Please send completed questionnaire to:
Aaron, Riechert, Carpol & Riffle, APC
333 Twin Dolphin Drive, Suite 350
Redwood City, CA 94065
Main Number: 650.368.4662
General Fax: 650.367.8531

FAMILY LAW QUESTIONNAIRE

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly. If necessary, please use additional sheets of paper to answer the questions.

I. PERSONAL INFORMATION

A	NAME (LAST)	FIRST		MI
	STREET ADDRESS	CITY	STATE	ZIP CODE
	HOME TELEPHONE	WORK/ALTERNATE TELEPHONE	EMAIL	
	SOCIAL SECURITY NUMBER	BIRTH DATE / /	PREFERRED PRONOUNS	
B	SPOUSE/DOMESTIC PARTNER (LAST)	FIRST		MI
	STREET ADDRESS	CITY	STATE	ZIP CODE
	HOME TELEPHONE	WORK/ALTERNATE TELEPHONE	EMAIL	
	SOCIAL SECURITY NUMBER	BIRTH DATE / /	PREFERRED PRONOUNS	

C **HAVE YOU BEEN A RESIDENT OF CALIFORNIA FOR THE LAST SIX MONTHS AND A RESIDENT OF YOUR CURRENT COUNTY FOR THE LAST THREE MONTHS?** ☐ YES ☐ NO
IF NO, PLEASE STATE YOUR PLACE OF RESIDENCE FOR THE LAST SIX MONTHS.

D **HAVE ANY OF THE CHILDREN LIVED OUTSIDE OF THE STATE OF CALIFORNIA DURING THE LAST FIVE (5) YEARS?** ☐ YES ☐ NO

E **HAVE THE CHILDREN LIVED WITH ANY PERSON OTHER THAN YOU AND/OR YOUR SPOUSE?** ☐ YES ☐ NO
PLEASE LIST NAME OF PERSON WITH WHOM THE CHILDREN LIVED WITH AND DATES.

F **ARE THERE ANY OTHER PENDING LEGAL PROCEEDINGS CONCERNING THE CHILDREN?** ☐ YES ☐ NO

G **PLEASE ENTER THE FOLLOWING INFORMATION FOR YOUR CHILD(REN)**

NAME	BIRTH DATE	SEX
	/ /	
	/ /	
	/ /	
	/ /	

I. PERSONAL INFORMATION (CONTINUED)

H	**ARE THERE ANY CHILDREN FROM A PRIOR MARRIAGE?**
I	**PLEASE ENTER THE FOLLOWING INFORMATION ABOUT ANY PREVIOUS MARRIAGE**

PLACE OF MARRIAGE	DATE OF MARRIAGE / /	DATE OF SEPARATION / /

J	**LEVEL OF EDUCATION**	YOU	SPOUSE
K	**OCCUPATION / JOB TITLE**	YOU	SPOUSE
L	**EMPLOYER**	YOU	SPOUSE

M **DURING YOUR MARRIAGE HAVE EITHER YOU AND/OR YOUR SPOUSE EXECUTED WILLS, INCLUDING RECIPROCAL OR COMPANION WILL, OR A TRUST?** ☐ YES ☐ NO IF YES, PLEASE ANSWER THE FOLLOWING:

NAME OF ATTORNEY WHO DRAFTED WILL	DATE OF WILL	LOCATION OF ORIGINAL WILL OR COPIES

BRIEF SUMMARY OF ANY STATEMENTS, AGREEMENTS, DECLARATIONS, OR CONSENTS CONTAINED IN THE WILLS REGARDING THE STATUS OF COMMUNITY OR SEPARATE PROPERTY

II. PROPERTY

PLEASE PROVIDE THE INFORMATION REQUESTED BELOW TO THE BEST OF YOUR ABILITY. PLEASE DO NOT BE LIMITED BY THE SPACE BELOW IN SUPPLYING US WITH THE INFORMATION CONCERNING YOUR ASSETS. USE SEPARATE PAPER WHEN NECESSARY.

A **FAMILY RESIDENCE**

STREET ADDRESS	CITY	STATE	ZIP CODE

FORM OF TITLE WHEN ACQUIRED

ANY CHANGE SINCE ACQUISITION? ☐ YES ☐ NO IF YES, PLEASE DESCRIBE CHANGE AND ENTER DATE WHEN CHANGE WAS MADE.

