

Swaden Resolution Services, LLC  
**MEDIATION QUESTIONNAIRE**

## PERSONAL INFORMATION

YOUR PRESENT NAME: \_\_\_\_\_  
First
Middle
Last

LIST ANY OTHER NAMES YOU HAVE USED IN THE PAST:  
 \_\_\_\_\_

DO YOU WISH YOUR NAME CHANGED? If so, to what?  
 \_\_\_\_\_

PRESENT ADDRESS:  
 \_\_\_\_\_  
 Post Office Box or Street Apartment #  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 County

IF YOU ARE PLANNING TO MOVE, WHAT WILL BE YOUR NEW ADDRESS?  
 \_\_\_\_\_  
 Post Office Box or Street Apartment #  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 County

ON WHAT DATE WILL THIS ADDRESS BE EFFECTIVE? \_\_\_\_\_

TELEPHONE NUMBERS AT WHICH YOU CAN BE REACHED OR AT WHICH WE CAN LEAVE A MESSAGE FOR YOU:

\_\_\_\_\_  
 Home No. New Home No. Work Other

E-Mail Address \_\_\_\_\_

YOUR DATE OF BIRTH                      AGE \_\_\_\_\_

STATE OR COUNTRY IN WHICH YOU WERE BORN: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

WHAT IS YOUR ATTORNEY'S NAME, ADDRESS, PHONE AND FAX NUMBER?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_                      FAX: \_\_\_\_\_



ON WHAT DATE WERE YOU MARRIED TO YOUR PRESENT SPOUSE?

\_\_\_\_\_

WHERE WERE YOU AND YOUR PRESENT SPOUSE MARRIED?

\_\_\_\_\_

City

County

State

ARE YOU OR YOUR SPOUSE LIVING IN THE SAME HOME:

Yes \_\_\_\_\_                      No \_\_\_\_\_



**CHILDREN BORN OR LEGALLY ADOPTED OF THIS MARRIAGE:**

|    | Sex   | Full Name | Birthdate | Age   |
|----|-------|-----------|-----------|-------|
| 1. | _____ | _____     | _____     | _____ |
| 2. | _____ | _____     | _____     | _____ |
| 3. | _____ | _____     | _____     | _____ |

- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

THESE CHILDREN ARE LIVING WITH: \_\_\_\_\_

AT: \_\_\_\_\_



**EMPLOYMENT AND INCOME**

ARE YOU PRESENTLY EMPLOYED? Yes \_\_\_\_\_ No

IF YES, SPECIFY THE FOLLOWING:

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOW LONG HAVE YOU BEEN AT THIS JOB? \_\_\_\_\_

WHAT IS YOUR OCCUPATION? \_\_\_\_\_

WHEN DO YOU RECEIVE YOUR PAYCHECKS? \_\_\_\_\_

GROSS INCOME PER PAYCHECK: \_\_\_\_\_

**(ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUB).**

STATUTORY DEDUCTIONS:

|   |          |
|---|----------|
| Federal Income Tax                            | \$ _____ |
| State Withholding                             | \$ _____ |
| Social Security (FICA)                        | \$ _____ |
| Pension Deduction                             | \$ _____ |
| Union Dues                                    | \$ _____ |
| Dependent Health\<br>Hospitalization Coverage | \$ _____ |
| Dental Coverage                               | \$ _____ |

SUBTOTAL OF STATUTORY DEDUCTIONS: \$ \_\_\_\_\_

NET INCOME (LINE 1 – Line 3) \$ \_\_\_\_\_

OTHER PAYCHECK DEDUCTIONS:

Specify \_\_\_\_\_ \$ \_\_\_\_\_

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

SUBTOTAL: OTHER DEDUCTIONS: \$ \_\_\_\_\_

NET TAKE HOME PAY (Line 4 - Line 6) \$ \_\_\_\_\_

TAX WITHHOLDING ABOVE ARE BASED ON MARRIED-SINGLE WITH # DEDUCTIONS \_\_\_\_\_

DO YOU RECEIVE ANY OTHER COMPENSATION FROM YOUR EMPLOYER SUCH AS:

|                 |          |            |       |
|-----------------|----------|------------|-------|
| Commission      | \$ _____ | When Paid? | _____ |
| Profit Sharing  | \$ _____ | When Paid? | _____ |
| Expense Account | \$ _____ | When Paid? | _____ |
| Bonus           | \$ _____ | When Paid? | _____ |

