

FINANCIAL AFFIDAVIT WORKSHEET
Long Form

1. Answer all questions completely. If you need more space, you may make a duplicate copy of the section of the questionnaire as needed, or use additional paper and attach it to this questionnaire.

2. Items that are marked with an asterisk (*) are calculations. If you wish, you can leave those blank and let us do the calculations for you.

CONFIDENTIALITY: The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Date: _____

Name of Client: _____

Date of Birth: _____

Name of Spouse/Opposing Party: _____

EMPLOYMENT INFORMATION:

Your Occupation: _____

JOB # 1 - Employed by: _____

Address: _____ Telephone No.: _____

Pay rate: \$ _____

Frequency: every week every other week twice a month monthly other: _____

JOB # 2 - Employed by: _____

Address: _____ Telephone No.: _____

Pay rate: \$ _____

Frequency: every week every other week twice a month monthly other: _____

___ Check here you have additional jobs not listed above; if so, attach info

___ Check here if you expect to **become unemployed**, and/or

___ Check here if you expect to **change jobs**

Describe the change you expect, and why and how it will affect your income: _____

___ Check here if you are **unemployed**, and describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: _____

_____ Check here if you are **retired**. Date of retirement: _____
Name of Employer from whom retired: _____

Address: _____ Telephone No.: _____

LAST YEAR'S GROSS INCOME:

Year: _____ Your Income:\$ _____ Other Party's Income:\$ _____
(if known)

PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. Attach more paper if needed. Items included under "Other" should be listed separately with separate dollar amounts.

- | | |
|---|---------------------|
| 1. Monthly gross salary or wages | 1.\$ _____ |
| 2. Monthly bonuses, commissions, allowances, overtime, tips,
and similar payments | 2.\$ _____ |
| 3. Monthly business income from sources such as self
employment, partnerships, close corporations, and/or
independent contracts | 3.\$ _____ |
| 4. Monthly disability benefits/SSI | 4.\$ _____ |
| 5. Monthly Workers' Compensation | 5.\$ _____ |
| 6. Monthly Unemployment Compensation | 6.\$ _____ |
| 7. Monthly pension, retirement, or annuity payments | 7.\$ _____ |
| 8. Monthly Social Security benefits | 8.\$ _____ |
| 9. Monthly alimony actually received | |
| 9a. From this case: \$ _____ | |
| 9b. From other case(s): \$ _____ | |
| | Add 9a and 9b |
| | 9.\$ _____ |
| 10. Monthly interest and dividends | 10.\$ _____ |
| 11. Monthly rental income | 11.\$ _____ |
| 12. Monthly income from royalties, trusts, or estates | 12.\$ _____ |
| 13. Monthly reimbursed expenses and in-kind payments to the
extent that they reduce personal living expenses | 13.\$ _____ |
| 14. Monthly gains derived from dealing in property
Any other income of a recurring nature (list source): | 14.\$ _____ |
| 15. _____ | 15.\$ _____ |
| 16. _____ | 16.\$ _____ |
| 17. *PRESENT MONTHLY GROSS INCOME (Lines 1-16) | *17.\$ _____ |

PRESENT MONTHLY DEDUCTIONS:

18.	Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities) a. Filing status _____ b. Number of dependents claimed _____	18.\$ _____
19.	Monthly FICA or self-employment taxes	19.\$ _____
20.	Monthly Medicare payments	20.\$ _____
21.	Monthly mandatory union dues	21.\$ _____
22.	Monthly mandatory retirement payments	22.\$ _____
23.	Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship	23.\$ _____
24.	Monthly court-ordered child support actually paid for children from another relationship	24.\$ _____
25.	Monthly court-ordered alimony actually paid 25a. From this case: \$ _____ 25b. From other case(s) \$ _____	25.\$ _____
26.	*TOTAL DEDUCTIONS ALLOWABLE UNDER S. 61.30, FLORIDA STATUTES (Add lines 18 through 25)	*26.\$ _____
27.	*PRESENT NET MONTHLY INCOME	*27.\$ _____

AVERAGE MONTHLY EXPENSES:

If the expenses listed below do not reflect what you actually pay at the current time, then you should place a check mark below as indicated next to each amount that is estimated.

HOUSEHOLD:

	Estimated
1. Monthly mortgage or rent	___ 1.\$ _____
2. Monthly property taxes (if not included in mortgage)	___ 2.\$ _____
3. Monthly insurance on residence (if not included in mortgage)	___ 3.\$ _____
4. Monthly condominium maintenance fees, homeowners' assoc. fees	___ 4.\$ _____
5. Monthly electricity	___ 5.\$ _____
6. Monthly water, garbage, and sewer	___ 6.\$ _____
7. Monthly telephone	___ 7.\$ _____
8. Monthly fuel oil or natural gas	___ 8.\$ _____
9. Monthly repairs and maintenance	___ 9.\$ _____
10. Monthly lawn care	___ 10.\$ _____
11. Monthly pool maintenance	___ 11.\$ _____
12. Monthly pest control	___ 12.\$ _____
13. Monthly misc. household	___ 13.\$ _____
14. Monthly food and home supplies	___ 14.\$ _____
15. Monthly meals outside home	___ 15.\$ _____
16. Monthly cable TV	___ 16.\$ _____
17. Monthly alarm service contract	___ 17.\$ _____
18. Monthly service contracts on appliances	___ 18.\$ _____

19. Monthly maid service	_____	19.\$ _____
Other:		
20. _____	_____	20.\$ _____
21. _____	_____	21.\$ _____
22. _____	_____	22.\$ _____
23. _____	_____	23.\$ _____
24. _____	_____	24.\$ _____
25.	*SUBTOTAL (add lines 1 through 24)	* 25.\$ _____