DATE OF PURCHASE/ACQUISITION / /	PURCHASE PRICE $	DOWN PAYMENT $
AMOUNT BORROWED AT TIME OF PURCHASE $	NAME OF LENDER(S)	
LOAN BALANCE(S) SINCE DATE OF SEPARATION $	PRESENT LOAN BALANCE(S) $	MONTHLY PAYMENT $

SOURCE OF FUNDS FOR PURCHASE/ACQUISITION (INCLUDING DOWN PAYMENT)

SOURCE OF FUNDS FOR MORTGAGE PAYMENTS DURING MARRIAGE

SOURCE OF FUNDS FOR MORTGAGE PAYMENTS SINCE SEPARATION

II. PROPERTY (CONTINUED)

HAVE YOU OR YOUR SPOUSE EVER USED A LIFETIME EXEMPTION FOR THE SALE OF A RESIDENCE? ☐ YES ☐ NO

B **OTHER REAL PROPERTY AND COMMERCIAL PROPERTY**

IF EXACT FIGURES ARE UNAVAILABLE, PLEASE GIVE BEST ESTIMATE. ALSO, IF MORE THAN ONE RESIDENCE OR ASSET INVOLVED, PLEASE COMPLETE QUESTIONS ON SEPARATE PAPER FOR THE OTHER ITEMS.

STREET ADDRESS OF OTHER PROPERTY	CITY	STATE	ZIP CODE

FORM OF TITLE WHEN ACQUIRED

ANY CHANGE SINCE ACQUISITION? ☐ YES ☐ NO IF YES, PLEASE DESCRIBE CHANGE AND ENTER DATE WHEN CHANGE WAS MADE.

DATE OF PURCHASE/ACQUISITION / /	PURCHASE PRICE $	DOWN PAYMENT $
AMOUNT BORROWED AT TIME OF PURCHASE $	NAME OF LENDER(S)	
LOAN BALANCE(S) SINCE DATE OF SEPARATION $	PRESENT LOAN BALANCE(S) $	MONTHLY PAYMENT $

SOURCE OF FUNDS FOR PURCHASE/ACQUISITION (INCLUDING DOWN PAYMENT)

SOURCE OF FUNDS FOR MORTGAGE PAYMENTS DURING MARRIAGE

SOURCE OF FUNDS FOR MORTGAGE PAYMENTS SINCE SEPARATION

HAVE YOU OR YOUR SPOUSE EVER USED A LIFETIME EXEMPTION FOR THE SALE OF A RESIDENCE?
☐ YES ☐ NO

C **ESTIMATED VALUE OF HOUSEHOLD FURNITURE AND FURNISHINGS**
$

D **JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, FURS OR OTHER VALUABLE ITEMS**

DESCRIPTION	VALUE $
	$
	$

E **VEHICLES, BOATS, TRAILERS, ETC.** (IF NECESSARY, ATTACH SEPARATE SHEETS FOR ADDITIONAL VEHICLES)

VEHICLE DESCRIPTION

WHO IS THE USUAL DRIVER?

YEAR	MAKE	MODEL	LICENSE NUMBER

FORM OF TITLE	DATE OF PURCHASE / /	MONTHLY PAYMENT $

II. PROPERTY (CONTINUED)

SOURCE OF FUNDS FOR DOWN PAYMENT

SOURCE OF FUNDS FOR MONTHLY PAYMENTS DURING MARRIAGE

SOURCE OF FUNDS FOR MONTHLY PAYMENT (INCLUDING DOWN PAYMENT)

FINANCING INFORMATION (CREDITOR, BALANCE, ETC.)

IF ANY OF THE ITEMS DESCRIBED IN II.C, D, AND E ABOVE ARE NOT CURRENTLY AT THE FAMILY RESIDENCE, PLEASE INDICATE WHERE THEY ARE AND IN WHOSE POSSESSION.

WERE ANY OF THE ITEMS DESCRIBED IN II. C, D, AND E ABOVE AQUIRED BY GIFT OR INHERITANCE OR OWNED BEFORE MARRIAGE?
☐ YES ☐ NO IF YES, INDICATE ITEMS AND BY WHICH SPOUSE THEY WERE ACQUIRED OR OWNED.