Other, including use of a car, club membership, etc. \_\_\_\_\_

\_\_\_\_\_

OTHER INCOME:

Public Assistance (AFDC/GA) \$ \_\_\_\_\_

Social Security Benefits for party or for child(ren) \$ \_\_\_\_\_

Unemployment/Workers Compensation \$ \_\_\_\_\_

Interest Income Per \_\_\_\_\_ \$ \_\_\_\_\_

Dividend Income Per \_\_\_\_\_ \$ \_\_\_\_\_

Gross Rental Income \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_



**BENEFITS**

CHECK IF YOU HAVE ANY OF THE FOLLOWING BENEFITS:

\_\_\_ PENSION THROUGH PRESENT EMPLOYER  
IF YES:

VALUE: \$ \_\_\_\_\_;  
DATE OF VALUE: \_\_\_\_\_;  
DATE PLAN STARTED: \_\_\_\_\_;  
ADMINISTRATOR'S NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ PENSION THROUGH PAST EMPLOYER

IF YES:  
VALUE: \$ \_\_\_\_\_;  
DATE OF VALUE: \_\_\_\_\_;  
DATE PLAN STARTED: \_\_\_\_\_;  
ADMINISTRATOR'S NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ 401K

IF YES:  
VALUE: \$ \_\_\_\_\_;  
DATE OF VALUE: \_\_\_\_\_;  
DATE PLAN STARTED: \_\_\_\_\_;  
ADMINISTRATOR'S NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ THRIFT SAVINGS

IF YES:  
VALUE: \$ \_\_\_\_\_;  
DATE OF VALUE: \_\_\_\_\_;  
DATE PLAN STARTED: \_\_\_\_\_;  
ADMINISTRATOR'S NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ DEFERRED COMPENSATION

\_\_\_ STOCK

\_\_\_ STOCK OPTIONS



**NECESSARY MONTHLY LIVING EXPENSES**

| Summary of Categories                                    | Client     | Children |
|--|------------|----------|
| 1. Housing   | 0          | 0        |
| 2. Other Household                                       | 0          | 0        |
| 3. Medical (excludes medical insurance)                  | 0          | 0        |
| 4. Transportation  | 0          | 0        |
| 5. Insurance   | 0          | 0        |
| 6. Recreation  | 0          | 0        |
| 7. Miscellaneous   | 0          | 0        |
| 8. Children  |            | 0        |
| Subtotal   | 0          | 0        |
| <b>GRAND TOTAL</b>                                       | <b>\$0</b> |          |
| <b>1. Housing</b>  |            |          |
| a. Mortgage payment (PITI)/Rent                          |            |          |
| b. Homeowner's insurance (if not included with mortgage) |            |          |
| c. Real estate taxes (if not included with mortgage)     |            |          |
| d. Association dues                                      |            |          |
| e. Heat  |            |          |
| f. Electricity   |            |          |
| g. Telephone   |            |          |
| h. Cell phone  |            |          |
| i. Internet provider                                     |            |          |
| j. Water/sewer/Culligan                                  |            |          |
| k. Waste disposal  |            |          |
| l. Cable TV/Dish   |            |          |
| m. Cleaning/windows                                      |            |          |
| n. Lawn care/snow removal                                |            |          |
| o. Exterminator  |            |          |
| p. Security system                                       |            |          |
| q. Repairs/maintenance/supplies                          |            |          |
| r.   |            |          |
| s.   |            |          |
| <b>Total Housing</b>                                     | <b>0</b>   | <b>0</b> |
| <b>2. Other Household</b>                                |            |          |
| a. Groceries   |            |          |
| b. Supplies/Target                                       |            |          |
| c. Clothing/shoes  |            |          |

