

COLLABORATIVE DIVORCE PROFESSIONALS, INC.

Asset, Liability and Income Disclosure

INSTRUCTIONS: Please complete the following providing as much detail as possible. If answer is based on estimated figures, so indicate (Est.). If an item does not apply, so indicate (N/A). Attach additional sheets if necessary.

Need for Information: In the course of your legal matter, you are required by law to make a full disclosure of your income, assets and liabilities. This information will be reviewed in order to provide you with advice upon which you will rely to make important financial decisions. To facilitate these matters, you are being asked to answer various questions and to complete various schedules. Some of this information might seem unimportant, but be assured that this information is needed to properly handle your legal matter. One way to assist in reducing your attorney fees will be to provide a complete response to this survey. If you have any questions concerning any of the information requested, please do not hesitate to contact your attorney.

The Law Requires a Full and Complete Disclosure: The law provides that, if a person deliberately or negligently fails to disclose any asset, the Court can impose penalties. The law further provides that, if any asset was transferred for inadequate value, was wasted, or was given away within the recent past or during the course of the action or is otherwise unaccounted for, the asset is subject to financial disclosure and may be subject to division unless the transfer resulted in an exchange of assets with substantially equivalent value. If you are aware of any asset that was transferred for inadequate value or given away during the past few years, you must disclose the asset in this questionnaire. If you have any questions regarding whether disclosure is required, direct your questions to your attorney.

Fair Market Value Means What You Could Now Sell The Item For: With respect to any request for the value of a particular item, please provide your best estimate of the fair market value. Fair market value is the price a person could obtain by selling the asset in the current market. It is not the purchase price or replacement value.

Documentation: If you have supporting documentation immediately available to you for any information reported herein, please attach it, but do not delay returning this questionnaire to your attorney simply because you do not have a document immediately available to you. After you complete this survey, your attorney will advise you of any additional documentation that you need to provide. This may include account statements, appraisals, deeds, insurance policies, etc.

PLEASE NOTE: Under Ohio law, the name on an account or title does not determine whether the property or debt is marital or non-marital. Do not assume that an asset or debt in your spouse's sole name is your spouse's asset or debt for purposes of the division of property and debts.

HUSBAND

Full Legal Name _____

Address _____

City _____

County _____

State _____

Phone Number (work) _____

Phone Number (home) _____

Phone Number (cell) _____

E-mail _____

Social Security Number _____

Driver's License Number _____

How long have you been a resident of this:

County? _____

State? _____

Former legal/maiden name _____

Date of Birth _____

WIFE

Full Legal Name _____

Address _____

City _____

County _____

State _____

Phone Number (work) _____

Phone Number (home) _____

Phone Number (cell) _____

E-mail _____

Social Security Number _____

Driver's License Number _____

How long have you been a resident of this:

County? _____

State? _____

Former legal/maiden name _____

Date of Birth _____

MARITAL STATUS

Date of Marriage _____

Place of Marriage _____

Number of prior marriages: Husband _____ Wife _____

Current living arrangements: Husband _____ Wife _____

Date separated, if applicable _____

CHILDREN OF THIS MARRIAGE

Name _____ SSN# _____ Age _____

Date of birth _____

Name _____ SSN# _____ Age _____

Date of birth _____

Name _____ SSN# _____ Age _____

Date of birth _____

Name _____ SSN# _____ Age _____
Date of birth _____

Name _____ SSN# _____ Age _____
Date of birth _____

Name _____ SSN# _____ Age _____
Date of birth _____

Name _____ SSN# _____ Age _____
Date of birth _____

RESIDENCES OF CHILDREN OVER LAST FIVE YEARS

Please provide any and all addresses where your children have resided for the past five years, and the name(s) and present address of the person(s) with whom the children resided:

From _____ To _____ Address where resided _____
Resided with _____, whose current address is _____

From _____ To _____ Address where resided _____
Resided with _____, whose current address is _____

