



**Personal History and Financial Affidavit**  
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HUSBAND

WIFE

**EDUCATION**

High School \_\_\_\_\_ College \_\_\_\_\_  
Grad School \_\_\_\_\_ Other \_\_\_\_\_

Indicate number of years completed

High School \_\_\_\_\_ College \_\_\_\_\_  
Grad School \_\_\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT**

(the following information should be provided for each employer)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Employer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address and Phone Number of Employer

Position Held/Title  
Supervisor

\_\_ 12 \_\_ 24 \_\_ 26 \_\_ 52 \_\_\_\_ Other

Scheduled Paychecks per year

\_\_ 12 \_\_ 24 \_\_ 26 \_\_ 52 \_\_\_\_ Other

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

Current Monthly Gross Income

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

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

Annual Gross Income  
(based on prior or current year's earnings)

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

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

Gross Bonuses/Overtime year-to-date

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

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

Anticipated Gross Bonuses/Overtime for current year

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

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

Gross Bonuses/Overtime for last year

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

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

Gross Bonuses/Overtime for year before last

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

**Other Sources of Monthly Income**

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

Public Assistance

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

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

Food Stamps

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

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

Social Security

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

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

S.S.I.

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

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

Disability

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

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

Unemployment

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

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

Worker's Compensation

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

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

Veteran's Benefits

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

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

Armed Forces Allotment

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

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

Child Support Received

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

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HUSBAND

WIFE

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

Spousal Support Received

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

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

Rental Income

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

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

Interest

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

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

Trust Income

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

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

Dividends

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

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

Other  
(source of Other income)

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

\_\_\_\_\_

\_\_\_\_\_

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

Prior Year tax refunds

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

**Monthly Deductions from Paycheck**

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

Court Ordered Child Support  
(Court and Case Number)

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

\_\_\_\_\_

\_\_\_\_\_

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

Court Ordered Spousal Support  
(Court and Case Number)

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

\_\_\_\_\_

\_\_\_\_\_

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

City Income Tax

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

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

Social Security/Public Pension

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

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

Union Dues

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

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

Charity

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

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

Pension/401K/IRA/etc.

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

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

Savings

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

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

Medical Insurance

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

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

Other

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

**SELF-EMPLOYED INCOME**

\_\_\_\_\_

Name of Business

\_\_\_\_\_

\_\_\_\_\_

Type/Nature of Business

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In Business Since

\_\_\_\_\_

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

Gross Receipts year-to-date

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

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

Gross Receipts last year

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

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**CHILDREN**  
 (of this marriage)

Name	Sex	DOB	Age	Grade	Currently Residing With
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

If any of the children are born **prior to** the date of your marriage, is there any issue regarding paternity? \_\_\_ Yes \_\_\_ No

**HUSBAND'S CHILDREN**  
 (not of this marriage)

Name	Sex	DOB	Is Husband Custodian?	Does Husband Pay Support?
1. _____			___ Yes ___ No	___ Yes ___ No
2. _____			___ Yes ___ No	___ Yes ___ No
3. _____			___ Yes ___ No	___ Yes ___ No
4. _____			___ Yes ___ No	___ Yes ___ No
5. _____			___ Yes ___ No	___ Yes ___ No

**WIFE'S CHILDREN**  
 (not of this marriage)

Name	Sex	DOB	Is Wife Custodian?	Does Wife Pay Support?
1. _____			___ Yes ___ No	___ Yes ___ No
2. _____			___ Yes ___ No	___ Yes ___ No
3. _____			___ Yes ___ No	___ Yes ___ No
4. _____			___ Yes ___ No	___ Yes ___ No
5. _____			___ Yes ___ No	___ Yes ___ No

**HEALTH INSURANCE**  
 (for minor children of this marriage)

Is there currently health insurance covering the child(ren) of this marriage? \_\_\_ Yes \_\_\_ No

If so, who is providing the coverage for the children? \_\_\_ Husband \_\_\_ Wife \_\_\_ Both

If you are not currently providing health insurance for the child(ren) of this marriage, is it available to you? \_\_\_ Yes \_\_\_ No

Annual cost to provide health insurance **for the minor child(ren)**: \$ \_\_\_\_\_ (The difference between the cost to insure the employee and the family)

