

DIVORCE FINANCIAL AFFIDAVIT WORK SHEET

Dear Client: _____ Date: _____

If you have already tried to fill out the financial affidavit provided by our West Virginia Supreme Court of Appeals, you already know it is no fun. This worksheet should be easier for you. If you will give us the information we request, we will type your affidavit for you. Here goes:

ASSETS - MARITAL

Please list every single asset which you have acquired during your marriage from either your or your spouse's efforts, and I mean **EVERYTHING**. This includes land and things such as cars, motor homes, insurance policies with cash value beyond the death benefit, retirement plans of every kind, **savings and checking accounts**, certificates of deposit, and your collections. Please list the item in the first column, a descriptive note in the next column, your best estimate of fair market value in the third column, any debt against that item in the fourth column and the net value (gross value minus the debt) in the fifth column. Don't forget your gun collection, your jewelry, that big collection of tools out in the garage, any interest you have in a business or any "potential" assets like a personal injury or workers compensation claim. **It does not matter whether you consider an item to be "yours" or "your spouse's"**. If it was acquired during the marriage through your efforts or with marital income, you should list it.

Please list your comments about any of the items which you listed above which do not quite fit neatly in either category at the bottom of this page or on the back of this sheet. For example, the car which you bought during the marriage by trading a nonmarital vehicle for it, the lot which you inherited from your grandmother but upon which you built a house using marital income, etc. We will discuss these with you at the appropriate time.

1	2	3	4	5
ITEM	DESCRIPTION	FMV	AMOUNT OWED	NET VALUE

Continue on backs of pages as needed

COMMENTS/QUESTIONS: _____

DEBTS - SECURED FIRST THEN UNSECURED

Please list your debts regardless of whose name the debts are in. Debts are almost always in one of two categories (1) secured debts or (2) unsecured debts. Secured debts are such things as a home or auto loan; in other words, you have put up these items as security and they can be foreclosed upon or repossessed if you do not pay the debt. In many instances you have "equity" in the item. That is, value over and above the debt against it, but in some case you have a "negative equity" where the debt exceeds the value of the item. Examples of unsecured debts are credit card debt, overdue utility bills, medical bills and personal loans from family or friends. For all debts, please list the person's name the debt is, the creditor and any account number, the reason the debt was incurred, the balance due as of your separation, and the amount of your monthly payment.

IN NAME OF HUSBAND OR WIFE OR BOTH?	CREDITOR AND ACCOUNT NO.	REASON DEBT WAS INCURRED (X-MAS, LOAN CONSOLIDATION, NEW CAR, HOUSE, ETC.)	BALANCE DUE AS OF SEPARATION	MONTHLY PAYMENT

COMMENTS/QUESTIONS: _____

PROPERTY

List ALL property in which you, and /or your spouse have an interest. In the "Who owns?" column, check "M" for marital property; "P" if separate property of Petitioner; "R" if separate property of Respondent.

PROPERTY DESCRIPTION	MARKET VALUE	AMOUNT OWED	WHO OWNS
Marital Home	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Other Real Estate	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Mobile Home	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Motor Vehicles	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Household Goods	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Checking Accounts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Saving Accounts / CDs	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Money Market Certificates	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Stocks	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Credit Union Accounts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Profit Sharing Plans	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Trusts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Stocks / Mutual Funds	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Bonds	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Pension Plans	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
IRA / SEP Accounts	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Whole Life Insurance	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Annuities	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Guns	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Tools	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Jewelry	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
Personal Property Not Located In Marital Home	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
*Other	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R
	\$	\$	<input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> R

*Other includes, but is not limited to: coin collections; art; state and federal tax refunds; money owed to you or your spouse; business interests; money expected from a lawsuit or settlement; education benefits; patents; copyrights; royalties; contents of safe deposit boxes; and anything else of value.

ALIMONY

(Please fill in even if you think alimony (spousal support) is not an issue)

Do you make alimony payments?

Yes. Attach order requiring payments and records showing your payment history.

No

WIFE'S EDUCATION

WIFE'S EDUCATION	DIPLOMA/DEGREE & FIELD	YEAR OBTAINED

WIFE'S WORK HISTORY:

EMPLOYER	POSITION HELD	STARTING DATE	ENDING DATE

HUSBAND'S EDUCATION

HUSBAND'S EDUCATION	DIPLOMA/DEGREE & FIELD	YEAR OBTAINED

HUSBAND'S WORK HISTORY:

EMPLOYER	POSITION HELD	STARTING DATE	ENDING DATE

The wife is _____ years old. The husband is _____ years old.

The wife's physical, mental and emotional health is:

Excellent

Good

Poor - Explain _____

The husband's physical, mental and emotional health is:

Excellent

Good

Poor - Explain _____

Explain how the division of the parties' marital property will affect the wife's ability to pay or need to receive alimony.