F **LIFE INSURANCE POLICIES FOR EACH FAMILY MEMBER**

	POLICY 1	**POLICY 2**	**POLICY 3**
TYPE OF INSURANCE			
NAME OF INSURED			
NAME OF COMPANY			
POLICY NUMBER			
OWNER OF POLICY			
FACE AMOUNT	$	$	$
BENEFICIARY			
CASH SURRENDER VALUE	$	$	$
ACQUISITION DATE	/ /	/ /	/ /
LOANS/BALANCES	$	$	$

II. PROPERTY (CONTINUED)

G BANK ACCOUNTS AND CERTIFICATES OF DEPOSIT

	BANK/CERTIFICATE 1	BANK/CERTIFICATE 2	BANK/CERTIFICATE 3
TYPE (CHECKING, SAVINGS, CD, TRUST, OTHER)			
NAME ON ACCOUNT			
NAME OF INSTITUTION			
ADDRESS			
DATE OPENED	/ /	/ /	/ /
BALANCE ON DATE OF SEPARATION			
PRESENT BALANCE	$	$	$
SOURCE OF FUNDS			

H SAFE-DEPOSIT BOXES: NAME OF INSTITUTION

STREET ADDRESS			
CITY	STATE	ZIP CODE	BOX NUMBER
DESCRIBE CONTENTS			
NAME AND ADDRESS OF ANY OTHER PERSON HAVING ACCESS TO SAFETY DEPOSIT BOX			

I BUSINESS INTERESTS

INDICATE NAME, NATURE OF BUSINESS, DATE STARTED, WHETHER BUSINESS IS A SOLE PROPRIETORSHIP, PARTNERSHIP, OR CORPORATION, NAMES OF OTHER OWNERS, PARTNERS, OR SHAREHOLDERS AND PERCENTAGE OF INTEREST, HOW TITLE IS HELD, AND OPTIONS TO BUY OR SELL

1.

2.

J STOCKS

INDICATE NAME OF CORPORATION, TYPE (COMMON, PREFERRED, OTHER), NUMBER OF SHARES, MARKET VALUE, LOCATION OF CERTIFICATES, HOW TITLE IS HELD, COST, SOURCE OF FUNDS, DATE ACQUIRED, BROKER, AND BROKERAGE ACCOUNT NUMBER

1.

2.

II. PROPERTY (CONTINUED)

K **BONDS**

INDICATE TYPE, DATE OF MATURITY, FACE AMOUNT, HOW TITLE IS HELD, SOURCE OF FUNDS, DATE ACQUIRED, BROKER, AND BROKERAGE ACCOUNT NUMBER

1.

2.

L **PENSION, RETIREMENT, PROFIT SHARING PLANS, MILITARY PENSION**

INDICATE NAME OF EMPLOYER, NAME OF PARTICIPANT, VESTED INTEREST, ESTIMATED VALUE OF INTEREST, DATE STARTED

1.

2.

M **I.R.A. ACCOUNTS**

	ACCOUNT 1	**ACCOUNT 2**	**ACCOUNT 3**
TYPE OF ACCOUNT			
NAME ON ACCOUNT			
NAME OF INSTITUTION			
ADDRESS OF INSTITUTION			
ACCOUNT NUMBER			
BENEFICIARY			
DATE OPENED	/ /	/ /	/ /
VALUE ON DATE OF SEPARATION	$	$	$
PRESENT VALUE	$	$	$
SOURCE OF FUNDS			

N **DO YOU OR YOUR SPOUSE HAVE ANY EXPECTED INHERITANCES** ☐ YES ☐ NO IF YES, PLEASE EXPLAIN (RECIPIENT, AMOUNT, SOURCE)

II. PROPERTY (CONTINUED)

O **DESCRIBE ANY PROPERTY YOU OR YOUR SPOUSE RECEIVED FOR PERSONAL INJURIES AND THE DATE RECEIVED.**

P **ARE YOU PRESENTLY, OR DO YOU ANTICIPATE BEING, A PLAINTIFF, DEFENDANT, OR OTHER PARTY TO ANY TYPE OF LAWSUIT OR LITIGATION?**
☐ YES ☐ NO IF YES, PLEASE SPECIFY.

