

**CLIENT INFORMATION SHEET**

1. Client Name: \_\_\_\_\_
2. County Name: \_\_\_\_\_
3. Case Number: \_\_\_\_\_
4. For **DISSOLUTION/MODIFICATION** cases, who is Petitioner? (h / w) \_\_\_\_\_
5. If this is a **MODIFICATION** proceeding, who is the moving party? (h / w/ n) \_\_\_\_\_
6. Number of Children: \_\_\_\_\_

**WIFE'S INFORMATION**

(If parties are not married, female information)

7. Wife's First Name: \_\_\_\_\_
8. Wife's Middle Name: \_\_\_\_\_
9. Wife's Last Name: \_\_\_\_\_
10. Wife's Nick Name: \_\_\_\_\_
11. Wife's Day Phone: \_\_\_\_\_
12. Wife's Residential Phone: \_\_\_\_\_
13. Wife's Cell / Msg. / Pager: \_\_\_\_\_
14. Wife's Email Address: \_\_\_\_\_
15. Wife's Residential Address: \_\_\_\_\_
16. Wife's Residential City, State, & Zip Code: \_\_\_\_\_
17. Wife's Residential County: \_\_\_\_\_
18. Wife's Mailing Address (if different): \_\_\_\_\_
19. Wife's Mailing City, State & Zip Code: \_\_\_\_\_

**IDENTIFICATION / EMPLOYMENT**

- 20. Wife's Social Security Number: \_\_\_\_\_
- 21. Wife's Driver's License Number & State: \_\_\_\_\_
- 22. Wife's Employer Name: \_\_\_\_\_
- 23. Wife's Employer Phone: \_\_\_\_\_
- 24. Wife's Employer Address: \_\_\_\_\_
- 25. Wife's Employer City, State & Zip Code: \_\_\_\_\_

**VITAL STATISTICS**

- 26. Wife's Birthdate: \_\_\_\_\_
- 27. Wife's Birthplace: \_\_\_\_\_
- 28. Wife's Maiden Name: \_\_\_\_\_
- 29. Wife live in City Limits? (y / n): \_\_\_\_\_

**HUSBAND'S INFORMATION**

(If parties are not married, male information)

- 30. Husband's First Name: \_\_\_\_\_
- 31. Husband's Middle Name: \_\_\_\_\_
- 32. Husband's Last Name: \_\_\_\_\_
- 33. Husband's Nick Name: \_\_\_\_\_
- 34. Husband's Day Phone: \_\_\_\_\_
- 35. Husband's Residential Phone: \_\_\_\_\_
- 36. Husband's Cell / Msg. / Pager: \_\_\_\_\_
- 37. Husband's Email Address: \_\_\_\_\_
- 38. Husband's Residential Address: \_\_\_\_\_

39. Husband's Residential City, State & Zip Code: \_\_\_\_\_

40. Husband's Residential County: \_\_\_\_\_

41. Husband's Mailing Address (if different): \_\_\_\_\_

42. Husband's Mailing City, State & Zip Code: \_\_\_\_\_

**IDENTIFICATION / EMPLOYMENT**

43. Husband's Social Security Number: \_\_\_\_\_

44. Husband's Driver's License Number & State: \_\_\_\_\_

45. Husband's Employer Name: \_\_\_\_\_

46. Husband's Employer Phone: \_\_\_\_\_

47. Husband's Employer Address: \_\_\_\_\_

48. Husband's Employer City, State & Zip Code: \_\_\_\_\_

**VITAL STATISTICS**

49. Husband's Birth date: \_\_\_\_\_

50. Husband's Birthplace: \_\_\_\_\_

51. Husband live in City Limits? (y / n): \_\_\_\_\_

**MARRIAGE**

52. Date of Marriage: \_\_\_\_\_

53. Place of Marriage (City, State & County): \_\_\_\_\_

54. Separation Date: \_\_\_\_\_

**CHILDREN**

55. Obligor for Child Support (h / w/ n): \_\_\_\_\_

a) Oldest Child's First Name: \_\_\_\_\_

b) Oldest Child's Last Name: \_\_\_\_\_

c) Oldest Child's Age: \_\_\_\_\_

d) Oldest Child's Birth date: \_\_\_\_\_

- e) Oldest Child's Social Security Number: \_\_\_\_\_
- f) Oldest Child Resides with (h / w / n): \_\_\_\_\_
- g) Is Wife Oldest Child's Mother? (y / n): \_\_\_\_\_
- h) Is Husband Oldest Child's Father? (y / n): \_\_\_\_\_