|   |          |          |
|---|----------|----------|
| d. Laundry/drycleaning                  |          |          |
| e. Hair care/grooming/personal          |          |          |
| f.                                      |          |          |
| g.                                      |          |          |
| <b>Total Other Household</b>            | <b>0</b> | <b>0</b> |
| <b>3. Medical</b>                       |          |          |
| a. Medical Insurance                    |          |          |
| b. Prescriptions                        |          |          |
| c. Doctor co-pays/unreimbursed expenses |          |          |
| d. Contacts/glasses                     |          |          |
| e. Counseling                           |          |          |
| h. Dental insurance                     |          |          |
| i. Unreimbursed dental                  |          |          |
| j. Orthodontia                          |          |          |
| k.                                      |          |          |
| <b>Total Medical</b>                    | <b>0</b> | <b>0</b> |
| <b>4. Transportation</b>                |          |          |
| a. Lease/loan                           |          |          |
| b. Gasoline/oil                         |          |          |
| c. Insurance                            |          |          |
| d. License/Tabs                         |          |          |
| e. Parking                              |          |          |
| f. Repairs & maintenance/AAA            |          |          |
| g.                                      |          |          |
| <b>Total Transportation</b>             | <b>0</b> | <b>0</b> |
| <b>5. Insurance</b>                     |          |          |
| a. Life                                 |          |          |
| b. Disability                           |          |          |
| c. Umbrella                             |          |          |
| <b>Total Insurance</b>                  | <b>0</b> | <b>0</b> |
| <b>6. Recreation</b>                    |          |          |
| a. Club dues                            |          |          |
| b. Restaurants/lunches at work          |          |          |
| c. Entertainment/fast food              |          |          |
| d. Vacations                            |          |          |
| e. Hobbies                              |          |          |
| f. Newspapers/magazines                 |          |          |



|                                       |          |          |
|---------------------------------------|----------|----------|
| g. Movie rentals                      |          |          |
| h.                                    |          |          |
| i.                                    |          |          |
| <b>Total Recreation</b>               | <b>0</b> | <b>0</b> |
| <b>7. Miscellaneous</b>               |          |          |
| a. Gifts                              |          |          |
| b. Pet expense                        |          |          |
| c. Charitable donations               |          |          |
| d. Tax preparation/financial advisor  |          |          |
| e. Miscellaneous                      |          |          |
| f. Debt payments                      |          |          |
| g.                                    |          |          |
| <b>Total Miscellaneous</b>            | <b>0</b> | <b>0</b> |
| <b>8. Children</b>                    |          |          |
| a. Tuition                            |          |          |
| b. Busing                             |          |          |
| c. Books/school order/required        |          |          |
| d. Supplies/school photos/field trips |          |          |
| e. Lunches                            |          |          |
| f. Music/Choir                        |          |          |
| g. Tutoring                           |          |          |
| h. Camps                              |          |          |
| i. Sports/YIG                         |          |          |
| j. School donations                   |          |          |
| k. Babysitting                        |          |          |
| l. Childcare                          |          |          |
| m. Summer school/classes              |          |          |
| n.                                    |          |          |
| o.                                    |          |          |
| p.                                    |          |          |
| q.                                    |          |          |
| r.                                    |          |          |
| <b>Total Children</b>                 |          | <b>0</b> |



REAL ESTATE

HOMESTEAD ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**LEGAL DESCRIPTION: ATTACH A COPY OF THE LEGAL DESCRIPTION FROM THE DEED, ABSTRACT, OR CERTIFICATE OF TITLE**

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IS THE REALTY ABSTRACT \_\_\_\_\_ OR TORRENS \_\_\_\_\_ PROPERTY?

IF TORRENS, STATE CERTIFICATE OF TITLE NUMBER: \_\_\_\_\_

AND WHERE THE CERTIFICATE IS LOCATED: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_

PURCHASE PRICE: \_\_\_\_\_

DOWN PAYMENT: \_\_\_\_\_

SOURCE OF DOWN PAYMENT: \_\_\_\_\_

IN WHOSE NAME IS THE PROPERTY HELD? \_\_\_\_\_

NAME OF FIRST MORTGAGE HOLDER OR CONTRACT FOR DEED HOLDER \_\_\_\_\_

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CURRENT BALANCE OF MORTGAGE: \$ \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_

NAME OF SECOND MORTGAGE HOLDER: \_\_\_\_\_

CURRENT BALANCE OF MORTGAGE: \$ \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_

