

DIVORCE/DISSOLUTION WORKSHEET

I. HUSBAND: _____ PHONE: HM _____ WK _____

ADDRESS: _____ SS#: _____

_____ DOB: _____

EMPLOYER: _____

DRIVERS LIC. NO. _____ ADDRESS: _____

WIFE: _____ PHONE: HM _____ WK _____

ADDRESS: _____ SS#: _____

_____ DOB: _____

EMPLOYER: _____

DRIVERS LIC. NO. _____ ADDRESS: _____

II. RESIDENCE: Have you lived in Franklin County for the past six months?

III. DATE OF MARRIAGE: _____ LOCATION: _____

IV. ASSETS

1. Real Property - Address:

a. Date of Purchase: _____ Price: _____

b. Mortgage Amount:

1st Company: _____ Balance: _____

2nd Company: _____ Balance: _____

c. Present value of house: _____

d. Names on deed: _____

2. Furniture (other than usual items):

a. Specific items desired:

b. Security interest:

3. Automobiles/Trailers/Boats:

Year	Make/Model	Owner	Mortgage Co.	Amount Owed	Value
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4. Bank Accounts:

Bank	Type/Acct. No.	Names	Balance
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5. Life Insurance:

Company	Insured	Beneficiary	Face Amt.	Cash Value
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6. Other Investments (C.D.'s/Stocks)

7. Retirement Plans:

Company	How Long	Value	Name
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8. Miscellaneous Assets:

V. INCOME TAX AND REFUNDS DUE

Joint or Separate	City _____	Amount _____
	State _____	Amount _____
	Federal _____	Amount _____

VI: DEBTS

A. Mortgages/Security Interest (where specific property is pledged):

Company	Amount	Names	Property pledged

B. Unsecured Loans/Credit Cards:

Company	Amount	Names

VII. CHILDREN FROM MARRIAGE

Name	Age	DOB	Soc. Security No.

CHILDREN WITH OTHER PARENT

Name	Age	DOB	Parent

VIII. INCOME (BEFORE DEDUCTIONS)

Husband: \$ _____ Pay Periods Annually: 52 - 26 - 12

Wife: \$ _____ Pay Periods Annually: 52 - 26 - 12

Child Care Expense Related to Work:

Provider: _____ Address: _____

Children: _____

Cost: _____

IX. HEALTH INSURANCE

Husband: Yes _____ No _____ Wife: Yes _____ No _____

Provider: _____ Provider: _____

Address: _____ Address: _____

Policy No. _____ Policy No. _____

Prescription Card: Yes _____ No _____ Prescription Card: Yes _____ No _____

Deductible: _____ Deductible: _____

X. CHILD SUPPORT PAID FOR OTHER CHILDREN

Name	Amount Per Week	Parent