- a) 2<sup>nd</sup> Child's First Name: \_\_\_\_\_
- b) 2<sup>nd</sup> Child's Last Name: \_\_\_\_\_
- c) 2<sup>nd</sup> Child's Age: \_\_\_\_\_
- d) 2<sup>nd</sup> Child's Birth date: \_\_\_\_\_
- e) 2<sup>nd</sup> Child's Social Security Number: \_\_\_\_\_
- f) 2<sup>nd</sup> Child Resides with (h / w / n): \_\_\_\_\_
- g) Is Wife 2<sup>nd</sup> Child's Mother? (y / n): \_\_\_\_\_
- h) Is Husband 2<sup>nd</sup> Child's Father? (y / n): \_\_\_\_\_

- a) 3<sup>rd</sup> Child's First Name: \_\_\_\_\_
- b) 3<sup>rd</sup> Child's Last Name: \_\_\_\_\_
- c) 3<sup>rd</sup> Child's Age: \_\_\_\_\_
- d) 3<sup>rd</sup> Child's Birth date: \_\_\_\_\_
- e) 3<sup>rd</sup> Child's Social Security Number: \_\_\_\_\_
- f) 3<sup>rd</sup> Child Resides with (h / w / n): \_\_\_\_\_
- g) Is Wife 3<sup>rd</sup> Child's Mother? (y / n): \_\_\_\_\_
- h) Is Husband 3<sup>rd</sup> Child's Father? (y / n): \_\_\_\_\_

- a) 4<sup>th</sup> Child's First Name: \_\_\_\_\_
- b) 4<sup>th</sup> Child's Last Name: \_\_\_\_\_
- c) 4<sup>th</sup> Child's Age: \_\_\_\_\_
- d) 4<sup>th</sup> Child's Birth date: \_\_\_\_\_
- e) 4<sup>th</sup> Child's Social Security Number: \_\_\_\_\_
- f) 4<sup>th</sup> Child Resides with (h / w / n): \_\_\_\_\_
- g) Is Wife 4<sup>th</sup> Child's Mother? (y / n): \_\_\_\_\_
- h) Is Husband 4<sup>th</sup> Child's Father? (y / n): \_\_\_\_\_

- a) 5<sup>th</sup> Child's First Name: \_\_\_\_\_
- b) 5<sup>th</sup> Child's Last Name: \_\_\_\_\_
- c) 5<sup>th</sup> Child's Age: \_\_\_\_\_
- d) 5<sup>th</sup> Child's Birth date: \_\_\_\_\_
- e) 5<sup>th</sup> Child's Social Security Number: \_\_\_\_\_
- f) 5<sup>th</sup> Child Resides with (h / w / n): \_\_\_\_\_
- g) Is Wife 5<sup>th</sup> Child's Mother? (y / n): \_\_\_\_\_
- h) Is Husband 5<sup>th</sup> Child's Father? (y / n): \_\_\_\_\_

56. If this is a **NONPARENTAL CUSTODY** proceeding, type children's name (s) for which custody is being sought: \_\_\_\_\_

**PRIOR MARRIAGES**

57. YOUR PRIOR MARRIAGES

1. Date of Marriage: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_ County: \_\_\_\_\_
2. Date of Marriage: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_ County: \_\_\_\_\_

58. PRIOR MARRIAGE(S) OF SPOUSE

3. Date of Marriage: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_ County: \_\_\_\_\_
4. Date of Marriage: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_ County: \_\_\_\_\_

59. OTHER CHILDREN DEPENDANT ON CLIENT / SPOUSE: (Children not of this marriage)

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Birth date</u> <u>Mo / Day / Yr</u>	<u>Age</u>	<u>Living with</u>
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60. CHILDREN IN SCHOOL, COLLEGE, OR VOCATIONAL

