

Data Input Forms

Submitter name: _____

General Information

General header information

Case number _____
Division _____
Judicial circuit _____
County _____
Petitioner/Plaintiff name _____
Respondent/Defendant name _____
Submitter name _____
Submitter address _____
Submitter city, state, zip _____
Submitter telephone _____
Submitter fax _____
Marriage date _____
Submitter birth date _____
Submitter Soc Sec No _____
Submitter employed? _____
Submitter occupation _____
Explain impact of job change (if any) _____
Submitter retired? _____
Date submitter retired _____
Last year's gross income _____
Last year _____
Other party's income _____
Marriage has children? _____

Unemployment information

Unemployment explanation _____
Efforts to find work _____
Expected employment date _____
Expected employment pay _____

Job(s)

Submitter's job #1 Occupation _____
employer _____
employer address _____
employer city, state, zip _____

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employer telephone _____
pay rate _____
Submitter's job #2 Occupation _____
employer _____
employer address _____
employer city, state, zip _____
employer telephone _____
pay rate _____
Submitter's job #3 Occupation _____
employer _____
employer address _____
employer city, state, zip _____
employer telephone _____
pay rate _____

Job(s) Retired From

Submitter's retired job #1 employer _____
employer address _____
employer city, state, zip _____
employer telephone _____
Submitter's retired job #2 employer _____
employer address _____
employer city, state, zip _____
employer telephone _____

Children from this marriage

Name	Date of Birth	Residing With
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other minor children living in household

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income and Deductions

Categorized Income

Description of income source (job)	Weekly	or Monthly	or Annual
Gross salary or wages	_____	_____	_____
Bonus	_____	_____	_____
Commission	_____	_____	_____
Allowances	_____	_____	_____
Overtime	_____	_____	_____
Tips	_____	_____	_____
Business/Self-employment	_____	_____	_____
Disability	_____	_____	_____
Workers comp.	_____	_____	_____
Unemployment	_____	_____	_____
Pension	_____	_____	_____
Other retirement	_____	_____	_____
Annuity	_____	_____	_____
Social Security	_____	_____	_____
Alimony this case	_____	_____	_____
Alimony other cases	_____	_____	_____
Interest	_____	_____	_____
Dividends	_____	_____	_____
Net rental income	_____	_____	_____
Royalties	_____	_____	_____
Trust	_____	_____	_____
Estate	_____	_____	_____
Reimbursed expenses	_____	_____	_____
Property gains	_____	_____	_____
Other income item #1 desc _____	_____	_____	_____
Other income item #2 desc _____	_____	_____	_____
Other income item #3 desc _____	_____	_____	_____
Other income item #4 desc _____	_____	_____	_____
Other income item #5 desc _____	_____	_____	_____

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Categorized Deductions

Tax filing status _____

Number of dependents claimed _____

Description	Weekly	or Monthly	or Annual
Federal tax	_____	_____	_____
State tax	_____	_____	_____
Local tax	_____	_____	_____
FICA or Self-Emp tax	_____	_____	_____
Medicare tax	_____	_____	_____
Mandatory union dues	_____	_____	_____
Mandatory retirement	_____	_____	_____
Other court-approved deductions _____	_____	_____	_____
Health insurance prem (excl. child)	_____	_____	_____
Court-ordered child support other cases	_____	_____	_____
Alimony - this case	_____	_____	_____
Alimony - other cases	_____	_____	_____

Living Expenses

Household Expenses

Description	Weekly	or Monthly	or Annual	Estimated
Rent	_____	_____	_____	<input type="checkbox"/>
Mortgage	_____	_____	_____	<input type="checkbox"/>
Home equity loan	_____	_____	_____	<input type="checkbox"/>
Real estate tax	_____	_____	_____	<input type="checkbox"/>
Home/rental insurance	_____	_____	_____	<input type="checkbox"/>
Condo fees/assessments	_____	_____	_____	<input type="checkbox"/>
Electricity	_____	_____	_____	<input type="checkbox"/>
Water	_____	_____	_____	<input type="checkbox"/>
Trash	_____	_____	_____	<input type="checkbox"/>
Sewer	_____	_____	_____	<input type="checkbox"/>
Telephone	_____	_____	_____	<input type="checkbox"/>
Heating oil	_____	_____	_____	<input type="checkbox"/>
Natural gas	_____	_____	_____	<input type="checkbox"/>
Other repair/maintenance	_____	_____	_____	<input type="checkbox"/>
Lawn care	_____	_____	_____	<input type="checkbox"/>
Pool maintenance	_____	_____	_____	<input type="checkbox"/>
Pest control	_____	_____	_____	<input type="checkbox"/>
Misc. household expenses	_____	_____	_____	<input type="checkbox"/>

