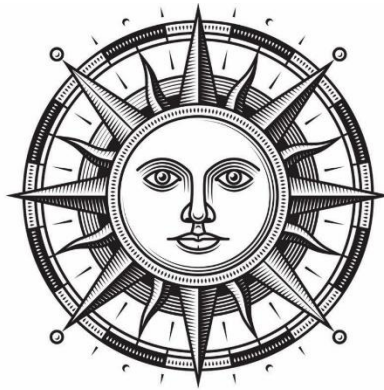


# Financial Information



LAWSON  
FINANCIAL GROUP

# Family Information Sheet

---

---

## FIRST PARTY'S BACKGROUND INFORMATION (PARTY A):

Name (First, Middle, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender:  Male.  Female.

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Address: \_\_\_\_\_

City, state Zip: \_\_\_\_\_, \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## SECOND PARTY'S BACKGROUND INFORMATION (PARTY B):

Name (First, Middle, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender:  Male.  Female.

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, state Zip: \_\_\_\_\_, \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

---

## CHILDREN

Child's Name	Date of Birth	Custody Which Party	Exemption Party A or B (A/B)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Income and Expenses

---

## WAGES FOR FIRST PARTY

Annual wage and salary income, before taxes: \_\_\_\_\_

## WAGE-LIKE INCOME FOR FIRST PARTY

Use this sheet to specify income that is not covered on any other sheet.  
Specify an amount in whichever column (Week, Month, or Year) is most convenient.

Item	Amount per...		
	Week	Month	Year
Child support from previous relationship .....	_____	_____	_____
Alimony from previous relationship .....	_____	_____	_____
Unemployment Compensation .....	_____	_____	_____
Public Assistance .....	_____	_____	_____
Bonuses .....	_____	_____	_____
Commissions .....	_____	_____	_____
Tips .....	_____	_____	_____
Overtime .....	_____	_____	_____
Disability Benefits .....	_____	_____	_____
Workers' Compensation .....	_____	_____	_____
Royalties .....	_____	_____	_____
Rent from Spouse .....	_____	_____	_____
Deferred Compensation .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____

**Detailed Expenses for First Party:**

On this data sheet, specify the household, child, and personal expenses of everyday life. The list tries to be comprehensive, but there is no need to fill in every line.

Item	Week	Amount per... Month	Year
<b>Mandatory Deductions</b>			
Mandatory Retirement .....	_____	_____	_____
Union Dues .....	_____	_____	_____
Other Mandatory .....	_____	_____	_____
<b>Household</b>			
Rent .....	_____	_____	_____
Condo Fee .....	_____	_____	_____
Homeowners' Insurance .....	_____	_____	_____
Renters' Insurance .....	_____	_____	_____
Real Estate Tax .....	_____	_____	_____
Cable TV .....	_____	_____	_____
Internet Access .....	_____	_____	_____
Phone .....	_____	_____	_____
Household Maintenance .....	_____	_____	_____
Furniture & Appliance .....	_____	_____	_____
Painting/Wallpapering .....	_____	_____	_____
Household Supplies .....	_____	_____	_____
Maid/Cleaning Service .....	_____	_____	_____
Lawn Service .....	_____	_____	_____
Snow Removal .....	_____	_____	_____
Trash Removal .....	_____	_____	_____
Utilities - Electricity .....	_____	_____	_____
Utilities - Gas/Propane Heat .....	_____	_____	_____

Item	Week	Amount per... Month	Year
Utilities - Oil Heat . . . . .	_____	_____	_____
Utilities - Water/Sewer . . . . .	_____	_____	_____
Utilities - Other . . . . .	_____	_____	_____
Other Household . . . . .	_____	_____	_____
<b>Transportation</b>			
Car Payments . . . . .	_____	_____	_____
Car Insurance . . . . .	_____	_____	_____
Car Gasoline/Oil . . . . .	_____	_____	_____
Car Maintenance and Repair . . . . .	_____	_____	_____
Car License/Stickers . . . . .	_____	_____	_____
Car Other . . . . .	_____	_____	_____
Tolls . . . . .	_____	_____	_____
Parking . . . . .	_____	_____	_____
Public/Alt. Transportation . . . . .	_____	_____	_____
Other Transportation . . . . .	_____	_____	_____
<b>Child</b>			
Child Care - Day Care . . . . .	_____	_____	_____
Child Care - Sitters . . . . .	_____	_____	_____
Child Clothing/School Uniforms . . . . .	_____	_____	_____
Child Education Supplies . . . . .	_____	_____	_____
Child Education Books/Fees . . . . .	_____	_____	_____
Child Education Lunches . . . . .	_____	_____	_____
Child Education Transportation . . . . .	_____	_____	_____
Child Education Activities . . . . .	_____	_____	_____

Item	Week	Amount per... Month	Year
Child Education Room & Board	_____	_____	_____
Child Grooming	_____	_____	_____
Child Groceries	_____	_____	_____
Child Medical Doctor	_____	_____	_____
Child Medical Dentist	_____	_____	_____
Child Medical Optical	_____	_____	_____
Child Medical Medication	_____	_____	_____
Child Allowance	_____	_____	_____
Child Lessons and Supplies	_____	_____	_____
Child Vacation	_____	_____	_____
Child Camp	_____	_____	_____
Child Entertainment	_____	_____	_____
Child Tutors	_____	_____	_____
Other Child	_____	_____	_____
<b>Personal</b>			
Bank Fees	_____	_____	_____
Cell Phone	_____	_____	_____
Cigarettes	_____	_____	_____
Clothes	_____	_____	_____
Dry Cleaning	_____	_____	_____
Education for Party	_____	_____	_____
Charitable	_____	_____	_____
Church/Synagogue/Mosque etc	_____	_____	_____
Credit Union (loan)	_____	_____	_____

