



**Personal History and Financial Affidavit**  
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Spouse 1

Spouse 2

**EDUCATION**

High School \_\_\_\_\_ College \_\_\_\_\_

Indicate number of years completed

High School \_\_\_\_\_ College \_\_\_\_\_

Grad School \_\_\_\_\_ Other \_\_\_\_\_

Grad School \_\_\_\_\_ Other \_\_\_\_\_

Veteran \_\_\_\_\_ Active Service \_\_\_\_\_

Veteran \_\_\_\_\_ Active Service \_\_\_\_\_

**EMPLOYMENT**

(the following information should be provided for each employer)

Current Employer

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

Address and Phone Number of Employer

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

Position Held/Title  
Supervisor

\_\_ 12 \_\_ 24 \_\_ 26 \_\_ 52 \_\_ Other

Scheduled Paychecks per year

\_\_ 12 \_\_ 24 \_\_ 26 \_\_ 52 \_\_ Other

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

Current Monthly Gross Income

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

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

Annual Gross Income  
(based on prior or current year's earnings)

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

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

Gross Bonuses/Overtime year-to-date

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

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

Anticipated Gross Bonuses/Overtime for current year

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

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

Gross Bonuses/Overtime for last year

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

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

Gross Bonuses/Overtime for year before last

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

**Other Sources of Monthly Income**

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

Public Assistance

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

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

Food Stamps

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

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

Social Security

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

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

S.S.I.

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

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

Disability

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

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

Unemployment

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

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

Worker's Compensation

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

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

Veteran's Benefits

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

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

Armed Forces Allotment

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

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

Child Support Received

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

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Spouse 1

Spouse 2

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

Spousal Support Received

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

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

Rental Income

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

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

Interest

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

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

Trust Income

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

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

Dividends

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

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

Other  
(source of Other income)

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

\_\_\_\_\_

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

Prior Year tax refunds

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

**Monthly Deductions from Paycheck**

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

Court Ordered Child Support  
(Court and Case Number)

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

\_\_\_\_\_

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

Court Ordered Spousal Support  
(Court and Case Number)

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

\_\_\_\_\_

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

City Income Tax

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

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

Social Security/Public Pension

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

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

Union Dues

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

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

Charity

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

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

Pension/401K/IRA/etc.

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

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

Savings

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

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

Medical Insurance

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

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

Other

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

**SELF-EMPLOYED INCOME**

\_\_\_\_\_

Name of Business

\_\_\_\_\_

\_\_\_\_\_

Type/Nature of Business

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

In Business Since

\_\_\_\_\_

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

Gross Receipts year-to-date

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

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

Gross Receipts last year

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

**CHILDREN**  
(of this marriage)

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Name	Sex	DOB	Age	Grade	Currently Residing With
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

If any of the children are born **prior to** the date of your marriage, is there any issue regarding paternity? \_\_\_ Yes \_\_\_ No

**Spouse 1's CHILDREN**

(not of this marriage)

Name	Sex	DOB	Is Spouse 1 Custodian?	Does Spouse 1 Pay Support?
1. _____			___ Yes ___ No	___ Yes ___ No
2. _____			___ Yes ___ No	___ Yes ___ No
3. _____			___ Yes ___ No	___ Yes ___ No
4. _____			___ Yes ___ No	___ Yes ___ No
5. _____			___ Yes ___ No	___ Yes ___ No

**Spouse 2's CHILDREN**

(not of this marriage)

Name	Sex	DOB	Is Spouse 2 Custodian?	Does Spouse 2 Pay Support?
1. _____			___ Yes ___ No	___ Yes ___ No
2. _____			___ Yes ___ No	___ Yes ___ No
3. _____			___ Yes ___ No	___ Yes ___ No
4. _____			___ Yes ___ No	___ Yes ___ No
5. _____			___ Yes ___ No	___ Yes ___ No

**HEALTH INSURANCE**

(for minor children of this marriage)

Is there currently health insurance covering the child(ren) of this marriage? \_\_\_ Yes \_\_\_ No

If so, who is providing the coverage for the children? Name \_\_\_\_\_

If you are not currently providing health insurance for the child(ren) of this marriage, is it available to you? \_\_\_ Yes \_\_\_ No

Annual cost to provide health insurance **for yourself and the minor child(ren)**: \$ \_\_\_\_\_

Is there an insurance card or form that is necessary to obtain services? \_\_\_ Yes \_\_\_ No

Is there prescription coverage? \_\_\_ Yes \_\_\_ No      Is there an Rx card? \_\_\_ Yes \_\_\_ No

Who has these cards? Name \_\_\_\_\_

Are there certain service providers that the plan requires you to use? \_\_\_ Yes \_\_\_ No

Coverage in network: 100/0 90/10 80/20 70/30 other \_\_\_\_\_ Coverage out of network: 100/0 90/10 80/20 70/30 Other \_\_\_\_\_