AUTOMOBILE:

Estimated

26. Monthly gasoline and oil	_____	26.\$ _____
27. Monthly repairs	_____	27.\$ _____
28. Monthly auto tags and emission testing	_____	28.\$ _____
29. Monthly insurance	_____	29.\$ _____
30. Monthly payments (lease or financing)	_____	30.\$ _____
31. Monthly rental/replacements	_____	31.\$ _____
32. Monthly alternative transportation (bus, rail, car pool)	_____	32.\$ _____
33. Monthly tolls and parking	_____	33.\$ _____
34. Other: _____	_____	34.\$ _____
35.	*SUBTOTAL (add lines 26 through 34)	* 35.\$ _____

EXPENSES FOR CHILDREN common to both parties:

36. Monthly nursery, babysitting, or day care	_____	36.\$ _____
37. Monthly school tuition	_____	37.\$ _____
38. Monthly school supplies, books, and fees	_____	38.\$ _____
39. Monthly after school activities	_____	39.\$ _____
40. Monthly lunch money	_____	40.\$ _____
41. Monthly private lessons or tutoring	_____	41.\$ _____
42. Monthly allowances	_____	42.\$ _____
43. Monthly clothing and uniforms	_____	43.\$ _____
44. Monthly entertainment (movies, parties, etc.)	_____	44.\$ _____
45. Monthly health insurance	_____	45.\$ _____
46. Monthly medical, dental, prescriptions (nonreimbursed only)	_____	46.\$ _____
47. Monthly psychiatric/psychological/counselor	_____	47.\$ _____
48. Monthly orthodontic	_____	48.\$ _____
49. Monthly vitamins	_____	49.\$ _____
50. Monthly beauty parlor/barber shop	_____	50.\$ _____
51. Monthly nonprescription medication	_____	51.\$ _____
52. Monthly cosmetics, toiletries, and sundries	_____	52.\$ _____
53. Monthly gifts from children to others (friends, relatives, etc.)	_____	53.\$ _____
54. Monthly camp or summer activities	_____	54.\$ _____
55. Monthly clubs (Boy/Girl Scouts, etc.)	_____	55.\$ _____
56. Monthly access expenses (for nonresidential parent)	_____	56.\$ _____
57. Monthly miscellaneous	_____	57.\$ _____
58.	*SUBTOTAL (add lines 36 through 57)	* 58.\$ _____

EXPENSES FOR CHILDREN from another relationship:

(other than court-ordered child support):

59.	_____	59.\$ _____
60.	_____	60.\$ _____
61.	_____	61.\$ _____
62.	_____	62.\$ _____
63.	*SUBTOTAL (add lines 59 through 62)	* 63.\$ _____

MONTHLY INSURANCE:

64.	Health insurance (EXCLUDING portion paid for any minor children of this relationship)	64.\$ _____
65.	Life insurance	65.\$ _____
66.	Dental insurance	66.\$ _____
	Other:	\$ _____
67.	_____	67.\$ _____
68.	_____	68.\$ _____
69.	*SUBTOTAL (add lines 64 through 68)	* 69.\$ _____

OTHER MONTHLY EXPENSES not listed above:

70.	Monthly dry cleaning and laundry	70.\$ _____
71.	Monthly clothing	71.\$ _____
72.	Monthly medical, dental, prescriptions (nonreimbursed only)	72.\$ _____
73.	Monthly psychiatric, psychological, counselor (nonreimbursed only)	73.\$ _____
74.	Monthly non-prescription meds, cosmetics, toiletries, sundries	74.\$ _____
75.	Monthly grooming	75.\$ _____
76.	Monthly gifts	76.\$ _____
77.	Monthly pet expenses	77.\$ _____
78.	Monthly club dues and membership	78.\$ _____
79.	Monthly sports and hobbies	79.\$ _____
80.	Monthly entertainment	80.\$ _____
81.	Monthly periodicals/books/tapes, CD's	81.\$ _____
82.	Monthly vacations	82.\$ _____
83.	Monthly religious organizations	83.\$ _____
84.	Monthly bank charges/credit card fees	84.\$ _____
85.	Monthly education expenses	85.\$ _____
	Other:	
86.	_____	86.\$ _____
87.	_____	87.\$ _____
88.	_____	88.\$ _____
89.	_____	89.\$ _____
90.	*SUBTOTAL (add lines 70 through 89)	* 90.\$ _____

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)

91.	_____	91.\$ _____
92.	_____	92.\$ _____
93.	_____	93.\$ _____
94.	_____	94.\$ _____
95.	_____	95.\$ _____
96.	_____	96.\$ _____
97.	_____	97.\$ _____
98.	_____	98.\$ _____
99.	_____	99.\$ _____
100.	_____	100.\$ _____
101.	_____	101.\$ _____
102.	_____	102.\$ _____
103.	_____	103.\$ _____
104.	*SUBTOTAL (add lines 91 through 103)	* 104.\$ _____

105. *TOTAL MONTHLY EXPENSES (add lines 25, 35, 58, 63, 69, 90, and 104) ***105.\$ _____**

SUMMARY:

106. *TOTAL PRESENT MONTHLY NET INCOME (line 27) ***106.\$ _____**

107. *TOTAL MONTHLY EXPENSES (line 105) ***107.\$ _____**

108. *SURPLUS (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.) ***108.\$ _____**

109. *(DEFICIT) (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.) ***109.(\$ _____)**

ASSETS and LIABILITIES:

1. Answer all questions completely. If a question does not apply, enter "n/a". If you do not know an answer, leave the space blank. If there is not enough space to enter all items within a category, check as indicated at the bottom of the page, and attach the information to this questionnaire on separate sheets.

