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List All Benefits (i.e., retirement, health insurance): \_\_\_\_\_

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**(If possible, please provide us with your Retirement and Pension Plan Summary Statements)**

**Income Other Than Salary (i.e. alimony, retirement pay, fringe benefits, bonuses, disability payments, dividend and interest income):**

TYPE OF INCOME	AMOUNT	HOW OFTEN PAID

**SPOUSE'S PERSONAL DATA:**

Spouse's Full Name:

Spouse's Full Maiden Name:

Phone Numbers:     (w)  
                              (h)  
                              (cell)  
                              (e-mail)

Spouse's Address:

Spouse's Date Of Birth:

Age:

Spouse's Place Of Birth:

Spouse's Social Security No.:

Education: Degree(s):

School(s):

Date(s) of Degree(s):

**SPOUSE=S INCOME:**

<b>EMPLOYER / ADDRESS</b>	<b>DATE EMPLOYMENT STARTED</b>	<b>JOB TITLE / DUTIES</b>	<b>GROSS ANNUAL SALARY</b>	<b>NET PER PAYCHECK / HOW OFTEN PAID</b>

**MARRIAGE:**

<b>DATE OF MARRIAGE</b>	<b>CITY OF MARRIAGE</b>	<b>COUNTY OF MARRIAGE</b>	<b>STATE OF MARRIAGE</b>

**CHILDREN OF THIS MARRIAGE:**

<b>FULL NAME</b>	<b>DATE OF BIRTH</b>	<b>WITH WHOM CHILD RESIDES</b>	<b>HEALTH</b>	<b>SCHOOL/GRADE</b>


For each child with any health problems or special needs, please describe the problem or need in detail, listing all medication, and any therapists or doctors:

**CURRENT HOUSING:**

ADDRESS	OWN OR RENT	HOW LONG AT ADDRESS	HOW IS IT HELD (Jt. or Sole)	ESTIMATED VALUE

**REAL ESTATE OWNED (at this time - in or out of this state, include current housing)**

ADDRESS	DATE PURCHASED / PURCHASE PRICE	PROPERTY TITLED IN WHOSE NAME	AMT. OF DOWN PAYMENT/SOURCE	MORTGAGEE, ACCT. # AND BALANCE OF MORTGAGE	MONTHLY PAYMENT

List all Financial Accounts (Institution, Type, Acct No.): \_\_\_\_\_

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**(If possible, please provide us with most recent statement from all accounts)**