Is there an insurance card or form that is necessary to obtain services? \_\_\_ Yes \_\_\_ No

Is there prescription coverage? \_\_\_ Yes \_\_\_ No      Is there an Rx card? \_\_\_ Yes \_\_\_ No

Who has these cards? \_\_\_ Husband \_\_\_ Wife \_\_\_ Both

Are there certain service providers that the plan requires you to use? \_\_\_ Yes \_\_\_ No



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**STOCKS, BONDS, SAVINGS BONDS, MUTUAL FUNDS, etc.**

Owner	Number of Shares	Company	Current Value	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

**LIFE INSURANCE**

Owner	Company	Policy Number	Face Value	Cash Value	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

**PENSION BENEFITS, RETIREMENT FUNDS, IRAs, 401(K)s, etc.**

Owner	Vested	Type of Plan	Company	Current Value	Loan?(balance)	Owned Prior to Marriage Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No
_____	Yes/No	_____	_____	_____	_____	Yes / No

**CLOSELY HELD BUSINESS / SOLE PROPRIETORSHIP / CORPORATION / PARTNERSHIP / etc.**

Owner	Name of Business	Type/Form	% Ownership	Estimated Value	Owned Prior to Marriage Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	_____	Yes / No

**INCOME TAX OR OTHER REFUNDS DUE PARTIES**

Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

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**OTHER ASSETS** (hobby equipment, antiques, guns, riding mowers, farm equipment, sporting equipment, cemetery lots, loans due the parties, etc.) Additional sheets as necessary

Item Description	Value	Item Description	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**HOUSEHOLD GOODS / PERSONAL PROPERTY**

Attach an itemized list of all property that is or may be in dispute and for each state the following: description, current location, and whether it was owned prior to the marriage.

**DEBTS/LIABILITIES OF THE PARTIES**

(Indicate party obligated: H - husband, W - wife, J - jointly obligated)  
(attach extra forms as necessary)

**REAL ESTATE MORTGAGES / LAND CONTRACTS**

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**MOTOR VEHICLES, etc.**

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**OTHER LOANS / HOUSEHOLD FINANCE LOANS / etc.**

Debtor	To whom owed	Property related to debt	Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

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

**CREDIT CARD ACCOUNTS**

Debtor	To whom owed	Account Number (last 4 #'s)	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**OTHER DEBTS**

Debtor	To whom owed	Description of Obligation	Minimum Monthly Payment	Balance Due
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**MONTHLY LIVING EXPENSES**

This form shows: \_\_\_\_\_ Current expenses for spouse and myself based upon a single household  
 \_\_\_\_\_ Current expenses for myself in a separate household from my spouse  
 \_\_\_\_\_ My estimated future expenses for myself in a separate household from my spouse

Rent, Mortgage (including taxes)	\$ _____	Heat (average)	\$ _____
Food, Cosmetics & Toiletries	\$ _____	Electric (average)	\$ _____
Clothing (self)	\$ _____	Water/Sewer	\$ _____
Clothing (children)	\$ _____	Cable T.V./Satellite service	\$ _____
Child Care	\$ _____	Telephone	\$ _____
School Tuition	\$ _____	Trash Pickup	\$ _____
School Supplies, Lunches & Activities	\$ _____	Auto Gas, Repair & Transportation	\$ _____
Home Maintenance	\$ _____	Medical Insurance	\$ _____



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Prescription Medications (self)	\$ _____	Property Insurance	\$ _____
Prescription Medications (children)	\$ _____	Unreimbursed Medical, Dental, etc.	\$ _____
Hair Care	\$ _____	Auto Insurance	\$ _____
Laundry, Dry Cleaning	\$ _____	Life Insurance (self)	\$ _____
Entertainment, Incidental	\$ _____	Life Insurance (children)	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
		<b>TOTAL MONTHLY EXPENSES</b>	\$ _____

By signing this affidavit, I swear and affirm that all of the foregoing statements are true, accurate and complete to the best of my knowledge and belief. I further understand that I may be required to provide verification and documentation to confirm the accuracy of this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Affiant (Person Signing)

**NOTARY PUBLIC**

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public