



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

OFFICE OF THE FAMILY LAW FACILITATOR

FINANCIAL INFORMATION WORKSHEET

(Complete and bring to workshop. Worksheet will not be placed in court file.)

Employment

Employer:
Employer's address:
Employer's phone number:
Occupation:
Date job started:
Hours worked per week:
Amount (before taxes) paid per week:

Age and education

Age:
High school degree
College degree
Professional licenses
Vocational training
If yes, degree obtained:
If yes, specify license:
If yes, specify training:

Tax Information

Last year tax return filed:
Current tax filing status
State tax returns filed in
of exemptions claimed on tax return:
Other party's monthly income before taxes:
I have based this amount upon (explain):

Income

Table with 3 columns: Category, Last Month, Average Monthly*. Rows include Wages before taxes, Overtime, Commissions or bonuses, Public assistance, Pension/retirement fund payments, Social security retirement, Social security disability benefits, State or private disability benefits, Unemployment benefits, Workers compensation benefits, Other (military BAQ, royalty payments, etc.).

*For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.

Assets

Cash, money in checking, savings, credit union, money market, or other accounts:
Stocks, bonds, and other assets easily sold:
Value of all other property, less amounts owing:

Deductions from wages besides state and federal taxes

Monthly amount

Required union dues: \$ _____
 Mandatory retirement contributions (not SSA, FICA, 401(k) or IRA): \$ _____
 Medical, hospital, dental, and other health insurance premiums: \$ _____
 Child support paid for children of another relationship: \$ _____
 Spousal/partner support paid for a different marriage: \$ _____
 Necessary job related expenses not paid by employer: \$ _____

Average MONTHLY expenses

Rent or mortgage: \$ _____
 If mortgage: average principal \$ _____
 average interest \$ _____
 average real property taxes \$ _____
 average maintenance/repair \$ _____
 Homeowners or renter's insurance: \$ _____
 Health care costs not paid by insurance: \$ _____
 Child care: \$ _____
 Groceries and household supplies: \$ _____
 Eating out: \$ _____
 Utilities (gas, electric, water, trash, cable): \$ _____
 Home phone, cell phone, internet: \$ _____
 Laundry and cleaning (if done outside home): \$ _____
 Clothes: \$ _____
 Education: \$ _____
 Entertainment, gifts, vacations: \$ _____
 Auto expenses (gas, insurance, repairs, bus pass, etc.): \$ _____
 Insurance (not health or auto, but life or accident): \$ _____
 Savings and investment contributions: \$ _____
 Charitable contributions: \$ _____
 Other expenses not mentioned above (specify below):
 _____ \$ _____
 Amount of your monthly expenses paid by others: \$ _____

Installment payments and debts not listed above:

Paid to	For	Amount	Balance	Date of last payment

REQUIRED ATTACHMENTS TO AN INCOME & EXPENSE DECLARATION: PAY STUBS FOR THE PAST TWO MONTHS. IF NOT WORKING OR DISABLED, PROOF OF UNEMPLOYMENT OR DISABILITY BENEFITS FOR PAST TWO MONTHS. IF SELF-EMPLOYED, A PROFIT AND LOSS STATEMENT FOR LAST YEAR AND YEAR TO DATE. (Blank Profit & Loss Statements are available at the Facilitator's Office.)