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Food/groceries	_____	_____	_____	<input type="checkbox"/>
Meals out	_____	_____	_____	<input type="checkbox"/>
Cable TV	_____	_____	_____	<input type="checkbox"/>
Alarm service	_____	_____	_____	<input type="checkbox"/>
Appliance service contracts	_____	_____	_____	<input type="checkbox"/>
Maid/Cleaning	_____	_____	_____	<input type="checkbox"/>
Other utilities	_____	_____	_____	<input type="checkbox"/>
Other household exp #1 desc _____	_____	_____	_____	<input type="checkbox"/>
Other household exp #2 desc _____	_____	_____	_____	<input type="checkbox"/>
Other household exp #3 desc _____	_____	_____	_____	<input type="checkbox"/>
Other household exp #4 desc _____	_____	_____	_____	<input type="checkbox"/>
Other household exp #5 desc _____	_____	_____	_____	<input type="checkbox"/>

Transportation Expenses

Description	Weekly	or Monthly	or Annual	Estimated
Gas/Oil	_____	_____	_____	<input type="checkbox"/>
Auto repair	_____	_____	_____	<input type="checkbox"/>
Auto tags/emissions	_____	_____	_____	<input type="checkbox"/>
Car insurance	_____	_____	_____	<input type="checkbox"/>
Auto loan payments	_____	_____	_____	<input type="checkbox"/>
Auto rental/replacements	_____	_____	_____	<input type="checkbox"/>
Public/other Transportation	_____	_____	_____	<input type="checkbox"/>
Tolls	_____	_____	_____	<input type="checkbox"/>
Parking	_____	_____	_____	<input type="checkbox"/>
Other transportation exp #1 desc _____	_____	_____	_____	<input type="checkbox"/>
Other transportation exp #2 desc _____	_____	_____	_____	<input type="checkbox"/>
Other transportation exp #3 desc _____	_____	_____	_____	<input type="checkbox"/>
Other transportation exp #4 desc _____	_____	_____	_____	<input type="checkbox"/>
Other transportation exp #5 desc _____	_____	_____	_____	<input type="checkbox"/>

Personal Expenses

Description	Weekly	or Monthly	or Annual	Estimated
Medical insurance	_____	_____	_____	<input type="checkbox"/>
Term life insurance	_____	_____	_____	<input type="checkbox"/>
Whole life insurance	_____	_____	_____	<input type="checkbox"/>
Dental insurance	_____	_____	_____	<input type="checkbox"/>
Other insurance exp #1 desc _____	_____	_____	_____	<input type="checkbox"/>
Laundry	_____	_____	_____	<input type="checkbox"/>
Dry cleaning	_____	_____	_____	<input type="checkbox"/>
Personal clothing	_____	_____	_____	<input type="checkbox"/>
Unreimbursed Medical	_____	_____	_____	<input type="checkbox"/>
Unreimbursed Dental	_____	_____	_____	<input type="checkbox"/>

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Unreimbursed Prescriptions	_____	_____	_____	<input type="checkbox"/>
Unreimbursed Psychological	_____	_____	_____	<input type="checkbox"/>
Nonprescription medications	_____	_____	_____	<input type="checkbox"/>
Cosmetics, toiletries, sundries	_____	_____	_____	<input type="checkbox"/>
Personal grooming	_____	_____	_____	<input type="checkbox"/>
Gifts (not children)	_____	_____	_____	<input type="checkbox"/>
Pets	_____	_____	_____	<input type="checkbox"/>
Club dues	_____	_____	_____	<input type="checkbox"/>
Sports/hobbies	_____	_____	_____	<input type="checkbox"/>
Entertainment (not children)	_____	_____	_____	<input type="checkbox"/>
Periodicals/Books/Tapes/CD's	_____	_____	_____	<input type="checkbox"/>
Vacation (not children)	_____	_____	_____	<input type="checkbox"/>
Religious	_____	_____	_____	<input type="checkbox"/>
Bank charges	_____	_____	_____	<input type="checkbox"/>
Credit card fees	_____	_____	_____	<input type="checkbox"/>
Personal education	_____	_____	_____	<input type="checkbox"/>
Voluntary retirement	_____	_____	_____	<input type="checkbox"/>
Other personal exp #1 desc _____	_____	_____	_____	<input type="checkbox"/>
Other personal exp #2 desc _____	_____	_____	_____	<input type="checkbox"/>
Other personal exp #3 desc _____	_____	_____	_____	<input type="checkbox"/>
Other personal exp #4 desc _____	_____	_____	_____	<input type="checkbox"/>
Other personal exp #5 desc _____	_____	_____	_____	<input type="checkbox"/>

