



THE LAW OFFICE OF  
**CAROLYN M. BONE**<sup>LLC</sup>  
DIVORCE & FAMILY LAW

**FINANCIAL DATA FORM**

CLIENT NAME: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

- In the event you do not have all the requested information available to you, please make every effort possible to retrieve the information from your employer, banker, broker, insurance agent or any other individual/entity who possesses such information.
- If you have any questions concerning this form, please call the office and your attorney will make every attempt to assist you. Carolyn M. Bone, LLC is also happy to work with any accountant, investment consultant, or any other financial expert you authorize your attorney to talk to about your case.
- Please provide information for **BOTH YOU AND YOUR SPOUSE**- even if a given item is only in your name or your spouse's name.
- Please provide a **current** statement for every account or item listed.
- If a case has been FILED, please also provide a date of filing every account or item. Your date of filing is: \_\_\_\_\_.

Please email documents to [haley@carolynbonelaw.com](mailto:haley@carolynbonelaw.com)

- ✓ Pull a credit report from any of the three (3) credit reporting agencies from [www.annualcreditreport.com](http://www.annualcreditreport.com).
- ✓ It is helpful to provide your last three (3) years of state and federal business and personal taxes.
- ✓ Provide three (3) current pay stubs.

**EMAIL OR ATTACH YOUR  
THREE (3) MOST RECENT PAY  
STUBS**

### **YOUR INCOME**

Gross Amount: Monthly: \$ \_\_\_\_\_ Yearly: \$ \_\_\_\_\_

\*Indicate whether you are paid weekly, monthly, bi-weekly (every other week) or bi-monthly (1<sup>st</sup> and 15<sup>th</sup> of each month): \_\_\_\_\_

Bonus Income? If so, how much: \$ \_\_\_\_\_

Paid Hourly? If so, hourly rate: \$ \_\_\_\_\_

Source of Income: Regular Wages \$ \_\_\_\_\_

Rental Income \$ \_\_\_\_\_

Alimony (from Previous Divorce) \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Retirement \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

### **OPPOSING PARTY'S INCOME**

Gross Amount: Monthly: \$ \_\_\_\_\_ Yearly: \$ \_\_\_\_\_

\*Indicate whether you are paid weekly, monthly, bi-weekly (every other week) or bi-monthly (1<sup>st</sup> and 15<sup>th</sup> of each month): \_\_\_\_\_

Bonus Income? If so, how much: \$ \_\_\_\_\_

Paid Hourly? If so, hourly rate: \$ \_\_\_\_\_

Source of Income: Regular Wages \$ \_\_\_\_\_

Rental Income \$ \_\_\_\_\_

Alimony (from Previous Divorce) \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Retirement \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

**EMAIL OR ATTACH YOUR  
MOST RECENT MORTGAGE  
STATEMENT**

**REAL ESTATE**

- Neither party owns any real estate.
- If any of the properties are rented to tenants, provide copies of current leases.

**PROPERTY 1**

- a. Type of property (e.g., home, rental, etc.) \_\_\_\_\_
- b. Street Address \_\_\_\_\_
- c. Date of acquisition \_\_\_\_\_
- d. Exact name(s) and title on deed \_\_\_\_\_
- e. Exact name(s) on the mortgage \_\_\_\_\_
  - No mortgage or liens
- f. Original cost \$ \_\_\_\_\_ Cost of Additions or improvements \$ \_\_\_\_\_
- g. Current Market Value \$ \_\_\_\_\_ Date of valuation \_\_\_\_\_
- h. Basis for your valuation \_\_\_\_\_ (provide copy of appraisal if used)
- i. Current Mortgage balance \$ \_\_\_\_\_ Monthly payments \$ \_\_\_\_\_
- j. Institution or individual holding mortgage \_\_\_\_\_
- k. Any other liens (specify to whom/amount) \_\_\_\_\_
- l. Separate contributions (e.g., with inherited funds, premarital savings, personal labor, etc.) you made to this property: \_\_\_\_\_