From _____ To _____ Address where resided _____
Resided with _____, whose current address is _____

From _____ To _____ Address where resided _____
Resided with _____, whose current address is _____

From _____ To _____ Address where resided _____
Resided with _____, whose current address is _____

Describe any health problems for either party or dependent children:

CHILDREN FROM OTHER MARRIAGES OR RELATIONSHIPS

Name _____	Age _____	Date of birth _____
Of Husband? _____	Wife? _____	Child currently residing with _____
Name _____	Age _____	Date of birth _____
Of Husband? _____	Wife? _____	Child currently residing with _____
Name _____	Age _____	Date of birth _____
Of Husband? _____	Wife? _____	Child currently residing with _____
Name _____	Age _____	Date of birth _____
Of Husband? _____	Wife? _____	Child currently residing with _____
Name _____	Age _____	Date of birth _____
Of Husband? _____	Wife? _____	Child currently residing with _____

EMPLOYMENT

HUSBAND

WIFE

Employer _____

Employer address: _____

How long? _____

Position/Title _____

Gross earnings per pay _____

How often is Husband paid? _____

Deductions other than taxes and social security: _____

Net pay per period _____

Describe if applicable:

Overtime _____

Bonus _____

Commissions _____

Other benefits _____

Employer _____

Employer address: _____

How long? _____

Position/Title _____

Gross earnings per pay _____

How often is Wife paid? _____

Deductions other than taxes and social security: _____

Net pay per period _____

Describe if applicable:

Overtime _____

Bonus _____

Commissions _____

Other benefits _____

OTHER INCOME

If other income is received, state details including source, amount and frequency:

If other income is received, state details including source, amount and frequency:

IF UNEMPLOYED

Last employer's:

Name _____

Address _____

Date of last employment _____

Unemployment benefits _____

Since _____

Prior salary _____

Worker's Comp. Acct. No. _____

Last employer's:

Name _____

Address _____

Date of last employment _____

Unemployment benefits _____

Since _____

Prior salary _____

Worker's Comp. Acct. No. _____

EDUCATION, EMPLOMENT SKILLS

What level of education does each party have?

Husband _____

Wife _____

What level of education did each party have at the time the parties were married?

Husband _____

Wife _____

ASSETS

REAL ESTATE (Supply copy of Deed(s), if available.)

A. Principal Residence

Address _____

Name(s) on Deed _____

Date of purchase _____ Purchase price _____ Present value _____

Upon what do you base present value? _____

Name(s) on Mortgage and/or Note Financing Property _____

Amount and source of down payment _____

Balance of first mortgage _____ Monthly payment _____ Interest rate _____

Balance of second mortgage _____ Monthly payment _____ Interest rate _____
Balance of third mortgage _____ Monthly payment _____ Interest rate _____
Real Estate Taxes: yearly? _____ Included in mortgage payment? _____
Are mortgage payments/taxes current? _____ If in arrears, how many months? _____
Insurer name _____ Monthly payment for insurance _____
Included in monthly mortgage payment? _____
Other liens? _____ If so, indicate name and address of lien holder, date and balance due:

Listed for sale? _____ If so, with whom? _____
Listing price _____ When listed _____
Use of property? (Residence, Recreational, Investments, etc.) _____

B. Other Real Property

Address _____
Name(s) on Deed _____
Date of purchase _____ Purchase price _____ Present value _____
Upon what do you base present value? _____
Name(s) on Mortgage and/or Note Financing Property _____
Amount and source of down payment _____
Balance of first mortgage _____ Monthly payment _____ Interest rate _____
Balance of second mortgage _____ Monthly payment _____ Interest rate _____
Balance of third mortgage _____ Monthly payment _____ Interest rate _____
Real Estate Taxes: yearly? _____ Included in mortgage payment? _____
Are mortgage payments/taxes current? _____ If in arrears, how many months? _____
Insurer name _____ Monthly payment for insurance _____
Included in monthly mortgage payment? _____
Other liens? _____ If so, indicate name and address of lien holder, date and balance due:

Listed for sale? _____ If so, with whom? _____
Listing price _____ When listed _____
Use of property? (Residence, Recreational, Investments, etc.) _____

C. Other Real Property

Address _____

Name(s) on Deed _____

Date of purchase _____ Purchase price _____ Present value _____

Upon what do you base present value? _____

Name(s) on Mortgage and/or Note Financing Property _____

Amount and source of down payment _____

Balance of first mortgage _____ Monthly payment _____ Interest rate _____

Balance of second mortgage _____ Monthly payment _____ Interest rate _____

Balance of third mortgage _____ Monthly payment _____ Interest rate _____

Real Estate Taxes: yearly? _____ Included in mortgage payment? _____

Are mortgage payments/taxes current? _____ If in arrears, how many months? _____

Insurer name _____ Monthly payment for insurance _____

Included in monthly mortgage payment? _____

Other liens? _____ If so, indicate name and address of lien holder, date and balance due:

Listed for sale? _____ If so, with whom? _____

Listing price _____ When listed _____

Use of property? (Residence, Recreational, Investments, etc.) _____

D. Other Real Property

Address _____

Name(s) on Deed _____

Date of purchase _____ Purchase price _____ Present value _____

Upon what do you base present value? _____

Name(s) on Mortgage and/or Note Financing Property _____

Amount and source of down payment _____

Balance of first mortgage _____ Monthly payment _____ Interest rate _____

Balance of second mortgage _____ Monthly payment _____ Interest rate _____

Balance of third mortgage _____ Monthly payment _____ Interest rate _____

Real Estate Taxes: yearly? _____ Included in mortgage payment? _____

Are mortgage payments/taxes current? _____ If in arrears, how many months? _____

Insurer name _____ Monthly payment for insurance _____

Included in monthly mortgage payment? _____

Other liens? _____ If so, indicate name and address of lien holder, date and balance due:

Listed for sale? _____ If so, with whom? _____

Listing price _____ When listed _____

Use of property? (Residence, Recreational, Investments, etc.) _____

MOTOR VEHICLES (Cars, Trucks, Motorcycles, Boats, RV's, etc.)

A. Make _____ Model _____ Year _____

Name(s) on title _____ Principal driver _____

Purchase price _____ Present value _____ Balance due _____

Monthly payment _____ Name of Lender _____ Payments current? _____

B. Make _____ Model _____ Year _____

Name(s) on title _____ Principal driver _____

Purchase price _____ Present value _____ Balance due _____

Monthly payment _____ Name of Lender _____ Payments current? _____

C. Make _____ Model _____ Year _____

Name(s) on title _____ Principal driver _____

Purchase price _____ Present value _____ Balance due _____

Monthly payment _____ Name of Lender _____ Payments current? _____

D. Make _____ Model _____ Year _____

Name(s) on title _____ Principal driver _____

Purchase price _____ Present value _____ Balance due _____

Monthly payment _____ Name of Lender _____ Payments current? _____

E. Make _____ Model _____ Year _____

Name(s) on title _____ Principal driver _____

Purchase price _____ Present value _____ Balance due _____

Monthly payment _____ Name of Lender _____ Payments current? _____

LIFE INSURANCE

Policy Owner	Company	Insured	Amount	Beneficiary	Cash Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BANK ACCOUNTS

A. Savings Accounts (Husband and/or Wife, include credit union and Money Market accounts.)

Name of Institution	Type of Account	Account Number	Name(s) on Acct.	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Checking Accounts (Husband and/or Wife)

Name of Institution	Account Number	Name(s) on Acct.	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Savings or Checking Accounts for Children

Name of Institution	Account Number	Name(s) on Acct.	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATE OF DEPOSITS

Name of Institution	Account Number	Name(s) on Acct.	Maturity Date	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECURITIES (Stocks, Bonds, Etc.)