CONTRACT FOR DEED BALANCE: \$ \_\_\_\_\_

OWNERS OF CONTRACT FOR DEED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME EQUITY LOAN HOLDER (IF OTHER THAN SECOND MORTGAGE):

\_\_\_\_\_

CURRENT BALANCE: \$ \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_

HOME IMPROVEMENT LOAN HOLDER (IF OTHER THAN SECOND MORTGAGE):

\_\_\_\_\_

CURRENT BALANCE: \$ \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_

OTHER ENCUMBRANCES, IF ANY: \_\_\_\_\_

YOUR ESTIMATED MARKET VALUE: \$ \_\_\_\_\_

TAX ASSESSOR'S VALUE: \$ \_\_\_\_\_

APPROXIMATE EQUITY: \$ \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_

ARE THE REAL ESTATE TAXES \_\_\_ AND/OR INSURANCE \_\_\_ PAYMENTS INCLUDED IN THE MORTGAGE OR CONTRACT FOR DEED PAYMENT?

Yes \_\_\_\_\_ No \_\_\_\_\_

IF NO, ARE THE REAL ESTATE TAXES \_\_\_\_\_ AND/OR INSURANCE \_\_\_\_\_ PAYMENTS ESCROWED?

Yes \_\_\_\_\_ No \_\_\_\_\_

WHERE? \_\_\_\_\_

WHEN IS YOUR HOMEOWNER'S INSURANCE DUE AND PAYABLE? \_\_\_\_\_

WHAT IS THE COST OF YOUR HOMEOWNER'S INSURANCE PER YEAR?

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

HOW MUCH ARE THE REAL ESTATE TAXES ON THE PROPERTY PER YEAR?

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

WHEN IS YOUR MORTGAGE OR CONTRACT FOR DEED PAYMENT PAYABLE?

\_\_\_\_\_



**OTHER REAL ESTATE**

PROPERTY ADDRESS:

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

**LEGAL DESCRIPTION: ATTACH A COPY OF THE LEGAL DESCRIPTION FROM THE DEED, ABSTRACT, OR CERTIFICATE OF TITLE**

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

IS THE REALTY ABSTRACT \_\_\_\_ OR TORRENS \_\_\_\_ PROPERTY?

IF TORRENS, STATE CERTIFICATE OF TITLE NUMBER: \_\_\_\_\_

AND WHERE THE CERTIFICATE IS LOCATED: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_

PURCHASE PRICE: \_\_\_\_\_

DOWN PAYMENT: \_\_\_\_\_

SOURCE OF DOWN PAYMENT: \_\_\_\_\_

IN WHOSE NAME IS THE PROPERTY HELD? \_\_\_\_\_

NAME OF FIRST MORTGAGE HOLDER OR CONTRACT FOR DEED HOLDER \_\_\_\_\_

\_\_\_\_\_

CURRENT BALANCE OF MORTGAGE: \$ \_\_\_\_\_  
LOAN NUMBER: \_\_\_\_\_  
NAME OF SECOND MORTGAGE HOLDER: \_\_\_\_\_

CURRENT BALANCE OF MORTGAGE: \$ \_\_\_\_\_  
LOAN NUMBER: \_\_\_\_\_  
CONTRACT FOR DEED BALANCE: \$ \_\_\_\_\_  
OWNERS OF CONTRACT FOR DEED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME EQUITY LOAN HOLDER (IF OTHER THAN SECOND MORTGAGE):

\_\_\_\_\_

CURRENT BALANCE: \$ \_\_\_\_\_  
LOAN NUMBER: \_\_\_\_\_

HOME IMPROVEMENT LOAN HOLDER (IF OTHER THAN SECOND MORTGAGE):

\_\_\_\_\_

CURRENT BALANCE: \$ \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_

OTHER ENCUMBRANCES, IF ANY: \_\_\_\_\_

YOUR ESTIMATED MARKET VALUE: \$ \_\_\_\_\_

TAX ASSESSOR'S VALUE: \$ \_\_\_\_\_

APPROXIMATE EQUITY: \$ \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_

ARE THE REAL ESTATE TAXES \_\_\_ AND/OR INSURANCE \_\_\_ PAYMENTS INCLUDED IN THE MORTGAGE OR CONTRACT FOR DEED PAYMENT?