Children's Expenses

Description	Weekly	or Monthly	or Annual	Estimated
Childrens nursery, babysitting, day care	_____	_____	_____	<input type="checkbox"/>
Childrens after school care	_____	_____	_____	<input type="checkbox"/>
Childrens tuition	_____	_____	_____	<input type="checkbox"/>
Childrens books/fees	_____	_____	_____	<input type="checkbox"/>
Childrens after school activity	_____	_____	_____	<input type="checkbox"/>
Childrens lunch money	_____	_____	_____	<input type="checkbox"/>
Childrens lessons	_____	_____	_____	<input type="checkbox"/>
Childrens allowance	_____	_____	_____	<input type="checkbox"/>
Childrens clothing	_____	_____	_____	<input type="checkbox"/>
Childrens uniforms	_____	_____	_____	<input type="checkbox"/>
Childrens entertainment	_____	_____	_____	<input type="checkbox"/>
Childrens medical/dental insurance	_____	_____	_____	<input type="checkbox"/>
Childrens unreimbursed medical	_____	_____	_____	<input type="checkbox"/>
Childrens unreimbursed dental	_____	_____	_____	<input type="checkbox"/>
Childrens unreimbursed prescriptions	_____	_____	_____	<input type="checkbox"/>
Childrens unreimbursed psychological	_____	_____	_____	<input type="checkbox"/>
Childrens unreimbursed orthodontic	_____	_____	_____	<input type="checkbox"/>
Childrens vitamins	_____	_____	_____	<input type="checkbox"/>

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Childrens grooming	_____	_____	_____	<input type="checkbox"/>
Childrens nonprescription medications	_____	_____	_____	<input type="checkbox"/>
Childrens cosmetics, toiletries, sundries	_____	_____	_____	<input type="checkbox"/>
Childrens Gifts (from children to others)	_____	_____	_____	<input type="checkbox"/>
Childrens camps	_____	_____	_____	<input type="checkbox"/>
Childrens clubs	_____	_____	_____	<input type="checkbox"/>
Childrens parental access	_____	_____	_____	<input type="checkbox"/>
Childrens gifts (for children)	_____	_____	_____	<input type="checkbox"/>
Childrens life insurance	_____	_____	_____	<input type="checkbox"/>
Other child exp #1 description _____	_____	_____	_____	<input type="checkbox"/>
Other child exp #2 description _____	_____	_____	_____	<input type="checkbox"/>
Other child exp #3 description _____	_____	_____	_____	<input type="checkbox"/>
Other child exp #4 description _____	_____	_____	_____	<input type="checkbox"/>
Other child exp #5 description _____	_____	_____	_____	<input type="checkbox"/>
Children other relationship exp #1 desc _____	_____	_____	_____	<input type="checkbox"/>
Children other relationship exp #2 desc _____	_____	_____	_____	<input type="checkbox"/>
Children other relationship exp #3 desc _____	_____	_____	_____	<input type="checkbox"/>
Children other relationship exp #4 desc _____	_____	_____	_____	<input type="checkbox"/>
Children other relationship exp #5 desc _____	_____	_____	_____	<input type="checkbox"/>

Miscellaneous Expenses

Description	Weekly	or Monthly	or Annual	Estimated
Other expense #1 description _____	_____	_____	_____	<input type="checkbox"/>
Other expense #2 description _____	_____	_____	_____	<input type="checkbox"/>
Other expense #3 description _____	_____	_____	_____	<input type="checkbox"/>
Other expense #4 description _____	_____	_____	_____	<input type="checkbox"/>
Other expense #5 description _____	_____	_____	_____	<input type="checkbox"/>

Property Assets

Home

Address, city, state, and zip	Market value	Total debt	Requested	NonMarital hus wife
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Other Real Property

Address, city, state, and zip	Market value	Total debt	Requested	NonMarital hus wife
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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Automobiles

Year, make, and model	Market value	Total debt	Requested	NonMarital hus wife	
Car #1 year _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car #2 year _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car #3 year _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car #4 year _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car #5 year _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vehicle #1 year _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vehicle #2 year _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vehicle #3 year _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vehicle #4 year _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vehicle #5 year _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Boats

Description	Market value	Total debt	Requested	NonMarital hus wife	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Assets

Cash

Description	Value	Requested	NonMarital hus wife	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bank Accounts

Description	Value	Requested	NonMarital hus wife	
Interest bank acct #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest bank acct #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest bank acct #3 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest bank acct #4 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest bank acct #5 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking bank acct #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking bank acct #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking bank acct #3 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking bank acct #4 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Checking bank acct #5 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD #3 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD #4 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD #5 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stocks

Input for stocks may be entered in two ways but you should not mix these two data entry methods. Select either method but only select one method of entering stock input.

