



CDC CERTIFIED DIVORCE COACH®

**RONNA ROSENBLATT 617-620-6567
RONNA@DIVORCECOACHFORKIDS.COM**

Personal Information

Husband

Wife

Names _____

Dates of Birth _____

Date of Marriage _____

Date of Separation _____

City and State where married _____

Occupations _____

Addresses _____

Phone Number(s) _____

Best times to call _____

E-Mail _____

FAX _____

Names of Children and their **dates of birth and their **Place of Birth (City, State)****





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Please provide the following:

CITY and STATE where you were married_____

DATE you were married_____

Date of separation_____

Date of Birth (Husband)_____

Date of Birth (Wife)_____

Social Security Number (husband)_____

Social Security Number (wife)_____

Occupation (**Wife**)_____

Employed by_____

Address of employer_____

Phone number of employer

Your Address and Phone Number_____

Pay rate (salary) \$_____ () every week () every other week () twice a month

Last year's gross income \$_____

Any other income and source \$_____

Occupation (**Husband**)_____

Employed by_____

Address of employer_____

Phone number of employer

Pay rate (salary) \$_____ () every week () every other week () twice a month

Last year's gross income \$_____

Any other income and source \$_____

Your Address and Phone Number_____





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Deductions from Income

(It will be helpful to have a check stub for some of this information.)

Monthly health insurance payments (including dental insurance) \$_____

Any court-ordered child support from another relationship \$_____

Any court-ordered alimony from another relationship \$_____

Any mandatory union dues or mandatory pension payments (not 401(k)) \$_____

Wife's Name

Do you wish to revert to your name prior to marriage? () Yes () No

If so, full legal name at that time _____

Husband's Monthly Expenses and Wife's Monthly Expenses

Proposed/Estimated Expenses.

Some of these expenses will be what you actually pay and some will be estimated. For example, if you are selling the house your new house payment or rent payment will likely be estimated. If you lease your car and are keeping it, your lease payment will be actual, not estimated. Please indicate which are actual (A) versus estimated (E).

HUSBAND (not all the following may apply)

Please provide Monthly budget amounts. If you would like to provide annual amounts for some expenses, just label them as annual. Example. Car license tag \$72 (annual)

Household

- Monthly mortgage or rent \$_____
- Monthly property taxes (if not included in mortgage) \$_____
- Monthly insurance on residence (if not included in mortgage) \$_____
- Monthly condo maintenance fee or homeowner's association fee \$_____
- Monthly electricity \$_____
- Monthly water, garbage, and sewer \$_____
- Monthly telephone, cell, Internet \$_____
- Monthly fuel oil, natural gas \$_____
- Monthly repairs and maintenance \$_____





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Monthly lawn care	\$ _____
Monthly pool maintenance	\$ _____
Monthly pest control	\$ _____
Monthly misc. household	\$ _____
Monthly food and home supplies	\$ _____
Monthly meals outside home	\$ _____
Monthly cable TV	\$ _____
Monthly alarm service contract	\$ _____
Monthly service contracts on appliances	\$ _____
Monthly maid service	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

HUSBAND expenses continued

Automobile

Monthly gasoline and oil	\$ _____
Monthly repairs	\$ _____
Monthly auto tags	\$ _____
Monthly insurance	\$ _____
Monthly payments (lease or financing)	\$ _____
Monthly tolls and parking	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Monthly Insurance

Health insurance	\$ _____
Life Insurance	\$ _____
Dental Insurance	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Monthly Expenses Not Listed Above

Monthly dry cleaning	\$ _____
Monthly clothing	\$ _____
Monthly medical, dental, and prescription (unreimbursed only)	\$ _____





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Monthly psychiatric, psychological, or counselor (unreimbursed only) \$ _____
Monthly non-prescription medication, cosmetics, toiletries, and sundries \$ _____
Monthly grooming (haircut, etc.) \$ _____
(HUSBAND)

Monthly gifts \$ _____
Monthly pet expenses \$ _____
Monthly club dues and membership \$ _____
Monthly sports and hobbies \$ _____
Monthly entertainment \$ _____
Monthly periodicals/books/tapes/CDs \$ _____
Monthly vacations \$ _____
Monthly religious organizations \$ _____
Monthly bank charges/credit card fees \$ _____
Monthly education expenses \$ _____

Other
_____ \$ _____
_____ \$ _____
_____ \$ _____

Credit Payments (credit cards, other loans) Balance Payment

Name of creditor(s)
_____ \$ _____ \$ _____
_____ \$ _____ \$ _____
_____ \$ _____ \$ _____
_____ \$ _____ \$ _____
_____ \$ _____ \$ _____





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WIFE (not all the following may apply)

Please provide Monthly budget amounts. If you would like to provide annual amounts for some expenses, just label them as annual. Example. Car license tag \$46 (annual)

Household

Monthly mortgage or rent	\$ _____
Monthly property taxes (if not included in mortgage)	\$ _____
Monthly insurance on residence (if not included in mortgage)	\$ _____
Monthly condo maintenance fee or homeowner’s association fee	\$ _____
Monthly electricity	\$ _____
Monthly water, garbage, and sewer	\$ _____
Monthly telephone, cell, Internet	\$ _____
Monthly fuel oil, natural gas	\$ _____
Monthly repairs and maintenance	\$ _____
Monthly lawn care	\$ _____
Monthly pool maintenance	\$ _____
Monthly pest control	\$ _____
Monthly misc. household	\$ _____
Monthly food and home supplies	\$ _____
Monthly meals outside home	\$ _____
Monthly cable TV	\$ _____
Monthly alarm service contract	\$ _____
Monthly service contracts on appliances	\$ _____
Monthly maid service	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Tip: If your Net Income does not equal or exceed your Monthly Expenses, please review your monthly expenses again.