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Birth date</u> <u>Mo / Day / Yr</u>	<u>Age</u>	<u>Living with</u>
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61. PARENTING PLAN. SPECIFY WHICH DAYS THE CHILD (REN) SHOULD RESIDE WITH WHICH SPOUSE.

a. Primary Parent?                      Mother \_\_\_\_\_                      Father \_\_\_\_\_

b. Weekends?                      Alternating \_\_\_\_\_                      Other \_\_\_\_\_

Weekdays? \_\_\_\_\_

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c. <u>HOLIDAYS</u>	Child(ren) to be with Mother	Child(ren) to be with Father	Alternating yearly
New Year's Day	_____	_____	_____
MLK Day	_____	_____	_____
President's Day	_____	_____	_____
Easter	_____	_____	_____
Memorial Day	_____	_____	_____
4 <sup>th</sup> of July	_____	_____	_____
Labor Day	_____	_____	_____
Halloween	_____	_____	_____
Veterans Day	_____	_____	_____
Thanksgiving	_____	_____	_____
Christmas Eve	_____	_____	_____
Christmas Day	_____	_____	_____
New Year's Eve	_____	_____	_____

d.	<u>SPECIAL OCCASIONS</u>	Child(ren) to be with Mother	Child(ren) to be with Father	Alternating yearly
	Mother's Day	_____	_____	_____
	Father's Day	_____	_____	_____
	Mother's Birthday	_____	_____	_____
	Father's Birthday	_____	_____	_____
	Child(ren) B'Day	_____	_____	_____
	Child(ren) B'Day	_____	_____	_____
	Child(ren) B'Day	_____	_____	_____
e.	<u>VACATIONS</u>	Child(ren) to be with Mother	Child(ren) to be with Father	Alternating yearly
	Spring Break	_____	_____	_____
	Summer Vacation	_____	_____	_____
	Christmas Vacation	_____	_____	_____
f.	<u>MAJOR DECISIONS</u>	Mother Makes	Father Makes	Both Make
	Education	_____	_____	_____
	Religion	_____	_____	_____
	Sports Participation	_____	_____	_____
	Non-Emergency Health Care	_____	_____	_____
	Daycare Provider	_____	_____	_____
	Other _____	_____	_____	_____

g. Are there any out of the ordinary needs with reference to the child(ren) (medical, schooling, etc.)

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h. Day care provider for the children: \_\_\_\_\_

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

Licensed: \_\_\_\_\_ Yes \_\_\_\_\_ No

77. DEBTS & ASSETS

a. Community Debts	<u>Award to Husband</u>	<u>Award to Wife</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Separate Debts of <u>Wife</u>	<u>Award to Husband</u>	<u>Award to Wife</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____




c. Separate Debts of Husband                      Award to Husband                      Award to Wife


d. Real Property    Award to Husband                      Award to Wife


**NOTE:** If you have real property, please provide street address & Legal Description

e. Pensions, IRA, Stocks, Bonds, etc.

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f. Automobiles, Boats, Trailers, etc.

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**NOTE:** Include VIN# for all automobiles

g. Furnishings

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h. Miscellaneous

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### Confidential Information Form (INFO)

County:	Cause Number:	<b>Do not file in a public access file.</b>
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**Court Clerk: This is a Restricted Access Document**

- Divorce/Separation/Invalidity/Nonparental Custody/Paternity/Modifications  
  Sexual Assault  
  Other  
 Domestic Violence  
  Antiharassment  
  Information Change (Check if you are updating information)  
 A restraining order or protection order is in effect protecting  the petitioner  the respondent  the children.  
 The health, safety, or liberty of a party or child would be jeopardized by disclosure of address information because: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**The following information about the parties is required in all cases:  
(Use the Addendum To Confidential Information Form to list additional parties or children)**

Petitioner Information	Type or Print Only	Respondent Information
Name (Last, First, Middle)		
Race	Sex	Birthdate
Driver's Lic. or Identocard (# and State)		
Mailing Address (P.O. Box/Street, City, State, Zip)		
Relationship to Child(ren)		

**The following information is required if there are children involved in the proceeding.** (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment/Sexual Assault).)