Q **HAVE YOU OR YOUR SPOUSE AT ANY TIME ENTERED INTO ANY AGREEMENTS OR UNDERSTANDINGS REGARDING PROPERTY, SUPPORT, OR CHILDREN?** ☐ YES ☐ NO

IF YES, PLEASE GIVE THE DATE, WHETHER ORAL OR WRITTEN, LOCATION OF ORIGINALS OR COPIES, IF WRITTEN, AND A BRIEF DESCRIPTION OF THE TERMS

R **DO YOU OR YOUR SPOUSE HAVE ANY ACCOUNTS RECEIVABLES?** ☐ YES ☐ NO
IF YES, INDICATE THE AMOUNT, THE NAME OF THE DEBTOR, AND THE PAYMENT PROVISIONS.

S **OTHER ASSETS**

1. STOCK OPTIONS

2. MUTUAL FUNDS

3. OIL ROYALTIES

4. INVESTMENT INTERESTS

5. CLUB MEMBERSHIPS

6. OPTIONS RIGHTS

7. TAX LOSS CARRY FORWARDS

8. TAX REFUNDS

9. CASH

10. DIGITAL ASSETS (CRYPTOCURRENCY)

11. TRUSTS (SETTLOR, TRUSTEE, BENEFICIARY, PRINCIPAL, AND INCOME)

12.COPYRIGHT OWNERSHIP (LITERARY, MUSICAL, OTHER)

13. PATENT OWNERSHIP

14. TRADEMARKS

II. PROPERTY (CONTINUED)

15. LICENSING AGREEMENTS AS LICENSOR

16. LICENSING AGREEMENTS AS LICENSEE

17. RIGHTS TO RECEIVE ROYALTIES

18. CONTRACTUAL RIGHTS

19. FREQUENT FLYER PREREQUISITES

20. MISCELLANEOUS

T **ASSETS OF CHILDREN (STOCKS, BONDS, PROPERTY, ETC.)**
PLEASE USE ADDITIONAL SHEETS IF NECESSARY.

	CHILD 1	CHILD 2	CHILD 3
DESCRIPTION OF ASSET			
OWNER			
VALUE	$	$	$
PERSON IN POSSESSION/CONTROL			

III. OBLIGATIONS OTHER THAN INSTALLMENT PAYMENTS

INDICATE ALL PRESENTLY OUTSTANDING DEBTS AND OBLIGATIONS, INCLUDING TAX LIABILITIES, PERSONAL GUARANTIES, LAWSUITS, CONTINGENT LIABILITIES, ETC. PLEASE INCLUDE THE DATE INCURRED, PURPOSE, DATE DUE, TERMS OF REPAYMENT, CURRENT BALANCE, AND BALANCE AS OF THE DATE OF SEPARATION.

A **CREDITOR**

CREDITOR NAME 1	AMOUNT $	DATE DUE / /
PURPOSE FOR WHICH INCURRED		
BALANCE AT SEPARATION $	CURRENT BALANCE $	

CREDITOR NAME 2	AMOUNT $	DATE DUE / /
PURPOSE FOR WHICH INCURRED		
BALANCE AT SEPARATION $	CURRENT BALANCE $	

NOTE: (1) YOU SHOULD PAY PARTICULAR ATTENTION TO THE INFORMATION YOU GIVE WITH RESPECT TO DEBTS AND LIABILITIES WHEREVER SUCH INFORMATION IS CALLED FOR IN THIS FORM. SOME OR ALL OF THESE DEBTS AND LIABILITIES MAY BE ASSIGNED TO YOUR SPOUSE AS PART OF THE DIVISION OF THE COMMUNITY PURSUANT TO CIVIL CODE SECTION 4800.6; HOWEVER, IF YOUR SPOUSE SHOULD DEFAULT ON THE DEBT OF OBLIGATION SO ASSIGNED, THE CREDITOR MAY STILL HAVE A CAUSE OF ACTION AGAINST YOU. (2) INCLUDE LAWSUITS AND CONTINGENT LIABILITIES AS