2. If you are preparing this Worksheet for a **dissolution or related proceeding** (and you are married to the opposing party), list **all** assets and liabilities of you and your spouse, and complete the following information:

(a) Indicate whether an asset or liability should be awarded to you by placing a check mark in the blank in the **left column** next to the asset or liability.

(b) Indicate whether the item is a nonmarital asset or liability by circling the "H" for "Husband" or "W" for "Wife" in the **Nonmarital** column on the right. If you have any questions about whether an item is nonmarital, please ask your attorney.

3. If you are preparing this Worksheet for **any other proceeding** (and you are not married to the opposing party), list **all** of your assets and liabilities (but NOT the assets and liabilities of the opposing party), and DISREGARD the **left column** and the **Nonmarital** column, unless your attorney instructs you otherwise.

<u>Cash (on hand)</u>	Balance	Nonmarital Asset	
Cash on hand in possession of Husband:	\$ _____	H	W
Cash on hand in possession of Wife:	\$ _____	H	W
<u> </u> TOTAL CASH ON HAND (sum of above):	\$ _____	H	W

Cash in bank or credit unions

	Balance	Nonmarital Asset	
_____ Name of Institution/Type of Account Acct No. _____ Name on Account: ___ You ___ Spouse ___ Other	\$ _____	H	W
_____ Name of Institution/Type of Account Acct No. _____ Name on Account: ___ You ___ Spouse ___ Other	\$ _____	H	W
_____ Name of Institution/Type of Account Acct No. _____ Name on Account: ___ You ___ Spouse ___ Other	\$ _____	H	W
_____ Name of Institution/Type of Account Acct No. _____ Name on Account: ___ You ___ Spouse ___ Other	\$ _____	H	W
_____ Name of Institution/Type of Account Acct No. _____ Name on Account: ___ You ___ Spouse ___ Other	\$ _____	H	W
_____ Name of Institution/Type of Account Acct No. _____ Name on Account: ___ You ___ Spouse ___ Other	\$ _____	H	W
_____ Name of Institution/Type of Account Acct No. _____ Name on Account: ___ You ___ Spouse ___ Other	\$ _____	H	W

___ Check here if there are additional accounts not listed above; if so, attach info

Stocks / Bonds

	Balance / Current Fair Market Value	Nonmarital Asset	
_____ Description / # of Shares Date Issued: _____ Certificate #'s: _____ Pledged as collateral? _____	\$ _____	H	W
_____ Description / # of Shares Date Issued: _____ Certificate #'s: _____ Pledged as collateral? _____	\$ _____	H	W
_____ Description / # of Shares Date Issued: _____ Certificate #'s: _____ Pledged as collateral? _____	\$ _____	H	W
_____ Description / # of Shares Date Issued: _____ Certificate #'s: _____ Pledged as collateral? _____	\$ _____	H	W
_____ Description / # of Shares Date Issued: _____ Certificate #'s: _____ Pledged as collateral? _____	\$ _____	H	W
_____ Description / # of Shares Date Issued: _____ Certificate #'s: _____ Pledged as collateral? _____	\$ _____	H	W
_____ Description / # of Shares Date Issued: _____ Certificate #'s: _____ Pledged as collateral? _____	\$ _____	H	W

__ Check here if there are additional stock or bonds not listed above; if so, attach info

Notes (money owed to you in writing)

**Balance / Current
Fair Market Value**

**Nonmarital
Asset**

_____	\$ _____	H	W
Name of Debtor _____			
Relationship of Debtor to You/Spouse: _____			
Name of Instrument evidencing Debt: _____			
Date of Loan to Debtor: _____			
Payment method: _____			
Secured by: _____			
Avg Monthly Income: \$ _____			
_____	\$ _____	H	W
Name of Debtor _____			
Relationship of Debtor to You/Spouse: _____			
Name of Instrument evidencing Debt: _____			
Date of Loan to Debtor: _____			
Payment method: _____			
Secured by: _____			
Avg Monthly Income: \$ _____			
_____	\$ _____	H	W
Name of Debtor _____			
Relationship of Debtor to You/Spouse: _____			
Name of Instrument evidencing Debt: _____			
Date of Loan to Debtor: _____			
Payment method: _____			
Secured by: _____			
Avg Monthly Income: \$ _____			
_____	\$ _____	H	W
Name of Debtor _____			
Relationship of Debtor to You/Spouse: _____			
Name of Instrument evidencing Debt: _____			
Date of Loan to Debtor: _____			
Payment method: _____			
Secured by: _____			
Avg Monthly Income: \$ _____			

__ *Check here if there are additional notes receivable not listed above; if so, attach info*

Money owed to you (not evidenced by a note)

	Balance / Current Fair Market Value	Nonmarital Asset	
_____ Name of Debtor Relationship of Debtor to You/Spouse: _____ Date of Loan to Debtor: _____ Avg Monthly Income: \$ _____	\$ _____	H	W
_____ Name of Debtor Relationship of Debtor to You/Spouse: _____ Date of Loan to Debtor: _____ Avg Monthly Income: \$ _____	\$ _____	H	W
_____ Name of Debtor Relationship of Debtor to You/Spouse: _____ Date of Loan to Debtor: _____ Avg Monthly Income: \$ _____	\$ _____	H	W
_____ Name of Debtor Relationship of Debtor to You/Spouse: _____ Date of Loan to Debtor: _____ Avg Monthly Income: \$ _____	\$ _____	H	W
_____ Name of Debtor Relationship of Debtor to You/Spouse: _____ Date of Loan to Debtor: _____ Avg Monthly Income: \$ _____	\$ _____	H	W
_____ Name of Debtor Relationship of Debtor to You/Spouse: _____ Date of Loan to Debtor: _____ Avg Monthly Income: \$ _____	\$ _____	H	W