**PROPERTY 2**

- a. Type of property (e.g., home, rental, etc.) \_\_\_\_\_
- b. Street Address \_\_\_\_\_
- c. Date of acquisition \_\_\_\_\_
- d. Exact name(s) and title on deed \_\_\_\_\_
- e. Exact name(s) on the mortgage \_\_\_\_\_
  - No mortgage or liens
- f. Original cost \$ \_\_\_\_\_ Cost of Additions or improvements \$ \_\_\_\_\_
- g. Current Market Value \$ \_\_\_\_\_ Date of valuation \_\_\_\_\_
- h. Basis for your valuation \_\_\_\_\_ (provide copy of appraisal if used)

- i. Current Mortgage balance \$ \_\_\_\_\_ Monthly payments \$ \_\_\_\_\_
- j. Institution or individual holding mortgage \_\_\_\_\_
- k. Any other liens (specify to whom/amount) \_\_\_\_\_
- l. Separate contributions (e.g., with inherited funds, premarital savings, personal labor, etc.) you made to this property: \_\_\_\_\_

**EMAIL YOUR MOST RECENT  
STATEMENTS FOR ALL  
RETIREMENT ACCOUNTS**

**RETIREMENT AND PENSIONS, IRAs**

- Neither party has any kind of retirement or pension.
- Please provide a current statement for each plan or account.
- If Military Retirement:**

Entrance Date of Service \_\_\_\_\_ Exit Date of Service \_\_\_\_\_ Branch \_\_\_\_\_

1. Ownership \_\_\_\_\_

- a. Name of Company: \_\_\_\_\_
- b. Name of Plan: \_\_\_\_\_
- c. Type of Plan: \_\_\_\_\_ (401k, pension, IRA)
- d. Date of employment with company: \_\_\_\_\_
- e. Date began contributing to plan: \_\_\_\_\_
- f. Value of Plan: \$ \_\_\_\_\_ Date of valuation: \_\_\_\_\_ % Vested \_\_\_\_\_
- g. Beneficiary: \_\_\_\_\_

2. Ownership \_\_\_\_\_

- a. Name of Company: \_\_\_\_\_
- b. Name of Plan: \_\_\_\_\_
- c. Type of Plan: \_\_\_\_\_ (401k, pension, IRA)
- d. Date of employment with company: \_\_\_\_\_
- e. Date began contributing to plan: \_\_\_\_\_
- f. Value of Plan: \$ \_\_\_\_\_ Date of valuation: \_\_\_\_\_ % Vested \_\_\_\_\_
- g. Beneficiary: \_\_\_\_\_

3. Ownership \_\_\_\_\_

- a. Name of Company: \_\_\_\_\_
- b. Name of Plan: \_\_\_\_\_
- c. Type of Plan: \_\_\_\_\_ (401k, pension, IRA)
- d. Date of employment with company: \_\_\_\_\_
- e. Date began contributing to plan: \_\_\_\_\_
- f. Value of Plan: \$ \_\_\_\_\_ Date of valuation: \_\_\_\_\_ % Vested \_\_\_\_\_
- g. Beneficiary: \_\_\_\_\_

**EMAIL YOUR MOST RECENT  
STATEMENTS FOR ALL  
BANK ACCOUNTS**

### **BANK AND INVESTMENT ACCOUNTS**

1. Name of Bank \_\_\_\_\_ Last 4 digits of account number: \_\_\_\_\_
  - a. Name(s) on the account \_\_\_\_\_
  - b. Type of account \_\_\_\_\_ (checking, savings)
  - c. When was the account opened? \_\_\_\_\_ (date)
  - d. Balance \$ \_\_\_\_\_ as of \_\_\_\_\_ (date)
  - e. Source of funds: \_\_\_\_\_ (paycheck, gift)
  
2. Name of Bank \_\_\_\_\_ Last 4 digits of account number: \_\_\_\_\_
  - f. Name(s) on the account \_\_\_\_\_
  - g. Type of account \_\_\_\_\_ (checking, savings)
  - h. When was the account opened? \_\_\_\_\_ (date)
  - i. Balance \$ \_\_\_\_\_ as of \_\_\_\_\_ (date)
  - j. Source of funds: \_\_\_\_\_ (paycheck, gift)
  