1) Child's Name (Last, First, Middle)
Child's Race/Sex/Birthdate
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts

2) Child's Name (Last, First, Middle)
Child's Race/Sex/Birthdate
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts
List the names and present addresses of the persons with whom the child(ren) lived during the last five years:
List the names and present addresses of any person besides you and the respondent who has physical custody of, or claims rights of custody or visitation with, the child(ren):

<b><u>Except for petitions in protection order cases (Domestic Violence/Antiharassment/ Sexual Assault), the following information is required:</u></b>	
<b>Petitioner's Information</b>	<b>Respondent's Information</b>
Soc. Sec. No.:	Soc. Sec. No.:
Residential Address (Street, City, State, Zip)	Residential Address (Street, City, State, Zip)
Telephone No.: (    )	Telephone No.: (    )
Employer:	Employer:
Empl. Address:	Empl. Address:
Empl. Phone No.: (    )	Empl. Phone No.: (    )
<b>For Nonparental Custody Petitions only, list other Adults in Petitioner(s) household (Name/DOB):</b>	

Additional information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Addendum(s) To Confidential Information Form attached. List other parties or children in Addendum(s).

I certify under penalty of perjury under the laws of the state of Washington that the above information is true and accurate concerning myself and is accurate to the best of my knowledge as to the other party, or is unavailable. The information is unavailable because \_\_\_\_\_  
 \_\_\_\_\_

Signed on \_\_\_\_\_ (Date) at \_\_\_\_\_ (City and State).

\_\_\_\_\_  
 Petitioner/Respondent

## Addendum to Confidential Information Form (AD)

County:	Cause Number:	<b>Do not file in a public access file.</b>
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**Court Clerk: This is a Restricted Access Document**

**The following information about additional parties is required in all cases.**

Additional Petitioner Information	Type or Print Only	Additional Respondent Information
Name (Last, First, Middle)		
Name (Last, first, Middle)		
Race	Sex	Birthdate
Race	Sex	Birthdate
Drivers Lic. or Identocard (# and State)		Drivers Lic. or Identocard (# and State), (or, if unavailable, residential address)
Mailing Address (P.O. Box/Street, City, State, Zip)		Mailing Address (P.O. Box/Street, City, State, Zip)
Relationship to Child(ren)		Relationship to Child(ren)

**The following information is required if there are additional children involved in the proceeding.** (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment/Sexual Assault).)

3) Child's Name (Last, First, Middle)
Child's Race/Sex/Birthdate
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts
4) Child's Name (Last, First, Middle)
Child's Race/Sex/Birthdate
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts

**Except for petitions in protection order cases (Domestic Violence/Antiharassment/ Sexual Assault), the following information is required:**

Additional Petitioner Information	Additional Respondent Information
Soc. Sec. No.:	Soc. Sec. No.:
Residential Address (Street, City, State, Zip)	Residential Address (Street, City, State, Zip)
Telephone No.: ( )	Telephone No.: ( )
Employer:	Employer:
Empl. Address:	Empl. Address:
Empl. Phone No.: ( )	Empl. Phone No.: ( )

**LAW ENFORCEMENT INFORMATION**

**Do NOT serve or show this sheet to the restrained person!**

**Do NOT FILE in the court file. Give this form to law enforcement.**

**Type or print clearly!** This completed form is required by law enforcement. This information is necessary to serve, enforce and enter your order into the state wide law enforcement computer. Fill in the following information as completely as possible.

