

FAMILY MEDIATION PROGRAM

Client's Name

Multi-Door Number

ASSETS

Please attach documentation

Real Estate (Please attach appraisals, current mortgage statements)

Property 1 - Address:

Property 2 - Address:

Purchase Price \$ _____

Purchase Price \$ _____

Purchase Date _____

Purchase Date _____

Current Value \$ _____

Current Value \$ _____

Outstanding Mortgage \$ _____

Outstanding Mortgage \$ _____

Other liens \$ _____

Other liens \$ _____

Estimated Equity \$ _____

Estimated Equity \$ _____

Name(s) on Title:

- Husband Wife Both
 Other _____

Name(s) on Title:

- Husband Wife Both
 Other _____

Name(s) on Mortgage:

- Husband Wife Both
 Other _____

Name(s) on Mortgage:

- Husband Wife Both
 Other _____

Name(s) on other Liens:

- Husband Wife Both
 Other _____

Name(s) on other Liens:

- Husband Wife Both
 Other _____

Bank Accounts (Please attach current statements)

Name of Bank	Type of Account	Name(s) on Account	Current Balance (& date)	Account Number
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pensions/Retirement Plans (Please attach plan statements, current personal benefits statements)

Type of Plan	Name of Plan	Individual Covered	Current Value (& date)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IRAs (Please attach current statements)

Type	Institution	Individual Covered	Current Value (& date)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stocks, Bonds, Notes (Please attach current statements)

Name of Instrument	Type (and # of shares)	Estimated Value (& date)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Life Insurance (Please attach current statements)

Name of Plan	Type of Plan (term, whole life, etc.)	Individual Covered by Plan	Beneficiaries	Face Value	Current Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Business Or Professional Interests (Please attach appraisals, valuations)

Type of Interest	Estimated Value
_____	_____

Automobiles (Please attach blue book values, current statements of liens)

Model & Year	In Whose Possession	In Whose Name	Estimated Value	Lien
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal Property (Please attach supporting documentation for estimated values, such as receipts or appraisals, and current statements of liens. Attach list if necessary.)

Property	In Whose Possession	In Whose Name	Estimated Value	Lien
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Inheritance Or Trust Fund (Please attach current statements)

From Whom	To Whom	Property	Effective Date	Estimated Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Assets (Please attach appraisals, current statements of liens)

Type	In Whose Possession	Estimated Value	Lien
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(& date)

2nd Trust/Home Equity Line(s) (Please attach current statements)

Company	Account #	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
_____	_____	_____	_____	_____	_____

Other Lien(s) on Property (Please attach current statements)

Company	Account #	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
_____	_____	_____	_____	_____	_____

Credit Cards (Please attach current statements)

Card	Account #	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Loans (Please attach current statements of balances due)

Creditor	In Whose Name(s)	Purpose	Terms	Current Balance (& date)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Food \$ _____

Drug Store Products
(do not include prescriptions) \$ _____

Clothing \$ _____

Transportation
Car Payment \$ _____

Car Repairs/Maintenance \$ _____

Insurance \$ _____

Tags \$ _____

Gas/Oil \$ _____

Parking \$ _____

Bus/Metro \$ _____

Taxis \$ _____

Children's Expenses
Child Care \$ _____

Babysitting \$ _____

School: Tuition \$ _____

Books/School Supplies \$ _____

Fees (field trips,
activities) \$ _____

Uniforms \$ _____

School lunch \$ _____

Transportation \$ _____

Tutoring \$ _____

Out-of-school Activities: Sports \$ _____

Lessons \$ _____

Unreimbursed medical
expenses: Doctor \$ _____

Dentist \$ _____

Orthodontist \$ _____

Mental Health
Professional \$ _____

	Prescriptions	\$ _____
	Eyeglasses	\$ _____
Clothing		\$ _____
Allowance		\$ _____
Summer Camp/Expenses		\$ _____
Other:	_____	\$ _____
	_____	\$ _____

Medical Expenses

Health Insurance (if not taken as deduction from salary)		\$ _____
Eyeglasses		\$ _____
Unreimbursed expenses:	Doctor	\$ _____
	Dentist	\$ _____
	Mental Health Professional	\$ _____
	Prescriptions	\$ _____

Insurance (if not taken as deduction from salary)

Life		\$ _____
Disability		\$ _____

Entertainment (please specify)

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

Vacations

	\$ _____
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Miscellaneous

Cell phone, pager		\$ _____
Dry Cleaning		\$ _____
Hair Cuts/Salon		\$ _____
Gifts		\$ _____
Dues/Fees		\$ _____
Newspapers		\$ _____
Subscriptions		\$ _____
Contributions		\$ _____
Other:	_____	\$ _____

Monthly Payments - Old Debts

Closed credit card / store accounts

Account	pay-off date	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Student loan	_____	\$ _____
Outstanding tax bills	_____	\$ _____
	_____	\$ _____
Other:	_____	\$ _____
_____	_____	\$ _____
Total Expenses		\$ _____
Total Remaining (Or Deficit) Monthly		\$ _____