3. Name of Bank \_\_\_\_\_ Last 4 digits of account number: \_\_\_\_\_
  - a. Name(s) on the account \_\_\_\_\_
  - b. Type of account \_\_\_\_\_ (checking, savings)
  - c. When was the account opened? \_\_\_\_\_ (date)
  - d. Balance \$ \_\_\_\_\_ as of \_\_\_\_\_ (date)

e. Source of funds: \_\_\_\_\_(paycheck, gift)

4. Name of Bank \_\_\_\_\_ Last 4 digits of account number: \_\_\_\_\_

a. Name(s) on the account \_\_\_\_\_

b. Type of account \_\_\_\_\_(checking, savings)

c. When was the account opened? \_\_\_\_\_(date)

d. Balance \$ \_\_\_\_\_ as of \_\_\_\_\_(date)

e. Source of funds: \_\_\_\_\_(paycheck, gift)

### **AUTOMOBILES & OTHER VEHICLES**

1. Type of vehicle \_\_\_\_\_(car, truck, boat, motorcycle)

a. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Mileage \_\_\_\_\_

b. Name(s) on title \_\_\_\_\_

c. Who has present use? \_\_\_\_\_

d. Name of creditor \_\_\_\_\_

Not financed/no liens

e. Name(s) on financing (who is liable?) \_\_\_\_\_

f. Amount owed \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

g. Date purchased \_\_\_\_\_ Condition \_\_\_\_\_ Value \_\_\_\_\_

h. Basis for valuation \_\_\_\_\_ **(attach any appraisal or Kelly Blue Book value)**

2. Type of vehicle \_\_\_\_\_(car, truck, boat, motorcycle)

a. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Mileage \_\_\_\_\_

b. Name(s) on title \_\_\_\_\_

c. Who has present use? \_\_\_\_\_

d. Name of creditor \_\_\_\_\_

Not financed/no liens

e. Name(s) on financing (who is liable?) \_\_\_\_\_

f. Amount owed \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

g. Date purchased \_\_\_\_\_ Condition \_\_\_\_\_ Value \_\_\_\_\_

h. Basis for valuation \_\_\_\_\_ **(attach any appraisal or Kelly Blue Book value)**

3. Type of vehicle \_\_\_\_\_ (car, truck, boat, motorcycle)
- Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Mileage \_\_\_\_\_
  - Name(s) on title \_\_\_\_\_
  - Who has present use? \_\_\_\_\_
  - Name of creditor \_\_\_\_\_  
 Not financed/no liens
  - Name(s) on financing (who is liable?) \_\_\_\_\_
  - Amount owed \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_
  - Date purchased \_\_\_\_\_ Condition \_\_\_\_\_ Value \_\_\_\_\_
  - Basis for valuation \_\_\_\_\_ (attach any appraisal or Kelly Blue Book value)

**EMAIL YOUR CREDIT REPORT**  
 (You can obtain a free copy at  
[www.annualcreditreport.com](http://www.annualcreditreport.com))

**CREDIT CARDS, PERSONAL LOANS, NOTES AND OTHER DEBTS**

- Name of Creditor \_\_\_\_\_ Last 4 digits of account number: \_\_\_\_\_
  - Name(s) on the account \_\_\_\_\_
  - When was the account opened? \_\_\_\_\_ (date)
  - Balance \$ \_\_\_\_\_ as of \_\_\_\_\_ (date)
  - Amount of monthly payment \_\_\_\_\_
  - Used for: \_\_\_\_\_ (household, secured property)
  
- Name of Creditor \_\_\_\_\_ Last 4 digits of account number: \_\_\_\_\_
  - Name(s) on the account \_\_\_\_\_
  - When was the account opened? \_\_\_\_\_ (date)
  - Balance \$ \_\_\_\_\_ as of \_\_\_\_\_ (date)
  - Amount of monthly payment \_\_\_\_\_
  - Used for: \_\_\_\_\_ (household, secured property)
  
- Name of Creditor \_\_\_\_\_ Last 4 digits of account number: \_\_\_\_\_
  - Name(s) on the account \_\_\_\_\_

- b. When was the account opened? \_\_\_\_\_ (date)
- c. Balance \$ \_\_\_\_\_ as of \_\_\_\_\_ (date)
- d. Amount of monthly payment \_\_\_\_\_
- e. Used for: \_\_\_\_\_ (household, secured property)