IV. MISCELLANEOUS

NAME OF ACCOUNTANT

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE

IV. MISCELLANEOUS (CONTINUED)

NAME OF INSURANCE BROKER

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE

NAME OF ESTATE LAWYER

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE

NAME OF BUSINESS LAWYER

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE

NAME OF REAL ESTATE BROKER

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE

NAME OF STOCK/FINANCE BROKER

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE

NAME OF DOCTOR/PSYCHIATRIST

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE

V. INCOME

A	**NAME OF YOUR EMPLOYER**	**YOUR OCCUPATION**

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE

OCCUPATION

B	**NAME OF SPOUSE'S EMPLOYER**	**SPOUSE'S OCCUPATION**

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE

C	**WITHHOLDING INFORMATION** # OF WITHHOLDING ALLOWANCES CLAIMED	YOU	SPOUSE

V. INCOME (CONTINUED)

MARITAL STATUS INDICATED FOR TAX PURPOSES

D **GROSS MONTHLY INCOME (PLEASE ATTACH A COPY OF MOST RECENT PAYCHECK)**

	YOU	SPOUSE
1. SALARY AND WAGES (INCLUDE COMMISSIONS, BONUSES, AND OVERTIME)	$	$
2. PENSIONS AND RETIREMENT	$	$
3. SOCIAL SECURITY	$	$
4. DISABILITY AND UNEMPLOYMENT BENEFITS	$	$
5. PUBLIC ASSISTANCE	$	$
6. CHILD SUPPORT		
a. PRESENT MARRIAGE	$	$
b. PRIOR MARRIAGE	$	$
7. SPOUSAL SUPPORT		
a. PRESENT MARRIAGE	$	$
b. PRIOR MARRIAGE	$	$
8. DIVIDENDS AND INTEREST		
9. RENTS (GROSS RECEIPTS, LESS CASH EXPENSES; DO NOT INCLUDE DEPRECIATION; ATTACH SCHEDULE)	$	$
10. CONTRIBUTIONS TO HOUSEHOLD EXPENSES FROM OTHER SOURCES (NEW SPOUSE, LIVE-IN COMPANION, RELATIVE, ETC.)	$	$

E **DEDUCTIONS FROM GROSS INCOME**

	YOU	SPOUSE
1. STATE INCOME TAXES	$	$
2. FEDERAL INCOME TAXES	$	$
3. SOCIAL SECURITY	$	$
4. STATE DISABILITY INSURANCE	$	$
5. MEDICAL AND OTHER INSURANCE	$	$
6. UNION AND OTHER DUES	$	$
7. RETIREMENT AND PENSION FUND	$	$
8. SAVINGS PLAN	$	$

V. INCOME (CONTINUED)		
9. OTHER DEDUCTIONS (SPECIFY)	$	$
a.	$	$
b.	$	$
c.	$	$

VI. LIQUID ASSETS

	UNDER YOUR CONTROL	UNDER SPOUSE'S CONTROL
1. CASH	$	$
2. CHECKING ACCOUNTS	$	$
3. STOCKS	$	$
4. BONDS	$	$
5. LIFE INSURANCE (CASH VALUE)	$	$
6. OTHER	$	$

VII. MONTHLY EXPENSES

PLEASE LIST YOUR MONTHLY EXPENSES AS ACCURATELY AS POSSIBLE. A REVIEW OF YOUR CHECK REGISTER, RECEIPTS AND PAID BILLS WILL HELP YOU TO ACCUMULATE THIS LIST. NOTE THAT THIS IS NOT A BUDGET, BUT THE ACTUAL AMOUNTS THAT YOU HAVE BEEN SPENDING IN RECENT MONTHS (PERHAPS PRIOR TO SEPARATION). IF YOU HAVE BEEN UNABLE TO SPEND MONEY ON CERTAIN ITEMS, E.G., CLOTHES OR ENTERTAINMENT, IN RECENT MONTHS, PLEASE INDICATE AN ESTIMATE OF THE AMOUNTS SPENT DURING YOUR MARRIAGE WHEN FUNDS WERE MORE READILY AVAILABLE TO MAKE SUCH EXPENDITURES.

IF YOUR SPOUSE IS MEETING CERTAIN OF THE BELOW EXPENSES, PLEASE INDICATE THE AMOUNT UNDER THE *SPOUSE* COLUMN. IF YOUR SPOUSE IS MEETING SUCH EXPENSE BUT YOU DO NOT KNOW THE AMOUNT, PLEASE WRITE "UNKNOWN" UNDER THE *SPOUSE* COLUMN.

WHERE POSSIBLE, ATTEMPT TO SEGREGATE THE EXPENSE BETWEEN YOU AND YOUR CHILD(REN).