___ Check here if there are additional monies owed not listed above; if so, attach info

Other Real Estate:

	Current Fair Market Value	Nonmarital Asset	
_____	\$ _____	H	W
Address or Short Description			
Record Title Owner: ___ You ___ Spouse ___ Other			
Date Purchased: _____			
Purchase Price: \$ _____			
Down Payment: \$ _____			
Source of Down Payment: _____			
Amount owed: \$ _____			
Payment frequency: _____ Amount: \$ _____			
Tax Appraiser's Value: \$ _____			
Property Use: _____			
Rent amount and frequency: \$ _____			
Date rent is due: _____			
Date rental lease expires: _____			
_____	\$ _____	H	W
Address or Short Description			
Record Title Owner: ___ You ___ Spouse ___ Other			
Date Purchased: _____			
Purchase Price: \$ _____			
Down Payment: \$ _____			
Source of Down Payment: _____			
Amount owed: \$ _____			
Payment frequency: _____ Amount: \$ _____			
Tax Appraiser's Value: \$ _____			
Property Use: _____			
Rent amount and frequency: \$ _____			
Date rent is due: _____			
Date rental lease expires: _____			
_____	\$ _____	H	W
Address or Short Description			
Record Title Owner: ___ You ___ Spouse ___ Other			
Date Purchased: _____			
Purchase Price: \$ _____			
Down Payment: \$ _____			
Source of Down Payment: _____			
Amount owed: \$ _____			
Payment frequency: _____ Amount: \$ _____			
Tax Appraiser's Value: \$ _____			
Property Use: _____			
Rent amount and frequency: \$ _____			
Date rent is due: _____			
Date rental lease expires: _____			

___ Check here if there is additional real estate not listed above; if so, attach info

Business Interests:

	Current Fair Market Value	Nonmarital Asset	
_____	\$ _____	H	W
Name of Business			
Net Income: This Year \$ _____ Last Year \$ _____			
___ Sole Proprietor ___ Partnership ___ Closely Held Corp.			
___ Limited Liability Company ___ Other _____			
Shares or % ownership: _____			
Ownership title: _____			
Cost to Acquire: \$ _____			
Source of Money to Acquire: _____			
If loan, amount owed: \$ _____			
Your position held, if any: _____			
Your annual compensation if any: \$ _____			
Your spouse's position held, if any: _____			
Your spouse's annual compensation if any: \$ _____			

_____	\$ _____	H	W
Name of Business			
Net Income: This Year \$ _____ Last Year \$ _____			
___ Sole Proprietor ___ Partnership ___ Closely Held Corp.			
___ Limited Liability Company ___ Other _____			
Shares or % ownership: _____			
Ownership title: _____			
Cost to Acquire: \$ _____			
Source of Money to Acquire: _____			
If loan, amount owed: \$ _____			
Your position held, if any: _____			
Your annual compensation if any: \$ _____			
Your spouse's position held, if any: _____			
Your spouse's annual compensation if any: \$ _____			

_____	\$ _____	H	W
Name of Business			
Net Income: This Year \$ _____ Last Year \$ _____			
___ Sole Proprietor ___ Partnership ___ Closely Held Corp.			
___ Limited Liability Company ___ Other _____			
Shares or % ownership: _____			
Ownership title: _____			
Cost to Acquire: \$ _____			
Source of Money to Acquire: _____			
If loan, amount owed: \$ _____			
Your position held, if any: _____			
Your annual compensation if any: \$ _____			
Your spouse's position held, if any: _____			
Your spouse's annual compensation if any: \$ _____			

___ Check here if there are additional business interests not listed above; if so, attach info

Automobiles

**Current
Fair Market Value**

**Nonmarital
Asset**

___ Year: _____ Make: _____ Model: _____ \$ _____ H W
Record Title Owner: ___ You ___ Spouse ___ Other
Purchase Price: \$ _____
If loan, amount owed: \$ _____
Down Payment: \$ _____
Source of Down Payment: _____
Primary User: ___ You ___ Spouse ___ Other
Mileage: _____
Describe condition of vehicle and if immediate repairs
are needed: _____

___ Year: _____ Make: _____ Model: _____ \$ _____ H W
Record Title Owner: ___ You ___ Spouse ___ Other
Purchase Price: \$ _____
If loan, amount owed: \$ _____
Down Payment: \$ _____
Source of Down Payment: _____
Primary User: ___ You ___ Spouse ___ Other
Mileage: _____
Describe condition of vehicle and if immediate repairs
are needed: _____

___ Year: _____ Make: _____ Model: _____ \$ _____ H W
Record Title Owner: ___ You ___ Spouse ___ Other
Purchase Price: \$ _____
If loan, amount owed: \$ _____
Down Payment: \$ _____
Source of Down Payment: _____
Primary User: ___ You ___ Spouse ___ Other
Mileage: _____
Describe condition of vehicle and if immediate repairs
are needed: _____

___ Check here if there are additional autos not listed above; if so, attach info

Boats

**Current
Fair Market Value**

**Nonmarital
Asset**

___ Year: _____ Make: _____ Model: _____ \$ _____ H W
Record Title Owner: ___ You ___ Spouse ___ Other
Purchase Price: \$ _____
If loan, amount owed: \$ _____
Down Payment: \$ _____
Source of Down Payment: _____
Primary User: ___ You ___ Spouse ___ Other
Describe condition of boat and if immediate repairs are
needed: _____