4. Name of Creditor \_\_\_\_\_ Last 4 digits of account number: \_\_\_\_\_

- a. Name(s) on the account \_\_\_\_\_
- b. When was the account opened? \_\_\_\_\_ (date)
- c. Balance \$ \_\_\_\_\_ as of \_\_\_\_\_ (date)
- d. Amount of monthly payment \_\_\_\_\_
- e. Used for: \_\_\_\_\_ (household, secured property)

### **CONTINGENT LIABILITIES**

(include co-signed debts)

Creditor's Name \_\_\_\_\_ For \_\_\_\_\_  
 Date Payable \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Creditor's Name \_\_\_\_\_ For \_\_\_\_\_  
 Date Payable \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_

### **EDUCATIONAL ACCOUNTS/ACCOUNTS FOR CHILDREN**

- Neither party has any kind of education account or account for children.
- Please provide a current statement for each plan or account.

1. Name of Institution or bank \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

- a. Type of account \_\_\_\_\_ (529 college plan, child's savings)
- b. Date established \_\_\_\_\_
- c. Name(s) on account \_\_\_\_\_
- d. Child's name \_\_\_\_\_
- e. Current amount on deposit \$ \_\_\_\_\_ as of (date) \_\_\_\_\_
- f. Source of funds \_\_\_\_\_

2. Name of Institution or bank \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

- a. Type of account \_\_\_\_\_ (529 college plan, child's savings)



- b. Date established \_\_\_\_\_
- c. Name(s) on account \_\_\_\_\_
- d. Child's name \_\_\_\_\_
- e. Current amount on deposit \$ \_\_\_\_\_ as of (date) \_\_\_\_\_
- f. Source of funds \_\_\_\_\_

3. Name of Institution or bank \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_
- a. Type of account \_\_\_\_\_ (529 college plan, child's savings)
  - b. Date established \_\_\_\_\_
  - c. Name(s) on account \_\_\_\_\_
  - d. Child's name \_\_\_\_\_
  - e. Current amount on deposit \$ \_\_\_\_\_ as of (date) \_\_\_\_\_
  - f. Source of funds \_\_\_\_\_

**BUSINESS INTERESTS**

Neither party has any business interests.

For each business, please furnish:

- Copies of the tax returns (three years)
- Profit and loss statements and balance sheets for the last three years
- Any partnership, stock redemption or other written agreements

1. Name of company \_\_\_\_\_ Type of Company \_\_\_\_\_
- a. Which party has a business interest? \_\_\_\_\_
  - b. % of ownership \_\_\_\_\_
  - c. Value of company as a whole \$ \_\_\_\_\_ Value of party's interest \$ \_\_\_\_\_
  - d. Date of valuation \_\_\_\_\_ Basis of valuation \_\_\_\_\_

2. Name of company \_\_\_\_\_ Type of Company \_\_\_\_\_
- a. Which party has a business interest? \_\_\_\_\_
  - b. % of ownership \_\_\_\_\_
  - c. Value of company as a whole \$ \_\_\_\_\_ Value of party's interest \$ \_\_\_\_\_
  - d. Date of valuation \_\_\_\_\_ Basis of valuation \_\_\_\_\_

## STOCKS AND BONDS

Neither party has any stocks or bonds.

### STOCKS

# of shares	Name of Company	Date Issued	Certificate #	Value	Date of Valuation	Ownership

### BONDS

Face Value	Issuer	Series	Date Issued	Number	Current Value	Date of Value	Ownership

## LIFE INSURANCE

Neither party has any life insurance, including through employment.

If there are any loans outstanding against any of the policies, provide all the details including the date of the loan, the purpose of the loan, the balance, and the terms for repayment.