A RENT AND HOUSEHOLD

	YOU	SPOUSE	CHILD(REN)
1. RENT OR MORTGAGE PAYMENT			
2. REAL PROPERTY TAXES AND INSURANCE			
3. MAINTENANCE			
a. REPAIRS			
b. GARDENER			

VII. MONTHLY EXPENSES (CONTINUED)

c. CLEANING SERVICE			
d. POOL SERVICE			
e. OTHER			
4. HOMEOWNER'S ASSOCIATION DUES			
5. ALARM / SECURITY			

B **FOOD AND SUPPLIES**

	YOU	SPOUSE	CHILD(REN)
1. AT HOME			
2. SCHOOL LUNCHES			
3. EATING OUT			

C **UTILITIES**

	YOU	SPOUSE	CHILD(REN)
1. GAS			
2. ELECTRICITY			
3. WATER			
4. GARBAGE			
5. INTERNET			
6. TELEPHONES			

D **LAUNDRY AND CLEANING**

	YOU	SPOUSE	CHILD(REN)
1. LAUNDRY			
2. DRY CLEANING			

E **CLOTHING**

	YOU	SPOUSE	CHILD(REN)
1. YOU			
2. CHILD(REN)			
3. SHOES			

VII. MONTHLY EXPENSES (CONTINUED)

4. ALTERATIONS			
5. OTHER			

F **MEDICAL AND DENTAL (EXCLUDING PORTION COVERED BY INSURANCE)**

	YOU	SPOUSE	CHILD(REN)
1. DOCTOR			
2. DENTIST			
3. ORTHODONTIST			
4. OPTOMETRIST			
5. PSYCHIATRIST/THERAPIST			
6. DRUGS			
7. OTHER			

G **INSURANCE**

	YOU	SPOUSE	CHILD(REN)
1. LIFE			
2. MEDICAL HOSPITALIZATION			
3. HOMEOWNER			
4. DISABILITY			
5. PERSONAL PROPERTY			
6. OTHER			

H **CHILDCARE**

	YOU	SPOUSE	CHILD(REN)
1. BABYSITTER			
2. DAY CARE			
3. ALLOWANCE			
4. SPORTS / ATHLETICS			
5. CLUBS / ACTIVITY FEES			
6. SUMMER CAMP			

VII. MONTHLY EXPENSES (CONTINUED)

7. CHILDCARE OTHER			

I **CHILD/SPOUSAL SUPPORT**

	YOU	SPOUSE	CHILD(REN)
1. PRESENT MARRIAGE – CHILD SUPPORT			
2. PRIOR MARRIAGE – CHILD SUPPORT			
3. PRESENT MARRIAGE – SPOUSAL SUPPORT			
4. PRIOR MARRIAGE – SPOUSAL SUPPORT			
5. SUMMER CAMP			
6. OTHER			

J **SCHOOL**

	YOU	SPOUSE	CHILD(REN)
1. LESSONS			
2. TUTORS			
3. TUITION			

K **ENTERTAINMENT AND VACATIONS**

	YOU	SPOUSE	CHILD(REN)
1. ENTERTAINMENT			
2. VACATIONS (PRORATE MONTHLY)			

L **INCIDENTALS**

	YOU	SPOUSE	CHILD(REN)
1. COSMETICS			
2. HAIR CARE			
3. NAIL CARE			
4. SOCIAL AND BUSINESS DUES			

VII. MONTHLY EXPENSES (CONTINUED			
5. SUBSCRIPTIONS			
6. PETS			
7. CHARITY			
8. GIFTS			
9. TAX RETURN PREPARATION			
10. COMPUTERS / TECHNOLOGY			
11. OTHER			

M **TRANSPORTATION AND AUTO EXPENSE**

	YOU	SPOUSE	CHILD(REN)
1. GAS / OIL			
2. REPAIRS / MAINTENANCE			
3. LICENSE / REGISTRATION			
4. AUTO CLUB (I.E. AAA)			
5. CAR WASH			
6. AUTO INSURANCE			
7. PARKING			
8. PUBLIC TRANSPORTATION			
9. BOATS / RECREATIONAL VEHICLE EXPENSES			

N **INSTALLMENT PAYMENTS**

CREDITOR'S NAME	PURPOSE	MONTHLY PAYMENT	BALANCE AS OF DATE OF SEPARATION	PRESENT BALANCE
1.		$	$	$
2.		$	$	$
3.		$	$	$
4.		$	$	$
5.		$	$	$
6.		$	$	$
7.		$	$	$

NOTES