Court:	Case Number:
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<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Dissolution/Separation/Invalidity/Nonparental Custody/Paternity
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Vulnerable Adult
	<input type="checkbox"/> Sexual Assault

**Restrained Person's Information (This is the person that you want the court to restrain.)**

Name: First		Middle		Last		Nickname	Relationship to Protected Person				
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build			
Last Known Address Street:					Phone(s) w/Area Code		Need Interpreter? Yes or No Language:				
City:		State:	Zip:		Employer's Address			WORK Hours: Phone: ( )			
Employer:					Vehicle License Number		Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers License or ID number	State

Does the restrained person have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order?  No  Yes. If yes, describe (continue on back, if needed):

**Hazard Information** Restrained Person's History Includes:

Involuntary/Voluntary Commitment  Suicide Attempt or Threats  
 Assault  Assault with Weapons  Alcohol/Drug Abuse  Other:  
**Weapons:**  Handguns  Rifles  Knives  Explosives  Other:  
**Location of Weapons:**  Vehicle  On Person  Residence Describe in detail:

**Current Status** (Circle Yes, No or N/A.) Is the restrained person a current or former cohabitant as an intimate partner? Y N  
 Are you and the restrained person living together now? Y N Does the restrained person know he/she may be moved out of the home? Y N N/A  
 Does the restrained person know you're trying to get this order? Y N Is the restrained person likely to react violently when served? Y N

**Protected Person's Information (This is the person you want the court to protect.)**

Name: First		Middle		Last						
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build		
If your information <i>is not confidential</i> , you must enter your address and phone number(s).					Phone(s) w/Area Code		Need Interpreter? Yes or No Language:			
Current Address Street:					City:		State:	Zip:		
If your information <i>is confidential</i> , you must provide the name, address and phone number of someone willing to be your "contact."										
Contact Name			Contact Address				Contact Phone			

if you filed for someone else, list your name, phone number and address:

Minor's Information			Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →				Minor's Relationship to Protected Person		Minor's Relationship to Restrained Person	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Person	Person	Person	Person

Victim's Household Members or Adult Children Protected		Name:	birth date:
Name:	birth date:	Name:	birth date:

PLEASE PROVIDE

- W's (Past 3 years)

- Income Tax Returns (Past 3 years)

- Paystubs - (Past 6 months)

- Bank Statements (Past 6 mos)

Superior Court of Washington  
County of

In re:

and

Petitioner,

Respondent.

No.

Financial Declaration

Petitioner

Respondent

(FNDCLR)

Name: \_\_\_\_\_

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

### I. Summary of Basic Information

Declarant's Total Monthly Net Income (from § 3.3 below) \$ \_\_\_\_\_

Declarant's Total Monthly Household Expenses (from § 5.9 below) \$ \_\_\_\_\_

Declarant's Total Monthly Debt Expenses (from § 5.11 below) \$ \_\_\_\_\_

Declarant's Total Monthly Expenses (from § 5.12 below) \$ \_\_\_\_\_

Estimate of the other party's gross monthly income (from § 3.1f below)  \$ \_\_\_\_\_

unknown

### II. Personal Information

2.1 Occupation:

2.2 The highest year of education completed:

2.3 Are you presently employed?  Yes  No

a. If yes: (1) Where do you work. Employer's name and address must be listed on the Confidential Information Form.

- (2) When did you start work there (month/year)? \_\_\_\_\_
- b. If no: (1) When did you last work (month/year)? \_\_\_\_\_
- (2) What were your gross monthly earnings? \$ \_\_\_\_\_
- (3) Why are you presently unemployed? \_\_\_\_\_

### III. Income Information

If child support is at issue, complete the Washington State Child Support Worksheet(s), skip Paragraphs 3.1 and 3.2. If maintenance, fees, costs or debts are at issue and child support is **Not** an issue this entire section should be completed. (Estimate of other party's income information is optional.)

#### 3.1 Gross Monthly Income

If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

	Name	Name
	_____	_____
a. Wages and Salaries	\$ _____	\$ _____
b. Interest and Dividend Income	\$ _____	\$ _____
c. Business Income	\$ _____	\$ _____
d. Spousal Maintenance Received		
From _____	\$ _____	\$ _____
e. Other Income	\$ _____	\$ _____
f. Total Gross Monthly Income (add lines 3.1a through 3.1e)	\$ _____	\$ _____
g. Actual Gross Income (Year-to-date)	\$ _____	\$ _____