Yes \_\_\_\_\_ No \_\_\_\_\_

IF NO, ARE THE REAL ESTATE TAXES \_\_\_ AND/OR INSURANCE \_\_\_ PAYMENTS ESCROWED?

Yes \_\_\_\_\_ No \_\_\_\_\_

WHERE? \_\_\_\_\_

WHEN IS YOUR HOMEOWNER'S INSURANCE DUE AND PAYABLE? \_\_\_\_\_

WHAT IS THE COST OF YOUR HOMEOWNER'S INSURANCE PER YEAR?

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

HOW MUCH ARE THE REAL ESTATE TAXES ON THE PROPERTY PER YEAR?

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

WHEN IS YOUR MORTGAGE OR CONTRACT FOR DEED PAYMENT PAYABLE?

\_\_\_\_\_



**BUSINESS INTERESTS**

DO YOU \_\_\_ OR YOUR SPOUSE \_\_\_ HAVE ANY INTEREST IN ANY BUSINESS?

Yes                      No \_\_\_\_\_

IF YES, SPECIFY NAME OF BUSINESS AND ADDRESS:

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

IS THIS BUSINESS A CORPORATION \_\_\_\_\_, PARTNERSHIP \_\_\_\_\_, OR OTHER \_\_\_\_\_?

SPECIFY: \_\_\_\_\_

SERVICE OR PRODUCT: \_\_\_\_\_

DATE INTEREST WAS ACQUIRED AND EXTENT OF INTEREST:

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

INITIAL INVESTMENT: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAMES AND ADDRESSES OF OTHER SHAREHOLDERS, PARTNERS OR PARTICIPANTS:

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NAMES AND ADDRESSES OF DIRECTORS/OFFICERS AND THEIR RESPECTIVE TITLES:

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**PERSONAL PROPERTY**

PLEASE GIVE US YOUR ESTIMATE OF THE FAIR MARKET VALUE OF THE FOLLOWING ITEMS AND INDICATE WHO CURRENTLY HAS POSSESSION OF THE ITEMS:

|                         | <u>HUSBAND</u> | <u>WIFE</u> | <u>JOINT</u> |
|-------------------------|----------------|-------------|--------------|
| Household Contents      | \$ _____       | \$ _____    | \$ _____     |
| Stocks                  | \$ _____       | \$ _____    | \$ _____     |
| Other Securities        | \$ _____       | \$ _____    | \$ _____     |
| Checking Accounts       |                |             |              |
| Name of Bank            | _____          | _____       | _____        |
| Account Number          | _____          | _____       | _____        |
| Present Balance         | \$ _____       | \$ _____    | \$ _____     |
| Second Checking Account |                |             |              |
| Name of Bank            | _____          | _____       | _____        |
| Account Number          | _____          | _____       | _____        |
| Present Balance         | \$ _____       | \$ _____    | \$ _____     |

Savings Accounts

|                 |          |          |          |
|-----------------|----------|----------|----------|
| Name of Bank    | _____    | _____    | _____    |
| Account Number  | _____    | _____    | _____    |
| Present Balance | \$ _____ | \$ _____ | \$ _____ |

Second Savings

|                 |          |          |          |
|-----------------|----------|----------|----------|
| Name of Bank    | _____    | _____    | _____    |
| Account Number  | _____    | _____    | _____    |
| Present Balance | \$ _____ | \$ _____ | \$ _____ |

Receivables and Claims: \_\_\_\_\_  
(please explain) \_\_\_\_\_  
\_\_\_\_\_

Motor Vehicles

|                 | 1.) _____       | 2.) _____       | 3.) _____       |
|-----------------|-----------------|-----------------|-----------------|
|                 | year/make/model | year/make/model | year/make/model |
| Market Value    | \$ _____        | \$ _____        | \$ _____        |
| Encumbrance     | \$ _____        | \$ _____        | \$ _____        |
| Monthly Payment | \$ _____        | \$ _____        | \$ _____        |

Boats, Motors, Campers, Snowmobiles, Trailers, etc. (for boats include model number)

|                 | 1.) _____       | 2.) _____       | 3.) _____       |
|-----------------|-----------------|-----------------|-----------------|
|                 | year/make/model | year/make/model | year/make/model |
| Market Value    | \$ _____        | \$ _____        | \$ _____        |
| Encumbrance     | \$ _____        | \$ _____        | \$ _____        |
| Monthly Payment | \$ _____        | \$ _____        | \$ _____        |



Other: (Such as Power Equipment, Tools, Guns, Valuable Animals, etc.)