Explain how the division of the parties' marital property will affect the husband's ability to pay or need to receive alimony.

Explain whether additional education or training would help the party seeking alimony to increase his or her income-earning abilities within a reasonable time.

The anticipated cost of the additional education and training is _____

This education and training can be completed by _____

The annual costs of educating the parties' children is _____

The anticipated annual cost of providing health care for the following persons after the divorce:

a. Wife _____

b. Husband _____

c. Child/ren of the parties _____

If alimony is awarded, explain the anticipated tax consequences for each party:

Prior to the parties separation, the party seeking alimony remained home to care for minor children of the parties and wants to continue caring for the children after the divorce. Explain

I am under a court order to support the following persons (Attach copy of the order):

Explain any other reasons why alimony should be awarded or denied:

INCOME

(Use a pocket calculator)- If you have detailed pay records with year to date information, just list any other sources of income.

Full Name _____ Social Security No. _____

Address _____

Physical or mental disability, impairment or handicap _____

Age _____ Education _____

Telephone number (home) _____ (work) _____

Other party's SSN: _____

Employer _____

Address _____

Phone _____ Date Employed _____

Hourly Rate of Salary _____ Gross Pay Per Month: \$ _____

NOTE: To convert (1) Weekly - 52 weeks x ____/12= _____
 (2) Semi-monthly - 24 pay periods x ____/12 = _____
 (3) Every other week: 26 pay periods x ____/12 = _____

INVOLUNTARY DEDUCTIONS

Federal Income Tax _____

FICA _____

State Income Tax _____

Retirement/Pension _____

Union Dues _____

Other Child Support _____

Other _____

NOTE: PLEASE ATTACH LAST 3 PAY RECORDS WITH YEAR-TO-DATE EARNINGS AND YOUR LAST THREE TAX RETURNS WITH W-2'S AND SCHEDULES

Sub-Total: \$ _____

Net Income \$ _____

OTHER INCOME (Attach written proof for each source of income)

SOURCE OF INCOME	MONTHLY INCOME
A. INTEREST/DIVIDENDS	
B. RENTAL PROPERTY INCOME	
C. ROYALTY	
D. GOVERNMENTAL BENEFITS	
a. SSI OR SOCIAL SECURITY	
b. VETERAN'S BENEFITS	
c. WORKERS COMPENSATION	
d. A.F.D.C.(WELFARE CHECK)	
e. FOOD STAMPS	
f. H.U.D. HOUSING BENEFITS	
E. MONTHLY INCOME OF ALL KINDS FROM YOUR JOB:COMPANY CAR, ETC. SPECIFY	
F. BONUS OR INCENTIVE PAY	
G. OTHER (LIST)	

ALL WAGE EARNING EMPLOYEES SHALL ATTACH DOCUMENTATION OF INCOME, SUCH AS W-2 FORMS, MOST RECENT PAY STUB WITH YEAR TO DATE FIGURES, AND/OR LETTER FROM EMPLOYER. ALL SELF-EMPLOYED INDIVIDUALS SHALL PROVIDE DOCUMENTATION REFLECTING GROSS EARNINGS AND BUSINESS EXPENSES.

IF CHILD SUPPORT IS REQUESTED COMPLETE THE FOLLOWING:

Please list all of the child(ren) of the parties in this case

CHILD'S NAME	AGE	DATE OF BIRTH	SSN

A. Do your child(ren) receive social security benefits?

- Yes: Amount \$ _____ per month
 No

B. Do your child(ren) receive any income or wages?

- Yes: Amount \$ _____ per month
 No

C. Do your child(ren) have any special needs that should affect the amount of child support?

- Yes (explain) _____

No

D. Are child care expenses paid so that the custodial parent can work?

- Yes: Amount \$ _____ per month
 No

MEDICAL INSURANCE: Is medical and hospital insurance available to you through your employment?

- Yes Dental coverage Eye coverage

No: You must provide written verification from your employer that medical insurance is not available through your job.

Please complete the following:

A. NAME OF INSURANCE COMPANY	
B. ADDRESS, CITY, STATE AND ZIP CODE (WHERE TO SEND CLAIMS)	
C. POLICY NUMBER	
D. GROUP NUMBER	
E. OTHER NUMBERS (IF ANY)	
F. PERSONS COVERED	
G. RESTRICTION ON USE (IF ANY)	
H. PAYROLL DEDUCTION FOR PREMIUM	
I. DEDUCTIBLES	

OTHER CHILD SUPPORT PAYMENTS Do you pay child support for child(ren) other than the child(ren) in this case or do you have other dependents:

- No
 Yes: Please complete the following:

CHILD'S NAME	BIRTHDATE	SSN	MONTHLY PMT

(if you want the court to consider these payments, attach a copy of the order requiring the payments and records showing your payment history).