Stock Input – Detail

Input for stocks may be entered in detail using date of valuation, number of shares and price per share for each stock.

Stock Input – Simplified

If you do not want to list each stock separately, you may combine all stocks or groups of stocks and simply enter a description and enter the total value in the price per share column. Leave the valuation date and number of shares blank in the simplified stock data entry method.

Description	Date of valuation	Shares	Price/Share	Requested	NonMarital hus wife	
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Mutual Funds

Input for mutual funds may be entered in two ways but you should not mix these two data entry methods. Select either method but only select one method of entering mutual fund input.

Mutual Fund Input – Detail

Input for mutual funds may be entered in detail using date of valuation, number of shares and price per share for each mutual fund.

Mutual Fund Input – Simplified

If you do not want to list each mutual fund separately, you may combine all mutual funds or groups of mutual funds and simply enter a description and enter the total value in the price per share column. Leave the valuation date and number of shares blank in the simplified mutual fund data entry method.

Description	Date of valuation	Shares	Price/Share	Requested	NonMarital	
					hus	wife
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bonds

Description	Value	Requested	NonMarital	
			hus	wife
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Money Owed to You

Description	Value	Requested	NonMarital hus wife	
Money owed with note #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money owed with note #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money owed with note #3 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money owed no note #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money owed no note #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Retirement/Deferred Compensation

Description	Value	Requested	NonMarital hus wife	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life Insurance

Company	Name of insured	Policy amt	Cash value	Loan amt	Requested	NonMarital hus wife	
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Financial Assets

Description	Value	Requested	NonMarital hus wife	
Other financial asset #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other financial asset #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other financial asset #3 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other financial asset #4 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other financial asset #5 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other financial asset #6 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other financial asset #7 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other financial asset #8 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other financial asset #9 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other financial asset #10 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Assets

Business Interest Assets

Description	Value	Requested	NonMarital hus wife	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Miscellaneous Assets

Description	Value	Requested	NonMarital hus wife	
Furnishing in home #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnishing in home #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnishing in home #3 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnishing in home #4 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnishing in home #5 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnishing elsewhere #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnishing elsewhere #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnishing elsewhere #3 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnishing elsewhere #4 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnishing elsewhere #5 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collectible #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collectible #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collectible #3 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collectible #4 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collectible #5 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewelry #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewelry #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewelry #3 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewelry #4 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewelry #5 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport/Ent equipment #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport/Ent equipment #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport/Ent equipment #3 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport/Ent equipment #4 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport/Ent equipment #5 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other asset #1 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other asset #2 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other asset #3 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other asset #4 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other asset #5 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other asset #6 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other asset #7 desc _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitter name: _____

Other asset #8 desc _____
 Other asset #9 desc _____
 Other asset #10 desc _____

Contingent Assets

Description	Value	Requested	NonMarital hus wife	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assets Transferred to Other People in Past Year

Description	Person to whom transferred	Relationship	Value	NonMarital hus wife	
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Liabilities

Liabilities

Description	Payment	Period	Balance	Requested	NonMarital hus wife	
Credit/charge card #1 desc _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit/charge card #2 desc _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit/charge card #3 desc _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit/charge card #4 desc _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit/charge card #5 desc _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank/Credit union loan #1 desc _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank/Credit union loan #2 desc _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank/Credit union loan #3 desc _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank/Credit union loan #4 desc _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank/Credit union loan #5 desc _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment #1 description _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment #2 description _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment #3 description _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment #4 description _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submitter name: _____

Judgment #5 description _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
payment amount _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
payment amount _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
payment amount _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
payment amount _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
payment amount _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other debt #1 description _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other debt #2 description _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other debt #3 description _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other debt #4 description _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other debt #5 description _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contingent Liabilities

Description	Payment	Period	Balance	NonMarital hus wife	
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>