___ Year: _____ Make: _____ Model: _____ \$ _____ H W
Record Title Owner: ___ You ___ Spouse ___ Other
Purchase Price: \$ _____
If loan, amount owed: \$ _____
Down Payment: \$ _____
Source of Down Payment: _____
Primary User: ___ You ___ Spouse ___ Other
Describe condition of boat and if immediate repairs are
needed: _____

___ Year: _____ Make: _____ Model: _____ \$ _____ H W
Record Title Owner: ___ You ___ Spouse ___ Other
Purchase Price: \$ _____
If loan, amount owed: \$ _____
Down Payment: \$ _____
Source of Down Payment: _____
Primary User: ___ You ___ Spouse ___ Other
Describe condition of boat and if immediate repairs are
needed: _____

___ Check here if there are additional boats not listed above; if so, attach info

Other vehicles

**Current
Fair Market Value**

**Nonmarital
Asset**

___ Year: _____ Make: _____ Model: _____ \$ _____ H W
Record Title Owner: ___ You ___ Spouse ___ Other
Purchase Price: \$ _____
If loan, amount owed: \$ _____
Down Payment: \$ _____
Source of Down Payment: _____
Primary User: ___ You ___ Spouse ___ Other
Mileage: _____
Describe condition of vehicle and if immediate repairs
are needed: _____

___ Year: _____ Make: _____ Model: _____ \$ _____ H W
Record Title Owner: ___ You ___ Spouse ___ Other
Purchase Price: \$ _____
If loan, amount owed: \$ _____
Down Payment: \$ _____
Source of Down Payment: _____
Primary User: ___ You ___ Spouse ___ Other
Mileage: _____
Describe condition of vehicle and if immediate repairs
are needed: _____

___ Year: _____ Make: _____ Model: _____ \$ _____ H W
Record Title Owner: ___ You ___ Spouse ___ Other
Purchase Price: \$ _____
If loan, amount owed: \$ _____
Down Payment: \$ _____
Source of Down Payment: _____
Primary User: ___ You ___ Spouse ___ Other
Mileage: _____
Describe condition of vehicle and if immediate repairs
are needed: _____

___ *Check here if there are additional vehicles not listed above; if so, attach info*

Retirement Plans (profit sharing, pension, IRA, etc.):

**Balance / Current
Fair Market Value**

**Nonmarital
Asset**

_____	\$ _____	H	W
Name of Institution/Type of Account _____			
Acct No. _____			
Name on Account: ___ You ___ Spouse			
Current Beneficiary: ___ You ___ Spouse ___ Other			
Balance on Date of Marriage: \$ _____			
Prior Withdrawals: _____			

_____	\$ _____	H	W
Name of Institution/Type of Account _____			
Acct No. _____			
Name on Account: ___ You ___ Spouse			
Current Beneficiary: ___ You ___ Spouse ___ Other			
Balance on Date of Marriage: \$ _____			
Prior Withdrawals: _____			

_____	\$ _____	H	W
Name of Institution/Type of Account _____			
Acct No. _____			
Name on Account: ___ You ___ Spouse			
Current Beneficiary: ___ You ___ Spouse ___ Other			
Balance on Date of Marriage: \$ _____			
Prior Withdrawals: _____			

_____	\$ _____	H	W
Name of Institution/Type of Account _____			
Acct No. _____			
Name on Account: ___ You ___ Spouse			
Current Beneficiary: ___ You ___ Spouse ___ Other			
Balance on Date of Marriage: \$ _____			
Prior Withdrawals: _____			

_____	\$ _____	H	W
Name of Institution/Type of Account _____			
Acct No. _____			
Name on Account: ___ You ___ Spouse			
Current Beneficiary: ___ You ___ Spouse ___ Other			
Balance on Date of Marriage: \$ _____			
Prior Withdrawals: _____			

___ Check here if there are additional retirement plans not listed above; if so, attach info

Furniture and furnishings in home:

	Current Fair Market Value	Nonmarital Asset	
<input type="checkbox"/> Living Area 1	\$ _____	H	W
<input type="checkbox"/> Living Area 2	\$ _____	H	W
<input type="checkbox"/> Den	\$ _____	H	W
<input type="checkbox"/> Kitchen	\$ _____	H	W
<input type="checkbox"/> Dining Room	\$ _____	H	W
<input type="checkbox"/> Master Bedroom	\$ _____	H	W
<input type="checkbox"/> Bedroom #2	\$ _____	H	W
<input type="checkbox"/> Bedroom #3	\$ _____	H	W
<input type="checkbox"/> Bedroom #4	\$ _____	H	W
<input type="checkbox"/> Bedroom #5	\$ _____	H	W
<input type="checkbox"/> Other: _____	\$ _____	H	W
<input type="checkbox"/> Other: _____	\$ _____	H	W
<input type="checkbox"/> Other: _____	\$ _____	H	W

Check here if there are additional home furnishings not listed above; if so, attach info

Furniture and furnishings elsewhere:

	Current Fair Market Value	Nonmarital Asset	
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W
___ Item(s): _____ Location: _____	\$ _____	H	W

___ *Check here if there are additional furnishings not listed above; if so, attach info*

Collectibles:

	Current Fair Market Value	Nonmarital Asset	
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W

___ Check here if there are additional collectibles not listed above; if so, attach info

Jewelry:

	Current Fair Market Value	Nonmarital Asset	
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W
___ Item(s): _____ Subject to Security Interest? _____	\$ _____	H	W