**CURRENT MARRIAGE**

Date of Marriage: \_\_\_\_\_ Currently living together? \_\_\_ Yes \_\_\_ No      If no, date of separation: \_\_\_\_\_

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Place of Marriage (City/State): \_\_\_\_\_

Number of this marriage: Spouse 1: \_\_\_\_\_ : Spouse 2: \_\_\_\_\_

Have there been actions previously filed to dissolve or otherwise terminate this marriage? \_\_\_\_ Yes \_\_\_\_ No

If so, where: \_\_\_\_\_ when: \_\_\_\_\_ Case no.: \_\_\_\_\_  
 disposition: \_\_\_\_\_

**ASSETS OF PARTIES**

(Indicate with owner's initials, use "J" for jointly owned)  
 (attach extra forms as necessary)

**CHECKING / SAVINGS / CDs / CASH**

Owner	Acct. No. (last 4 #'s) and Type	Location	Current Balance	Existed Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

**REAL PROPERTY (list residence first)**

Owner	Location/Address	Estimated Value	Amount Owed	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

**MOTOR VEHICLE, MOTORCYCLES, BOATS, MOBILE HOMES, CAMPERS, etc. (Include untitled vehicles)**

Owner	Make/Model/Description	Estimated Value	Amount Owed	Lender	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

**STOCKS, BONDS, SAVINGS BONDS, MUTUAL FUNDS, etc.**

Owner	Number of Shares	Company	Current Value	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No

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_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

**LIFE INSURANCE**

Owner	Company	Policy Number	Face Value	Cash Value	Owned Prior to Marriage
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

**PENSION BENEFITS, RETIREMENT FUNDS, IRAs, 401(K)s, etc.**

Owner	Vested	Type of Plan	Company	Current Value	Loan?(balance)	Owned Prior to Marriage
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No

**CLOSELY HELD BUSINESS / SOLE PROPRIETORSHIP / CORPORATION / PARTNERSHIP / etc.**

Owner	Name of Business	Type/Form	% Ownership	Estimated Value	Owned Prior to Marriage
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

**INCOME TAX OR OTHER REFUNDS DUE PARTIES**

Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**OTHER ASSETS**

(hobby equipment, antiques, guns, riding mowers, farm equipment, sporting equipment, cemetery lots, loans due the parties, etc.) Additional sheets as necessary

Item Description	Value	Item Description	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

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_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**HOUSEHOLD GOODS / PERSONAL PROPERTY**

Attach an itemized list of all property that is or may be in dispute and for each state the following: description, current location, and whether it was owned prior to the marriage.

**DEBTS/LIABILITIES OF THE PARTIES**

(Indicate the party obligated to pay the debt using the debtor's initials, J - jointly obligated)  
(attach extra forms as necessary)

**REAL ESTATE MORTGAGES / LAND CONTRACTS**

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**MOTOR VEHICLES, etc.**

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**OTHER LOANS / HOUSEHOLD FINANCE LOANS / etc.**

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**CREDIT CARD ACCOUNTS**

Debtor	To whom owed	Account Number (last 4 #'s)	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

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_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**OTHER DEBTS**

Debtor	To whom owed	Description of Obligation	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**MONTHLY LIVING EXPENSES**

This form shows: \_\_\_\_\_ Current expenses for spouse and myself based upon a single household  
 \_\_\_\_\_ Current expenses for myself in a separate household from my spouse  
 \_\_\_\_\_ My estimated future expenses for myself in a separate household from my spouse

**Please include ALL monthly payments, even if you listed the payment in another section in this form.**

Rent, Mortgage (including taxes)	\$ _____	Heat (average)	\$ _____
Food, Cosmetics & Toiletries	\$ _____	Electric (average)	\$ _____
Clothing (self)	\$ _____	Water/Sewer	\$ _____
Clothing (children)	\$ _____	Cable T.V./Satellite service	\$ _____
Child Care	\$ _____	Telephone	\$ _____
School Tuition	\$ _____	Trash Pickup	\$ _____
School Supplies, Lunches & Activities	\$ _____	Auto Gas, Repair & Transportation	\$ _____
Home Maintenance	\$ _____	Medical Insurance	\$ _____
Prescription Medications (self)	\$ _____	Property Insurance	\$ _____
Prescription Medications (children)	\$ _____	Unreimbursed Medical, Dental, etc.	\$ _____
Hair Care	\$ _____	Auto Insurance	\$ _____

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Laundry, Dry Cleaning	\$ _____	Life Insurance (self)	\$ _____
Entertainment, Incidental	\$ _____	Life Insurance (children)	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
TOTAL MONTHLY EXPENSES			\$ _____

By signing this affidavit, I swear and affirm that all of the foregoing statements are true, accurate and complete to the best of my knowledge and belief. I further understand that I may be required to provide verification and documentation to confirm the accuracy of this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Affiant (Person Signing)

**NOTARY PUBLIC**

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public