



**Family Mediation Financial Form**

\_\_\_\_\_  
**Client's Name**

\_\_\_\_\_  
**Multi-Door Number**

\_\_\_\_\_  
**Case Manager's Name**

\_\_\_\_\_  
**Court Jacket Number**

\_\_\_\_\_  
**Mediator 1**

\_\_\_\_\_  
**Mediator 2**



**INCOME**

Please attach all relevant documents. Use annual income if you know it.

	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month (check one)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (check one)
<b>Salaries and Wages</b> (Please attach recent pay stub and/or W-2 and tax return)	\$ _____	\$ _____	\$ _____
<b>Overtime</b> (Please attach multiple pay stubs)	\$ _____	\$ _____	\$ _____
<b>Commissions</b>	\$ _____	\$ _____	\$ _____
<b>Severance Pay</b>	\$ _____	\$ _____	\$ _____
<b>Royalties</b>	\$ _____	\$ _____	\$ _____
<b>Bonuses</b>	\$ _____	\$ _____	\$ _____
<b>Interest and Dividends</b>	\$ _____	\$ _____	\$ _____
<b>Business and Partnership Income</b>	\$ _____	\$ _____	\$ _____
<b>Social Security, SSDI</b>	\$ _____	\$ _____	\$ _____
<b>Veteran's Benefits</b>	\$ _____	\$ _____	\$ _____
<b>Worker's Compensation</b>	\$ _____	\$ _____	\$ _____
<b>Unemployment Compensation</b>	\$ _____	\$ _____	\$ _____
<b>Pensions</b>	\$ _____	\$ _____	\$ _____
<b>Annuities</b>	\$ _____	\$ _____	\$ _____
<b>Income from Trust</b>	\$ _____	\$ _____	\$ _____

**Capital Gains (real and personal property transactions to the extent they represent a regular source of income)**

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

**Contractual Agreements**

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

**Perquisites or in-kind compensation, such as use of a company car or reimbursed meals (to the extent they are significant and represent a regular source of income or reduce living expenses, )**

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

**Income from Interest in an Estate (direct or through a Trust)**

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

**Income from life insurance or endowment contracts**

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

**Lottery or gambling winnings (lump sum or annuity)**

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

**Prizes and awards**

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

**Net Rental Income Received from Renters**

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

**Other: \_\_\_\_\_**

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

**Other: \_\_\_\_\_**

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

**Total Gross Income**

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

**Annual**

**Monthly**  
 **Twice a month**

**Weekly**  
 **Bi-weekly**

**Alimony/Spousal Support** (received from any person)

**Annual amount:** \$ \_\_\_\_\_

**SSDI Derivative Benefit Payments To Children**

Please attach copy(ies) of current statement(s) of benefits.

**Child's Name**

**Age**

**Amount**

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

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

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



**Extraordinary Medical Expenses that total more than \$250** (for each child subject to this mediation, and for which you are not reimbursed)

Please attach copies of bills and insurance statements.

Expense	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Annual Work / School Related Child Care Costs**

Please attach copies of bills or receipts for child care for child(ren) subject to this mediation.

Child's Name	Age	Daycare	Before/after school Care	Summer camp	Other
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____



**ALIMONY/SPOUSAL SUPPORT PAID**

(Alimony/spousal support that is paid to other parent in this mediation) \$ \_\_\_\_\_



**SWORN STATEMENT**

I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing paper and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

4/10/07