___ *Check here if there is additional jewelry not listed above; if so, attach info*

Life insurance (with cash surrender value):

	Current Fair Market Value	Nonmarital Asset	
_____	\$ _____	H	W
Name of Insurance Company _____			
Policy Number: _____			
Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other			
Owner : <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other			
Date Issued: _____			
Current Beneficiary: _____			
Face Amount: \$ _____			
Avg Monthly Premium: \$ _____			
Loans Against: _____			
_____	\$ _____	H	W
Name of Insurance Company _____			
Policy Number: _____			
Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other			
Owner : <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other			
Date Issued: _____			
Current Beneficiary: _____			
Face Amount: \$ _____			
Avg Monthly Premium: \$ _____			
Loans Against: _____			
_____	\$ _____	H	W
Name of Insurance Company _____			
Policy Number: _____			
Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other			
Owner : <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other			
Date Issued: _____			
Current Beneficiary: _____			
Face Amount: \$ _____			
Avg Monthly Premium: \$ _____			
Loans Against: _____			
_____	\$ _____	H	W
Name of Insurance Company _____			
Policy Number: _____			
Insured: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other			
Owner : <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other			
Date Issued: _____			
Current Beneficiary: _____			
Face Amount: \$ _____			
Avg Monthly Premium: \$ _____			
Loans Against: _____			

___ Check here if there is add'l ins. (cash surrender value) not listed above; if so, attach info

Sporting and entertainment equipment:

	Current Fair Market Value	Nonmarital Asset	
___ TV #1: _____	\$ _____	H	W
___ TV #2: _____	\$ _____	H	W
___ TV #3: _____	\$ _____	H	W
___ Stereo #1: _____	\$ _____	H	W
___ Stereo #2: _____	\$ _____	H	W
___ Stereo #3: _____	\$ _____	H	W
___ DVD/VCR #1: _____	\$ _____	H	W
___ DVD/VCR #2: _____	\$ _____	H	W
___ DVD/VCR #2: _____	\$ _____	H	W
___ Computer System #1: _____	\$ _____	H	W
___ Computer System #2: _____	\$ _____	H	W
___ Computer System #3: _____	\$ _____	H	W
___ Electronic Game System: _____	\$ _____	H	W
___ Item: _____	\$ _____	H	W
___ Item: _____	\$ _____	H	W
___ Item: _____	\$ _____	H	W
___ Item: _____	\$ _____	H	W
___ Item: _____	\$ _____	H	W

___ Check here if there are additional items not listed above; if so, attach info

Other property:

	Balance / Current Fair Market Value	Nonmarital Asset	
___ Description: _____ Purchase Price: _____ Subject to security interest? _____	\$ _____	H	W
___ Description: _____ Purchase Price: _____ Subject to security interest? _____	\$ _____	H	W
___ Description: _____ Purchase Price: _____ Subject to security interest? _____	\$ _____	H	W
___ Description: _____ Purchase Price: _____ Subject to security interest? _____	\$ _____	H	W
___ Description: _____ Purchase Price: _____ Subject to security interest? _____	\$ _____	H	W
___ Description: _____ Purchase Price: _____ Subject to security interest? _____	\$ _____	H	W
___ Description: _____ Purchase Price: _____ Subject to security interest? _____	\$ _____	H	W
___ Description: _____ Purchase Price: _____ Subject to security interest? _____	\$ _____	H	W
___ Description: _____ Purchase Price: _____ Subject to security interest? _____	\$ _____	H	W

___ Check here if there is additional property not listed above; if so, attach info

Mortgages on Home

Amount Owed /
Payoff

Nonmarital
Liability

Name of Lender
Loan Account Number: _____
Loan Origination Date: _____
Initial Loan Amount: \$ _____
Name on Loan: ___ You ___ Spouse ___ Other
Average Monthly Payment: \$ _____

\$ _____

H W

Name of Lender
Loan Account Number: _____
Loan Origination Date: _____
Initial Loan Amount: \$ _____
Name on Loan: ___ You ___ Spouse ___ Other
Average Monthly Payment: \$ _____

\$ _____

H W

Name of Lender
Loan Account Number: _____
Loan Origination Date: _____
Initial Loan Amount: \$ _____
Name on Loan: ___ You ___ Spouse ___ Other
Average Monthly Payment: \$ _____

\$ _____

H W

Name of Lender
Loan Account Number: _____
Loan Origination Date: _____
Initial Loan Amount: \$ _____
Name on Loan: ___ You ___ Spouse ___ Other
Average Monthly Payment: \$ _____

\$ _____

H W

Name of Lender
Loan Account Number: _____
Loan Origination Date: _____
Initial Loan Amount: \$ _____
Name on Loan: ___ You ___ Spouse ___ Other
Average Monthly Payment: \$ _____

\$ _____

H W

___ Check here if there are additional home mortgages not listed above; if so, attach info

Mortgages on Other Real Estate:

Amount Owed /
Payoff

Nonmarital
Liability

_____	\$ _____	H	W
Name of Lender _____			
Loan Account Number: _____			
Loan Origination Date: _____			
Initial Loan Amount: \$ _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Average Monthly Payment: \$ _____			
Property securing mortgage: _____			

_____	\$ _____	H	W
Name of Lender _____			
Loan Account Number: _____			
Loan Origination Date: _____			
Initial Loan Amount: \$ _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Average Monthly Payment: \$ _____			
Property securing mortgage: _____			

_____	\$ _____	H	W
Name of Lender _____			
Loan Account Number: _____			
Loan Origination Date: _____			
Initial Loan Amount: \$ _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Average Monthly Payment: \$ _____			
Property securing mortgage: _____			