Company	# of Shares	Name(s) on Certificate	Purchase date	Cost	Present Value	Date of Valuation
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

INVESTMENT ACCOUNTS (Other than Retirement)

Note: Please include IRA accounts under Retirement.

Company	Account No.	Name(s) on Account	Present Value	Date of Valuation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RETIREMENT ACCOUNTS (IRA'S, KEOUGH, 401(k), Pension, Profit Sharing, Annuities, Deferred Compensation, etc.)

Please describe and attach relevant documents or plan descriptions, if available.

Husband

Wife

ACCOUNT/NOTES/RECEIVABLES (Does anyone owe money to you or your spouse?)

Debtor	Original Amount	Present Balance	How Paid	Due Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please identify any note or other written contract, agreement or writing pertaining to any of the above-referenced accounts or notes receivable. _____

PARTNERSHIP/JOINT VENTURES OR OTHER BUSINESS INTERESTS

Name	% of Ownership	Amount Invested	Description of Business
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL/BUSINESS EQUIPMENT (Please describe for you and spouse. State values if known.)

TAX REFUNDS DUE (Federal, State or City)

Describe, if applicable. Include amounts. _____

OTHER ASSETS

A. Household Goods and Furniture

Please describe any items of significant value or particular importance. _____

B. Other items of special value (jewelry, artwork, hobby assets, camera or video equipment, collections, etc.)

Please describe or attach an itemization and include values. _____

C. Safe Deposit Box

Name of Institution

Address

In What Names

Describe contents for each:

D. Any other assets.

Please describe.

DEBTS/LIABILITIES

(Include every known debt incurred or owed by either spouse and any obligations that will arise in the near future except estate real property mortgages.)

Creditor	What for?	Secured or Unsecured	Name(s) on Acct. H, W, JT	Present balance	Fixed Payment Monthly	Min. Monthly Payment	Delinquent Months
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

SEPARATE PROPERTY (Gifts/Inheritances/Property Owned Prior to Marriage)

Please Note: Some of the property you listed in this questionnaire may be considered as the separate property of you or your spouse. Separate property is generally not subject to division between the parties. Complete this section if:

- A. Either you or your spouse owned the asset prior to this marriage;**
- B. Either you or your spouse inherited the asset;**
- C. Either you or your spouse received the asset as a gift during this marriage; or**
- D. The asset was purchased in whole or in part with money that was gifted, inherited, or acquired prior to this marriage.**

(Limit response to items of significant value.)

1. Description _____

Source (Gift, Inheritance, Owned prior to marriage, etc.) _____

When Acquired? _____ **Present Value?** _____

Did you identify this asset on another page of this questionnaire? If so, where? _____

Describe any other relevant facts or circumstances: _____

2. Description _____

Source (Gift, Inheritance, Owned prior to marriage, etc.) _____

When Acquired? _____ **Present Value?** _____

Did you identify this asset on another page of this questionnaire? If so, where? _____

Describe any other relevant facts or circumstances: _____

3. Description _____

Source (Gift, Inheritance, Owned prior to marriage, etc.) _____

When Acquired? _____ **Present Value?** _____

Did you identify this asset on another page of this questionnaire? If so, where? _____

Describe any other relevant facts or circumstances: _____

MONTHLY LIVING EXPENSES

Please note: The information you are asked to provide in this section will be used in connection with determination of appropriate amounts of child support and/or spousal support. If support is not an issue in your case, you do not need to complete this section.

DO NOT INCLUDE ON THIS SHEET ITEMS DEDUTED FROM YOUR SALARY. Items deducted from your salary should be identified elsewhere in this questionnaire. (See page 4.)

To get the monthly amount, multiply the weekly amount by 4.3 (or divide yearly total by 12.)

Fill out only those items that apply. (If estimated, so state.)

