

COMMON GROUND MEDIATION SERVICES

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INFORMATION FORM

Name: _____ Age: _____ Date: _____

Address: _____
City State Zip Code

Home telephone: _____ Work: _____

Name of Employer and Address: _____

_____ City State Zip Code

Name of Spouse: _____ County you last lived together: _____

Children of this Marriage:
Name Date of Birth/Age Living with:

Children of former Marriage:
Name Date of Birth/Age Living with: Financial Responsibility

How long have you been married or living together? _____

Date of Marriage: _____ City & State: _____ First Marriage? _____

Separated? _____ Date of Separation: _____ Which of you wants the separation/divorce? _____

Does either party have an attorney? _____ If "yes", name: _____ Telephone Number _____

Referred by: _____

Monthly Expenses

Present

Future

Comments

1. House Payments (rent or mortgage)			
a) Real estate taxes			
b) House or rental insurance premiums			
2. Electricity			
3. Heat			
4. Telephone			
5. Water			
6. Installment Debt Payment:			
a) Bank or finance company			
b) Charge card(s)			
c) Other			
7. Food			
8. Clothing			
Laundry			
Dry cleaning			
9. Medical and dental expenses			
a) Medical insurance premiums			
b) Dental insurance premiums			
c) Life insurance premiums			
(if not listed on income page as a deduction)			
10. Auto: Gas			
Repair and maintenance			
Auto/truck insurance premiums			
11. Repairs: House or other			
12. Garden, yard and snow removal expenses			
13. Newspapers, publications			
14. Contributions			
15. Professional and/or club dues			
16. Entertainment and recreation			
17. Holiday gifts and expenses			

	Present	Future	Comments
18. Personal expenses:			
a) Haircuts	_____	_____	_____
b) Vacation(s)	_____	_____	_____
c) Other: (please specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	_____	

Children's expenses:	Present	Future	Comments
1. Child Care (Day care, sitters, etc.)	_____	_____	_____
2. Lessons	_____	_____	_____
Fees	_____	_____	_____
Allowance(s)	_____	_____	_____
3. Child support payments (paid or received)	_____	_____	_____
4. School-related expenses	_____	_____	_____
5. Other: (please specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	_____	

ASSETS

	<u>Fair Market Value</u>	<u>Owner(s)</u>	<u>Lien Holder</u>	<u>Amount of Lien</u>	<u>Equity</u>
1. House	_____	_____	_____	_____	_____
2. Summer House	_____	_____	_____	_____	_____
3. Rental House	_____	_____	_____	_____	_____
4. Business/ Real Estate	_____	_____	_____	_____	_____
				Subtotal	_____

	<u>Current value</u>	<u>Owner</u>
5. Other Property	_____	_____
6. Pensions Company IRA Other	_____ _____ _____ _____	_____ _____ _____ _____
7. Trust(s)	_____	_____
8. Life Insurance	_____	_____
		Subtotal

	<u>Amount / Value(s)</u>	<u>Owner(s)</u>	<u>Bank / Company Account</u>
9. Bank Accounts	_____	_____	_____
10. CD's or Money Market(s)	_____	_____	_____
11. Stocks / Bonds	_____	_____	_____
12. Securities	_____	_____	_____
			Subtotal

	<u>Amounts / Values</u>	<u>Owner(s)</u>	<u>Lien Holder</u>	<u>Name of Item</u>
13. Other Assets	_____	_____	_____	_____
Coins, jewelry, antiques, etc.	_____	_____	_____	_____
			Subtotal	_____

14. Children's Assets	Amount	Owner(s)	Trustee / Custodian
	_____	_____	_____

Income

If employed, yearly Gross Income	_____	Weekly Gross Income	_____
Gross Income by paycheck	_____	How often paid	_____

Deductions: Federal Taxes	_____	Social Security	_____	Health Insurance	_____
State Taxes	_____	Pension Plan	_____	Life Insurance	_____
Other deductions	_____				

Net Income	_____	Net Monthly Income	_____
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If self-employed Total Yearly Gross Income	_____	Total Yearly Expenses	_____
Non-cash expense(s)	_____	Adjusted Yearly Gross Income (Income minus deductions)	_____

Deductions: Federal Taxes	_____	Social Security	_____	Health Insurance	_____
State Taxes	_____	Pension Plan	_____	Life Insurance	_____
Other deductions	_____				

Other Income

Interest	_____	_____
Dividends	_____	_____
Rental Property	_____	_____
Other Income (specify)	_____	_____
Other Income	_____	_____

Total Net Monthly Income	_____
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