_____	\$ _____	H	W
Name of Lender _____			
Loan Account Number: _____			
Loan Origination Date: _____			
Initial Loan Amount: \$ _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Average Monthly Payment: \$ _____			
Property securing mortgage: _____			

___ Check here if there are additional mortgages not listed above; if so, attach info

Charge/Credit Card Account - page 1

	Amount Owed / Payoff	Nonmarital Liability	
_____	\$ _____	H	W
Name of Creditor _____			
Account Number: _____			
Card Expiration Date: _____			
Amt Charged by: You \$ _____ Spouse \$ _____			
Security, if any: _____			
Name on Account: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Creditor _____			
Account Number: _____			
Card Expiration Date: _____			
Amt Charged by: You \$ _____ Spouse \$ _____			
Security, if any: _____			
Name on Account: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Creditor _____			
Account Number: _____			
Card Expiration Date: _____			
Amt Charged by: You \$ _____ Spouse \$ _____			
Security, if any: _____			
Name on Account: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Creditor _____			
Account Number: _____			
Card Expiration Date: _____			
Amt Charged by: You \$ _____ Spouse \$ _____			
Security, if any: _____			
Name on Account: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Creditor _____			
Account Number: _____			
Card Expiration Date: _____			
Amt Charged by: You \$ _____ Spouse \$ _____			
Security, if any: _____			
Name on Account: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			

Charge/Credit Card Accounts - page 2

	Amount Owed / Payoff	Nonmarital Liability	
_____	\$ _____	H	W
Name of Creditor _____			
Account Number: _____			
Card Expiration Date: _____			
Amt Charged by: You \$ _____ Spouse \$ _____			
Security, if any: _____			
Name on Account: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Creditor _____			
Account Number: _____			
Card Expiration Date: _____			
Amt Charged by: You \$ _____ Spouse \$ _____			
Security, if any: _____			
Name on Account: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Creditor _____			
Account Number: _____			
Card Expiration Date: _____			
Amt Charged by: You \$ _____ Spouse \$ _____			
Security, if any: _____			
Name on Account: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Creditor _____			
Account Number: _____			
Card Expiration Date: _____			
Amt Charged by: You \$ _____ Spouse \$ _____			
Security, if any: _____			
Name on Account: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Creditor _____			
Account Number: _____			
Card Expiration Date: _____			
Amt Charged by: You \$ _____ Spouse \$ _____			
Security, if any: _____			
Name on Account: ___ You ___ Spouse ___ Other			
Avg. Monthly Payment: \$ _____			

___ Check here if there are additional charge accounts not listed above; if so, attach info

Auto Loans

	Amount Owed / Payoff	Nonmarital Liability	
_____ Name of Lender Vehicle securing loan: _____ Account Number: _____ Last Payment Due Date: _____ Name on Loan: ___ You ___ Spouse ___ Other Avg. Monthly Payment: \$ _____	\$ _____	H	W
_____ Name of Lender Vehicle securing loan: _____ Account Number: _____ Last Payment Due Date: _____ Name on Loan: ___ You ___ Spouse ___ Other Avg. Monthly Payment: \$ _____	\$ _____	H	W
_____ Name of Lender Vehicle securing loan: _____ Account Number: _____ Last Payment Due Date: _____ Name on Loan: ___ You ___ Spouse ___ Other Avg. Monthly Payment: \$ _____	\$ _____	H	W
_____ Name of Lender Vehicle securing loan: _____ Account Number: _____ Last Payment Due Date: _____ Name on Loan: ___ You ___ Spouse ___ Other Avg. Monthly Payment: \$ _____	\$ _____	H	W
_____ Name of Lender Vehicle securing loan: _____ Account Number: _____ Last Payment Due Date: _____ Name on Loan: ___ You ___ Spouse ___ Other Avg. Monthly Payment: \$ _____	\$ _____	H	W

___ Check here if there are additional auto or vehicle loans not listed above; if so, attach info

Bank/Credit Union loans

Amount Owed /
Payoff

Nonmarital
Liability

_____	\$ _____	H	W
Name of Bank/Credit Union/Institution _____			
Loan Number: _____			
Loan Origination Date: _____			
Reason for loan: _____			

Security, if any: _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Original Loan Amount: \$ _____			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Bank/Credit Union/Institution _____			
Loan Number: _____			
Loan Origination Date: _____			
Reason for loan: _____			

Security, if any: _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Original Loan Amount: \$ _____			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Bank/Credit Union/Institution _____			
Loan Number: _____			
Loan Origination Date: _____			
Reason for loan: _____			

Security, if any: _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Original Loan Amount: \$ _____			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Bank/Credit Union/Institution _____			
Loan Number: _____			
Loan Origination Date: _____			
Reason for loan: _____			

Security, if any: _____			
Name on Loan: ___ You ___ Spouse ___ Other			
Original Loan Amount: \$ _____			
Avg. Monthly Payment: \$ _____			

__ Check here if there are additional loans not listed above; if so, attach info

Money owed by you or spouse (not evidenced by a note)

Amount Owed /
Payoff

Nonmarital
Liability

____ \$ _____ H W
Name of Creditor _____
Relationship of Creditor to You/Spouse: _____
Account Number, if any: _____
Date incurred: _____
Reason for debt: _____

Name on Debt: ___ You ___ Spouse ___ Other
Avg. Monthly Payment: \$ _____

____ \$ _____ H W
Name of Creditor _____
Relationship of Creditor to You/Spouse: _____
Account Number, if any: _____
Date incurred: _____
Reason for debt: _____