ITEM OF EXPENSE	AVG. AMOUNT PER MONTH	BALANCE DUE
If own or plan to buy home:		
Mortgage payments	_____	_____
Home Insurance (if not included in mortgage payments)	_____	_____
Real Estate Taxes (if not included in mortgage payments)	_____	_____
Rent.....	_____	_____
Gas.....	_____	_____
Electricity.....	_____	_____
Telephone.....	_____	_____
Water.....	_____	_____
Garbage & Trash.....	_____	_____
Food & Grocery.....	_____	_____
Meals out (yours & children).....	_____	_____
Household repairs & upkeep.....	_____	_____
Cleaning services.....	_____	_____
Pet expenses.....	_____	_____
Clothing (for self only).....	_____	_____
Clothing (for children)	_____	_____
Dry cleaning & laundry.....	_____	_____

ITEM OF EXPENSE	AVG. AMOUNT PER MONTH	BALANCE DUE
Automobile expenses: Car Payment(s)	_____	_____
	_____	_____
	_____	_____
Insurance.....	_____	_____
Gas & oil.....	_____	_____
Repairs & maintenance.....	_____	_____
Personal expenses: such as drug store items, cosmetics, vitamins & cigarettes...	_____	_____
Church/charitable contributions & dues.	_____	_____
Barber & beauty (for self only	_____	_____
Barber & beauty (for children).....	_____	_____
Gifts (include Christmas & birthdays)....	_____	_____
Gifts (for children's friends)	_____	_____
Newspaper, magazines & books.....	_____	_____
Entertainment & hobbies.....	_____	_____
Club dues	_____	_____
Name of club _____		
Daily Babysitter.....	_____	_____
Weekend Babysitter.....	_____	_____
Doctor & Dental expenses (self).....	_____	_____
Doctor & Dental expenses (children).....	_____	_____
School expenses (include tuition):		
Children.....	_____	_____
Yours.....	_____	_____

ITEM OF EXPENSE	AVG. AMOUNT PER MONTH	BALANCE DUE
School lunches (for children).....	_____	_____
Sports/activities (for children).....	_____	_____
School pictures/yearbooks (children)...	_____	_____
Insurance (except car & home).....	_____	_____
Life Insurance:		
Face amount of policy.....	_____	_____
Payable to: _____	_____	_____
_____	_____	_____
Hospitalization		
(if not deducted from salary).....	_____	_____
Other (such as disability, mortgage insurance, contents of home, accident, endowments, etc.....)	_____	_____
Loans (except car payment & home mortgage):		
Lender _____	_____	_____
Lender _____	_____	_____
Lender _____	_____	_____
Charge accounts (include gasoline credit cards only if in arrears)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other outstanding debts (such as Attorney fees, miscellaneous bills not paid & other obligations)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ITEM OF EXPENSE	AVG. AMOUNT PER MONTH	BALANCE DUE
Miscellaneous expenses (unexpected expenses, job related expenses, etc. not itemized on this list)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTINGENT LIABILITIES

A contingent liability is one that is not presently fixed, but which will become so in case of the occurrence of some future event. By way of example, if you caused an accident and there was potential for you to be sued as a result, that liability would be a contingent liability, even though it has not yet been pursued. A common type of a contingent liability is liability based on you guaranteeing another person's obligation, such as signing a loan document as a guarantor.

Please provide any information known to you regarding any possible contingent liability(s).

Description	Creditor Name	Debt amount	Payment	Period	Balance	H/W/JT
_____	_____	_____	_____	_____	_____	_____
Date incurred: _____						
_____	_____	_____	_____	_____	_____	_____
Date incurred: _____						
_____	_____	_____	_____	_____	_____	_____
Date incurred: _____						
<u>TOTAL</u> of all items:		_____	_____			

Health Insurance Information

(THIS INFORMATION ONLY NECESSARY IF PARTIES HAVE MINOR CHILDREN)

Part One: Information about your health insurance

Insurance Provider _____

Address _____

Telephone Number _____

Policy Number _____

Are you currently receiving Medicaid? (y/n) _____ Medicare? (y/n) _____

Do you have family health insurance available either through your employer or through another group or organization? (y/n) _____

Is coverage presently in effect? (y/n) _____

Who is presently covered?

