Client: _____

Assets (Continued)

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
PENSION PLANS <i>Present Value</i>	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____

SUBTOTAL PENSION PLANS: \$ _____

STOCK OPTIONS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____

SUBTOTAL STOCK OPTIONS: \$ _____

CORPORATE INCENTIVE PROGRAMS	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____

SUBTOTAL CORPORATE INCENTIVE PROGRAMS: \$ _____

BUSINESS INTERESTS Value of Business	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____

— *Business Debt* \$ _____

NET VALUE OF BUSINESS: \$ _____

Client: _____

Assets (Continued)

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
OTHER ASSETS					
Cash Value Life Insurance	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				— Loans against Life Insurance	\$ _____
				SUBTOTAL CASH VALUE LIFE INSURANCE:	\$ _____
Annuities	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				SUBTOTAL ANNUITIES:	\$ _____
Other	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				SUBTOTAL OTHER:	\$ _____
				SUBTOTAL OTHER ASSETS:	\$ _____
PERSONAL PROPERTY					
Automobile(s)	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				— Auto Loans	\$ _____
				SUBTOTAL AUTOMOBILE(S):	\$ _____

Client: _____

Assets (Continued)

	Ownership (Indiv./Jnt./Bus.)	Source	Valuation Date	Interest Rate	Value
Boat	_____	_____	_____	_____	\$ _____
				— Boat Loan	\$ _____
				SUBTOTAL BOAT:	\$ _____
Furniture	_____	_____	_____	_____	\$ _____
Jewelry	_____	_____	_____	_____	\$ _____
Furs	_____	_____	_____	_____	\$ _____
Silverware China	_____	_____	_____	_____	\$ _____
Art – Collectible	_____	_____	_____	_____	\$ _____
Antiques	_____	_____	_____	_____	\$ _____
Collections	_____	_____	_____	_____	\$ _____
Electronic Equipment	_____	_____	_____	_____	\$ _____
Lawn Equipment/Tools	_____	_____	_____	_____	\$ _____
Children’s Property	_____	_____	_____	_____	\$ _____
Other	_____	_____	_____	_____	\$ _____
				SUBTOTAL PERSONAL PROPERTY:	\$ _____

TOTAL ASSETS: \$ _____

PART D. LIABILITIES

Client: _____

Date Prepared: ____ / ____ / ____

Liabilities

	Ownership (Indiv./Jnt./Bus.)	Source of Info.	Valuation Date	Interest Rate	Term of Loan	Outstanding Debt	Monthly Payment
LOANS (N.B. Do Not Include Loans/Mortgages Debited Against Assets)							
Personal	_____	_____	_____	_____	_____	_____	_____
Educational	_____	_____	_____	_____	_____	_____	_____
Promissory Note	_____	_____	_____	_____	_____	_____	_____
Line of Credit	_____	_____	_____	_____	_____	_____	_____
						SUBTOTAL LOANS: \$ _____	

CREDIT CARDS

MasterCard	_____	_____	_____	_____	_____	_____	_____
VISA	_____	_____	_____	_____	_____	_____	_____
Amex	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
						SUBTOTAL CREDIT CARDS: \$ _____	

OTHER DEBT/OUTSTANDING LIABILITY

(N.B. Do Not Include Loans/Mortgages Debited Against Assets)

Back Taxes	_____	_____	_____	_____	_____	_____	_____
Professional Debts	_____	_____	_____	_____	_____	_____	_____
Business Liabilities	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____
						SUBTOTAL OTHER DEBT: \$ _____	

TOTAL LIABILITIES: \$ _____