Name on Debt: ___ You ___ Spouse ___ Other
Avg. Monthly Payment: \$ _____

____ \$ _____ H W
Name of Creditor _____
Relationship of Creditor to You/Spouse: _____
Account Number, if any: _____
Date incurred: _____
Reason for debt: _____

Name on Debt: ___ You ___ Spouse ___ Other
Avg. Monthly Payment: \$ _____

____ \$ _____ H W
Name of Creditor _____
Relationship of Creditor to You/Spouse: _____
Account Number, if any: _____
Date incurred: _____
Reason for debt: _____

Name on Debt: ___ You ___ Spouse ___ Other
Avg. Monthly Payment: \$ _____

___ Check here if there are additional debts not evidenced in writing; if so, attach info

Judgments

	Amount Owed / Payoff	Nonmarital Liability	
_____	\$ _____	H	W
Name of Judgment Creditor (who owed to) _____			
Date of Judgment: _____			
Nature of lawsuit: _____			
Case Number: _____			
Court where issued: _____			

Named Debtor: ___ You ___ Spouse ___ Other			
Original Amount of Judgment: \$ _____			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Judgment Creditor (who owed to) _____			
Date of Judgment: _____			
Nature of lawsuit: _____			
Case Number: _____			
Court where issued: _____			

Named Debtor: ___ You ___ Spouse ___ Other			
Original Amount of Judgment: \$ _____			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Judgment Creditor (who owed to) _____			
Date of Judgment: _____			
Nature of lawsuit: _____			
Case Number: _____			
Court where issued: _____			

Named Debtor: ___ You ___ Spouse ___ Other			
Original Amount of Judgment: \$ _____			
Avg. Monthly Payment: \$ _____			
_____	\$ _____	H	W
Name of Judgment Creditor (who owed to) _____			
Date of Judgment: _____			
Nature of lawsuit: _____			
Case Number: _____			
Court where issued: _____			

Named Debtor: ___ You ___ Spouse ___ Other			
Original Amount of Judgment: \$ _____			
Avg. Monthly Payment: \$ _____			

___ Check here if there are additional judgments not listed above; if so, attach info

Other (debts, loans, liabilities)

Amount Owed /
Payoff

Nonmarital
Liability

____ \$ _____ H W
Name of Creditor _____
Account Number, if any: _____
Date incurred: _____
Reason for debt: _____

Security, if any: _____
Name on Debt: ___ You ___ Spouse ___ Other
Avg. Monthly Payment: \$ _____

____ \$ _____ H W
Name of Creditor _____
Account Number, if any: _____
Date incurred: _____
Reason for debt: _____

Security, if any: _____
Name on Debt: ___ You ___ Spouse ___ Other
Avg. Monthly Payment: \$ _____

____ \$ _____ H W
Name of Creditor _____
Account Number, if any: _____
Date incurred: _____
Reason for debt: _____

Security, if any: _____
Name on Debt: ___ You ___ Spouse ___ Other
Avg. Monthly Payment: \$ _____

____ \$ _____ H W
Name of Creditor _____
Account Number, if any: _____
Date incurred: _____
Reason for debt: _____

Security, if any: _____
Name on Debt: ___ You ___ Spouse ___ Other
Avg. Monthly Payment: \$ _____

___ Check here if there are additional liabilities not listed above; if so, attach info

Contingent Assets

Possible Value

Nonmarital
Asset

_____	\$ _____	H	W
Nature of Claim / Asset			
Your Attorney: _____			
Address: _____			

Case/Claim Number: _____			
Name of Court: _____			
Defendant: _____			
Opposing Attorney/Adjuster: _____			
Address: _____			

_____	\$ _____	H	W
Nature of Claim / Asset			
Your Attorney: _____			
Address: _____			

Case/Claim Number: _____			
Name of Court: _____			
Defendant: _____			
Opposing Attorney/Adjuster: _____			
Address: _____			

_____	\$ _____	H	W
Nature of Claim / Asset			
Your Attorney: _____			
Address: _____			

Case/Claim Number: _____			
Name of Court: _____			
Defendant: _____			
Opposing Attorney/Adjuster: _____			
Address: _____			

_____	\$ _____	H	W
Nature of Claim / Asset			
Your Attorney: _____			
Address: _____			

Case/Claim Number: _____			
Name of Court: _____			
Defendant: _____			
Opposing Attorney/Adjuster: _____			
Address: _____			

__ Check here if there are additional contingent assets not listed above; if so, attach info

Contingent Liabilities

Possible Value

Nonmarital
Asset

<hr/> <p>Nature of Claim / Liability Your Attorney: _____ Address: _____ _____ Case/Claim Number: _____ Name of Court: _____ Claimant: _____ Opposing Attorney: _____ Address: _____ _____</p>	\$ _____	H	W
<hr/> <p>Nature of Claim / Liability Your Attorney: _____ Address: _____ _____ Case/Claim Number: _____ Name of Court: _____ Claimant: _____ Opposing Attorney: _____ Address: _____ _____</p>	\$ _____	H	W
<hr/> <p>Nature of Claim / Liability Your Attorney: _____ Address: _____ _____ Case/Claim Number: _____ Name of Court: _____ Claimant: _____ Opposing Attorney: _____ Address: _____ _____</p>	\$ _____	H	W
<hr/> <p>Nature of Claim / Liability Your Attorney: _____ Address: _____ _____ Case/Claim Number: _____ Name of Court: _____ Claimant: _____ Opposing Attorney: _____ Address: _____ _____</p>	\$ _____	H	W

__ Check here if there are additional contingent liabilities not listed above; if so, attach info