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does your plan include dental coverage? (y/n) _____

Does your plan include vision coverage? (y/n) _____

Is Cobra coverage available? (y/n) _____ If yes, at what cost? \$ _____ per _____ (month/year)

Note: Cobra coverage is insurance available to spouse after marriage or employment is terminated.

Do you pay a premium for coverage? (y/n) _____

What is the premium for family coverage? \$ _____ per _____ (month/year)

What is the premium for individual coverage only? \$ _____ per _____ (month/year)

Is a health insurance card available? (y/n) _____

Are insurance cards required for services? (y/n) _____

Does your plan cover hospitalization? (y/n) _____

Is there a deductible for services? (y/n) _____ If yes, how much? \$ _____ per _____ (visit/month/year)

Is there a co-payment required? (y/n) _____ If yes, how much? \$ _____ per _____ (visit/month/year)

Does your plan cover doctor visits? (y/n) _____

Is there a deductible for services? (y/n) _____ If yes, how much? \$ _____ per _____ (visit/month/year)

Is there a co-payment required? (y/n) _____ If yes, how much? \$ _____ per _____ (visit/month/year)

Is a prescription card available? (y/n) _____

Is there a co-payment required? (y/n) _____ If yes, how much? \$ _____ per _____ (visit/month/year)

Part Two: Information about your spouse's health insurance

Insurance Provider _____

Address _____

Policy Number _____

Is your spouse currently receiving Medicaid? (y/n) _____ Medicare? (y/n) _____

Does your spouse have family health insurance available either through their employer or through another group or organization? (y/n) _____

Is coverage presently in effect? (y/n) _____

Who is presently covered? Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Does spouse's plan include dental coverage? (y/n) _____

Does spouse's plan include vision coverage? (y/n) _____

Is Cobra coverage available? (y/n) _____ (coverage available to you after termination of marriage) If yes, at what cost to spouse? \$ _____ per _____ (month/year)

Does your spouse pay a premium for coverage? (y/n) _____

What is the premium for family coverage? \$ _____ per _____ (month/year)

What is the premium for individual coverage only? \$ _____ per _____ (month/year)

Is a health insurance card available? (y/n) _____

Are insurance cards required for services? (y/n) _____

Does spouse's plan cover hospitalization? (y/n) _____

Is there a deductible for services? (y/n) _____ If yes, how much? \$ _____ per _____ (visit/month/year)

Is there a co-payment required? (y/n) _____ If yes, how much? \$ _____ per _____ (visit/month/year)

Does spouse's plan cover doctor visits? (y/n) _____

Is there a deductible for services? (y/n) _____ If yes, how much? \$ _____ per _____ (visit/month/year)

Is there a co-payment required? (y/n) _____ If yes, how much? \$ _____ per _____ (visit/month/year)

Is a prescription card available? (y/n) _____

Is there a co-payment required? (y/n) _____ If yes, how much? \$ _____ per _____ (visit/month/year)

Other Matters

Is there anything else you can think of in the way of property, debt or other information not already provided on this form that may be relevant to your dissolution or divorce, or to your negotiations? If so, please describe.

In completing the information called for in this disclosure, was there any information that husband or wife dispute or see differently than is indicated in the form above? If so, please describe.

Do you or your spouse wish to return to your maiden name in connection with this matter? If so, please provide the party's full maiden name:

Would you prefer to hold your final hearing in this matter in one of the attorneys' offices, rather than at Court?

Whoever participated in filling out this form, kindly sign and date below:

Husband

Date

Wife

Date