Item	Week	Amount per... Month	Year
Deferred Compensation	_____	_____	_____
Dues/Clubs	_____	_____	_____
Employment Uniforms	_____	_____	_____
Employment Unreimbursed Travel	_____	_____	_____
Employment Unreimbursed Education	_____	_____	_____
Entertainment	_____	_____	_____
Food/Groceries	_____	_____	_____
Gifts	_____	_____	_____
Hair	_____	_____	_____
Horseback Riding	_____	_____	_____
Laundry	_____	_____	_____
Legal and Accounting	_____	_____	_____
Liquor, Beer, Wine	_____	_____	_____
Lottery Tickets	_____	_____	_____
Manicure/Pedicure	_____	_____	_____
Personal Property Insurance	_____	_____	_____
Pets	_____	_____	_____
Previous Relship Child Support	_____	_____	_____
Previous Relship Spousal Support	_____	_____	_____
Restaurants	_____	_____	_____
Savings	_____	_____	_____
Stamps and Stationery	_____	_____	_____
Sports/Hobbies/Lessons	_____	_____	_____
Subscriptions, Books	_____	_____	_____

Item	Week	Amount per... Month	Year
Tax - Local Income Tax .....	_____	_____	_____
Therapist/Counselor .....	_____	_____	_____
Toiletries/Grooming/Drug Store .....	_____	_____	_____
Travel .....	_____	_____	_____
Vacations .....	_____	_____	_____
Voluntary Retirement .....	_____	_____	_____
Other Personal .....	_____	_____	_____
<b>Health and Medical</b>			
Health Insurance .....	_____	_____	_____
Dental Insurance .....	_____	_____	_____
Disability Insurance .....	_____	_____	_____
Medical/Doctor .....	_____	_____	_____
Dental .....	_____	_____	_____
Drug & Prescription .....	_____	_____	_____
Optical .....	_____	_____	_____
Orthodontist .....	_____	_____	_____
Other Health .....	_____	_____	_____
<b>Other</b>			
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____
_____ .....	_____	_____	_____



# Assets and Liabilities

---

---

## 1. INVESTMENTS, CHECKING ACCOUNTS, ETC:

Description	Current Value	Original Cost	Annual Income	Type*	Title* (A/B/J)

\* Title (A-Party A, B-Party B, J-Joint)  
\* Type (1-Cash, 2-Checking, 3-Money Market, 4-Savings, 5-Credit Union, 6-Brokerage Acct, 7-Escrow Acct, 8-CD, 9-US Savings Bonds, 10-Stock, 11-Bond, 12-Stock Fund, 13-Mutual Fund, 14-Bond Fund, 15-Real Estate)

**2. DEBTS:**

Description	Current Balance	Interest Rate (%)	Monthly Payment

**3. PERSONAL ITEMS:**

Description	Current Value	Original Cost	Title* (A/B/J)	Type*


\* Title (A-Party A, B-Party B, J-Joint)  
 \* Type (1-Household, 2-Furniture, 3-Art, 4-Jewelry, 5-Paintings, 6-Prints, 7-Antiques,  
 8-Precious Object, 9-Gold or Metals, 10-Collections, 11-Trademarks, 12-Patents, 13-Other)

**4. VEHICLES:**

<b>Description</b>	<b>Make/Model/Year</b>	<b>Current Value</b>	<b>Original Cost</b>	<b>Type*</b>	<b>Title* (A/B/J)</b>	<b>Lien</b>

\* Type (1-Car, 2-Truck, 3-RV, 4-Boat, 5-Plane)  
 \* Title (A-Party A, B-Party B, J-Joint)

**5. REAL ESTATE:**

<b>Basic Info:</b>	<b>1st Property</b>	<b>2nd Property</b>	<b>3rd Property</b>
Address:	_____	_____	_____
	_____	_____	_____
Current Value:	_____	_____	_____
Original Cost:	_____	_____	_____
Title (A, B, J)*:	_____	_____	_____
<b>1st Mortgage:</b>			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (A/B/Both):	_____	_____	_____
<b>2nd Mortgage:</b>			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (A/B/Both):	_____	_____	_____

\* For monthly payment include interest & principal only, do NOT include taxes or insurance.

\* Title (A-Party A, B-Party B, J-Joint)

**6. IRA/401k ACCOUNTS:**

Description	Current Value	Title* (A/B)

\* Title (A-Party A, B-Party B)

**7. LIFE INSURANCE:**

Description	Cash Value	Amount of Premium Paid By Party A	Amount of Premium Paid By Party B	Title* (A/B)

\* Title (A-Party A, B-Party B)

**8. BUSINESS:**

Description	Current Value	Original Cost	Annual Cash Flow	Form of Business (I/P/C)*	Title* (A/B)

\* Title (A-Party A, B-Party B, J-Joint)  
 \* Form of Business (I-Individual, P-Partnership or S Corporation, C-C Corporation)