CONTINUED ON NEXT PAGE





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WIFE expenses continued

Automobile

Monthly gasoline and oil	\$ _____
Monthly repairs	\$ _____
Monthly auto tags	\$ _____
Monthly insurance	\$ _____
Monthly payments (lease or financing)	\$ _____
Monthly tolls and parking	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Monthly Insurance

Health insurance	\$ _____
Life Insurance	\$ _____
Dental Insurance	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Monthly Expenses Not Listed Above

Monthly dry cleaning	\$ _____
Monthly clothing	\$ _____
Monthly medical, dental, and prescription (unreimbursed only)	\$ _____
Monthly psychiatric, psychological, or counselor (unreimbursed only)	\$ _____
Monthly non-prescription medication, cosmetics, toiletries, and sundries	\$ _____
Monthly grooming (haircut, etc.)	\$ _____
Monthly gifts	\$ _____
Monthly pet expenses	\$ _____
Monthly club dues and membership	\$ _____
Monthly sports and hobbies	\$ _____
Monthly entertainment	\$ _____
Monthly periodicals/books/tapes/CDs	\$ _____
Monthly vacations	\$ _____
Monthly religious organizations	\$ _____
Monthly bank charges/credit card fees	\$ _____
Monthly education expenses	\$ _____
Other	\$ _____





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_____ \$ _____
\$ _____
\$ _____

(WIFE)

Credit Payments (credit cards, other loans) Balance Payment

Name of creditor(s)

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

Tip: If your Net Income does not equal or exceed your Monthly Expenses, please review your monthly expenses again.

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

- 1. Monthly nursery, babysitting, or day care 1. \$ _____
- 2. Monthly school tuition 2. _____
- 3. Monthly school supplies, books, and fees 3. _____
- 4. Monthly after-school activities 4. _____
- 5. Monthly lunch money 5. _____
- 6. Monthly private lessons or tutoring 6. _____
- 7. Monthly allowances 7. _____
- 8. Monthly clothing and uniforms 8. _____
- 9. Monthly entertainment (movies, parties, etc.) 9. _____
- 10. Monthly health insurance 10. _____
- 11. Monthly medical, dental, prescriptions (unreimbursed only) 11. _____
- 12. Monthly psychiatric/psychological/counselor 12. _____
- 13. Monthly orthodontic 13. _____
- 14. Monthly vitamins 14. _____
- 15. Monthly beauty parlor/barber shop 15. _____
- 16. Monthly nonprescription medication 16. _____
- 17. Monthly cosmetics, toiletries, and sundries 17. _____
- 18. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.) 18. _____
- 19. Monthly camp or summer activities 19. _____
- 20. Monthly clubs (Boy/Girl Scouts, etc.) 20. _____
- 21. Monthly access expenses (for nonresidential parent) 21. _____
- 22. Monthly miscellaneous 22. _____





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SEE NEXT PAGE (ASSETS)



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ASSETS

Please provide the Make, Model, and Year of your respective **Automobiles** and approximate **value** and any **loan outstanding**, if not a lease.

Please provide the **mortgage balance and Market value** on each of your residences,

Residence

Mortgage balance \$_____
Home Equity Line (or second mortgage) balance \$_____
Market Value_____

2nd Residence

Mortgage balance \$_____
Home Equity Line (or second mortgage) balance \$_____
Market Value_____

**Please prepare separately a list of assets each of you has (below is a partial list):
Please gather any statements representing these items below.**

- Cash
Bank or Credit Union deposits
Brokerage account money market
Stocks and bonds
Promissory note(s) owed to you
Real Estate
Business Interests
Boats
Other vehicles
Retirement plans
401(k)
Pension (including defined benefit plan)
Etc.
IRA
Collectibles, art, antiques
Jewelry
Computers, TVs, Sound equipment (stereo)
Other

Permanent Life Insurance cash values: Husband \$_____ Wife \$_____

Approximate (garage sale) value of furniture for each of you (even though you may already have had it prior to marriage)
(Husband furniture value)\$_____ (Wife furniture value)\$_____





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Approximate value of any individual items mentioned other than furniture



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Any contingent assets or liabilities coming to either of you in the next couple months, BONUSES, TAX LIABILITY, INCOME TAX REFUND, etc.? Settlement?

Description _____

\$ _____

If you file your last year's income taxes as "married filing jointly", how will you split any tax refund, tax due? _____