1. Name of Insurance Company \_\_\_\_\_
- a.  Term Life  Whole Life – Cash Value \$ \_\_\_\_\_ Valuation date \_\_\_\_\_
- b. Insured \_\_\_\_\_ Owner \_\_\_\_\_
- c. Beneficiary \_\_\_\_\_
- d. Policy # \_\_\_\_\_ Face Amount \$ \_\_\_\_\_ Date obtained \_\_\_\_\_
- e. Amount and frequency of premiums \_\_\_\_\_
- f. Any loans against policy?  YES  NO
- g. If YES, please explain \_\_\_\_\_

2. Name of Insurance Company \_\_\_\_\_
- a.  Term Life  Whole Life – Cash Value \$ \_\_\_\_\_ Valuation date \_\_\_\_\_
- b. Insured \_\_\_\_\_ Owner \_\_\_\_\_
- c. Beneficiary \_\_\_\_\_

- d. Policy # \_\_\_\_\_ Face Amount \$ \_\_\_\_\_ Date obtained \_\_\_\_\_
- e. Amount and frequency of premiums \_\_\_\_\_
- f. Any loans against policy?  YES  NO
- g. If YES, please explain \_\_\_\_\_

3. Name of Insurance Company \_\_\_\_\_

- a.  Term Life  Whole Life – Cash Value \$ \_\_\_\_\_ Valuation date \_\_\_\_\_
- b. Insured \_\_\_\_\_ Owner \_\_\_\_\_
- c. Beneficiary \_\_\_\_\_
- d. Policy # \_\_\_\_\_ Face Amount \$ \_\_\_\_\_ Date obtained \_\_\_\_\_
- e. Amount and frequency of premiums \_\_\_\_\_
- f. Any loans against policy?  YES  NO
- g. If YES, please explain \_\_\_\_\_

**MEDICAL, DENTAL, DISABILITY AND OTHER INSURANCE**

- Neither party has any medical, dental, vision, or disability insurance.
- Child(ren) have no medical, dental, or vision insurance.
- Child(ren) are covered under Medicaid or Children’s Health Insurance Plan (CHIP).

- **If child(ren) are covered, please email us a breakdown of the insurance plans to show how much you pay for your insurance and how much paid for the child(ren)’s insurance or spouses insurance (i.e. full family/employee only/ employee + spouse).**

1. Type of Insurance \_\_\_\_\_ (health, dental, vision, disability)

- a. Name(s) of insured \_\_\_\_\_
- b. If issued through employment, name of employer \_\_\_\_\_
- c. Is monthly premium deducted from your paycheck?  YES  NO
- d. Amount of monthly premium \$ \_\_\_\_\_
- e. Name of insurance company \_\_\_\_\_

2. Type of Insurance \_\_\_\_\_ (health, dental, vision, disability)

- a. Name(s) of insured \_\_\_\_\_
- b. If issued through employment, name of employer \_\_\_\_\_
- c. Is monthly premium deducted from your paycheck?  YES  NO
- d. Amount of monthly premium \$ \_\_\_\_\_
- e. Name of insurance company \_\_\_\_\_

3. Type of Insurance \_\_\_\_\_ (health, dental, vision, disability)

- a. Name(s) of insured \_\_\_\_\_
- b. If issued through employment, name of employer \_\_\_\_\_
- c. Is monthly premium deducted from your paycheck?  YES  NO
- d. Amount of monthly premium \$ \_\_\_\_\_
- e. Name of insurance company \_\_\_\_\_

**PROPERTY GENERALLY NOT SUBJECT TO DIVISION**

- Assets acquired before the marriage
- Inherited property
- Gift from someone other than the opposing party
- Property purchased with inherited or gifted funds

1. Description \_\_\_\_\_

- a. Name(s) on title \_\_\_\_\_
- b. When acquired \_\_\_\_\_ How acquired \_\_\_\_\_
- c. Gifted/inherited by or from \_\_\_\_\_
- d. Current value \$ \_\_\_\_\_ Basis for valuation \_\_\_\_\_
- e. Where is the property located? \_\_\_\_\_

2. Description \_\_\_\_\_

- a. Name(s) on title \_\_\_\_\_
- b. When acquired \_\_\_\_\_ How acquired \_\_\_\_\_
- c. Gifted/inherited by or from \_\_\_\_\_
- d. Current value \$ \_\_\_\_\_ Basis for valuation \_\_\_\_\_
- e. Where is the property located? \_\_\_\_\_

Additional comments/questions:

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\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT SIGNATURE