Description:

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Fair Market Value:     \$ \_\_\_\_\_  
Encumbrance:           \$ \_\_\_\_\_  
Net Value:              \$ \_\_\_\_\_



**INSURANCE**

**LIFE INSURANCE** (through employment or privately obtained)

DO YOU \_\_\_ OR YOUR SPOUSE \_\_\_ OWN ANY LIFE INSURANCE?

Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, SPECIFY:

- (1) CARRIER:  
OWNER OF POLICY:  
POLICY NUMBER:  
ON LIFE OF:  
FACE AMOUNT: \$  
CASH VALUE: \$  
ENCUMBERED IN THE AMOUNT OF: \$  
BENEFICIARY(IES):
- (2) CARRIER:  
OWNER OF POLICY:  
POLICY NUMBER:  
ON LIFE OF:  
FACE AMOUNT: \$  
CASH VALUE: \$  
ENCUMBERED IN THE AMOUNT OF: \$  
BENEFICIARY(IES):

**MEDICAL INSURANCE:**

DO YOU \_\_\_ OR YOUR SPOUSE \_\_\_ CARRY MEDICAL AND HOSPITALIZATION INSURANCE?

Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, EXACTLY WHO DOES IT COVER?

IS THE SAME PROVIDED THROUGH YOU \_\_\_ OR YOUR SPOUSE'S \_\_\_ EMPLOYER?

Yes \_\_\_\_\_ No \_\_\_\_\_

WHAT IS THE NAME OF THE CARRIER?

WHAT IS THE COST TO YOU \_\_\_ OR YOUR SPOUSE \_\_\_?

\$ \_\_\_\_\_ per \_\_\_\_\_

DO YOU \_\_\_ OR YOUR SPOUSE \_\_\_ PURCHASE MEDICAL AND/OR HOSPITALIZATION INSURANCE PRIVATELY?

Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, GIVE THE NAME OF THE CARRIER:

WHO DOES IT COVER (YOU, SPOUSE, DEPENDENTS)?

WHAT IS THE COST TO YOU \_\_\_ OR YOUR SPOUSE \_\_\_?

\$ \_\_\_\_\_ per \_\_\_\_\_

**DENTAL INSURANCE**

DO YOU \_\_\_ OR YOUR SPOUSE \_\_\_ CARRY DENTAL INSURANCE?

Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, EXACTLY WHO DOES IT COVER?

IS THE SAME PROVIDED THROUGH YOU \_\_\_ OR YOUR SPOUSE'S \_\_\_ EMPLOYER?

Yes \_\_\_\_\_ No \_\_\_\_\_

WHAT IS THE NAME OF THE CARRIER?

WHAT IS THE COST TO YOU \_\_\_ OR YOUR SPOUSE \_\_\_?

\$ \_\_\_\_\_ per \_\_\_\_\_



**DEBTS**

**LIABILITIES** (Include car loans and real estate mortgages - use additional pages if necessary)

Outstanding bills of both husband and wife:

|    | <u>Name of</u>  | <u>Purchased</u> | <u>Balance</u> | <u>Monthly</u> | <u>Whose</u>      |
|----|-----------------|------------------|----------------|----------------|-------------------|
|    | <u>Creditor</u> | <u>For</u>       |                | <u>Payment</u> | <u>Obligation</u> |
| 1. | _____           |                  |                |                |                   |
| 2. | _____           |                  |                |                |                   |
| 3. | _____           |                  |                |                |                   |
| 4. | _____           |                  |                |                |                   |
| 5. | _____           |                  |                |                |                   |
| 6. | _____           |                  |                |                |                   |
| 7. | _____           |                  |                |                |                   |
| 8. | _____           |                  |                |                |                   |

**CREDIT CARDS** (Name of card, current balance, and in whose name)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_