#### 3.2 Monthly Deductions From Gross Income

a. Income Taxes	\$ _____	\$ _____
b. FICA/Self-employment Taxes	\$ _____	\$ _____
c. State Industrial Insurance Deductions	\$ _____	\$ _____
d. <b>Mandatory</b> Union/Professional Dues	\$ _____	\$ _____
e. Pension Plan Payments	\$ _____	\$ _____
f. Spousal Maintenance Paid	\$ _____	\$ _____
g. Normal Business Expenses	\$ _____	\$ _____
h. Total Deductions from Gross Income (add lines 3.2a through 3.2g)	\$ _____	\$ _____

3.3 Monthly Net Income (Line 3.1f minus line 3.2h or line 3 from the Child Support Worksheet(s.)) \$ \_\_\_\_\_



3.4 **Miscellaneous Income**

- a. Child support received from other relationships \$ \_\_\_\_\_ \$ \_\_\_\_\_
- b. Other miscellaneous income (list source and amounts)
  - \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- c. Total Miscellaneous Income (add lines 3.4a through 3.4b) \$ \_\_\_\_\_ \$ \_\_\_\_\_

3.5 **Income of Other Adults in Household** \$ \_\_\_\_\_ \$ \_\_\_\_\_

3.6 **If the income of either party is disputed, state monthly income you believe is correct and explain below:**

**IV. Available Assets**

- 4.1 Cash on hand \$ \_\_\_\_\_
- 4.2 On deposit in banks \$ \_\_\_\_\_
- 4.3 Stocks and bonds, cash value of life insurance \$ \_\_\_\_\_
- 4.4 Other liquid assets: \$ \_\_\_\_\_

**V. Monthly Expense Information**

Monthly expenses for myself and \_\_\_\_\_ dependents are: (Expenses should be calculated for the future, after separation, based on the anticipated residential schedule for the children.)

**5.1 Housing**

- Rent, 1st mortgage or contract payments \$ \_\_\_\_\_
- Installment payments for other mortgages or encumbrances \$ \_\_\_\_\_
- Taxes & insurance (if not in monthly payment) \$ \_\_\_\_\_
- Total Housing \$ \_\_\_\_\_

**5.2 Utilities**

- Heat (gas & oil) \$ \_\_\_\_\_
- Electricity \$ \_\_\_\_\_

Water, sewer, garbage	\$ _____
Telephone	\$ _____
Cable	\$ _____
Other	\$ _____
Total Utilities	\$ _____

**5.3 Food and Supplies**

Food for _____ persons	\$ _____
Supplies (paper, tobacco, pets)	\$ _____
Meals eaten out	\$ _____
Other	\$ _____
Total Food Supplies	\$ _____

**5.4 Children**

Day Care/Babysitting	\$ _____
Clothing	\$ _____
Tuition (if any)	\$ _____
Other child-related expenses	\$ _____
Total Expenses Children	\$ _____

**5.5 Transportation**

Vehicle payments or leases	\$ _____
Vehicle insurance & license	\$ _____
Vehicle gas, oil, ordinary maintenance	\$ _____
Parking	\$ _____
Other transportation expenses	\$ _____
Total Transportation	\$ _____

**5.6 Health Care (Omit if fully covered)**

Insurance	\$ _____
Uninsured dental, orthodontic, medical, eye care expenses	\$ _____
Other uninsured health expenses	\$ _____
Total Health Care	\$ _____

**5.7 Personal Expenses (Not including children)**

Clothing	\$ _____
Hair care/personal care expenses	\$ _____





## **Additional Information Regarding Child(ren)**

1. Child(ren) have resided with the following persons:

Name:	Length of Time Child(ren) Resided with this Person
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2. The mother's performance of parenting functions relating to the daily needs of the child:

3. The mother's work schedule:

4. The father's performance of parenting functions relating to the daily needs of the child:

5. The father's work Schedule:

6. Information regarding circumstances and behavior that is likely to pose a risk to the child(ren):

7. The child(ren)'s daily schedule and activities:

8. Any other information for the court to consider:

9. Current residential schedule of the child(ren) and living conditions:

10. Drug or alcohol abuse:

11. Child(ren)'s relationship to each parent:

12. Strength and weaknesses of each parent: