



## DOCUMENT LIST

As we begin to work together, the assistance we can provide is directly dependent on you. We can only provide a thorough analysis if we have all the necessary information. Below is a list of documents that you and your spouse will need to provide as soon as possible. You don't need to send everything at once. If it is easier to upload a few documents at a time, that is fine.

If scanned, documents should be uploaded through Dropbox. You will receive an invitation to join the shared Dropbox folder after we receive a signed agreement from you.

### Documents:

- If Financial Affidavits have already been completed, please provide copies.
- Fully-completed "Confidential Cash Flow Statement" (pages 3-16).
- 3 years of tax returns with all supporting schedules and W-2s.
- Most recent pay stubs for each party.
- Last 3 statements from all financial accounts (bank accounts, investment accounts, mutual funds, etc.).
- Last 3 statements from any employee retirement plans, pensions, deferred compensation plans, IRA's, and annuities.
  - You will also need to request the Summary Plan Description for any employee retirement plan or pension. This may be available online or you will need to request it from HR.
- Last 3 statements from any and all credit cards.
- Policy statements or information on any and all Life Insurance, Disability Insurance, and Long-Term Care Insurance.
- Insurance policies for all autos owned as well as VIN and mileage. (See Assets page of Confidential Cash Flow Statement for documentation.)



- All information relating to loans and mortgages (most recent statement including your payment, current balance, interest rate, etc.).
- Most recent statement on any Employee Stock Option, Employee Stock Purchase Plan, or Restricted Stock accounts.
- Social Security Estimate statements for both parties. These are available at [www.SSA.gov](http://www.SSA.gov).
  - Click My Social Security to sign in or create a profile (Located on the left, bottom corner when you get to the site).
  - Click “Sign In or Create an Account”.
  - Once logged in, print/save your full statement.
- Copy of a recent credit report. They are available for free at [www.annualcreditreport.com](http://www.annualcreditreport.com).
- For any businesses owned, a full Profit & Loss Statement, and Balance Sheet for current year + previous 2 years.



## **Confidential Client Cash Flow Statement**

**Date:** \_\_\_\_\_

**Provided compliments of Alternative Divorce Solutions, LLC.  
937-471-4654**

(CL # 1)		
Client _____	Date of birth	___/___/___
	Date of Marriage	___/___/___
	Date of Separation	___/___/___
Home Phone _____	Work Phone	_____
Cell Phone _____	Email	_____
Current residence/address	_____	
	_____	
Occupation:	_____	
Employer (name & address)	_____	
	_____	

(CL # 2)		
Spouse _____	Date of birth	___/___/___
Home Phone _____	Work Phone	_____
Cell Phone _____	Email	_____
Current residence/address	_____	
	_____	
Occupation	_____	
Employer (name & address)	_____	
	_____	



Child \_\_\_\_\_ Age \_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_\_  
child of: **CL # 1 / CL # 2 / both**  
Is this child claimed as a dependent on your taxes? **YES / NO**

Child \_\_\_\_\_ Age \_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_\_  
child of: **CL # 1 / CL # 2 / both**  
Is this child claimed as a dependent on your taxes? **YES / NO**

Child \_\_\_\_\_ Age \_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_\_  
child of: **CL # 1 / CL # 2 / both**  
Is this child claimed as a dependent on your taxes? **YES / NO**

Child \_\_\_\_\_ Age \_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_\_  
child of: **CL # 1 / CL # 2 / both**  
Is this child claimed as a dependent on your taxes? **YES / NO**

Child \_\_\_\_\_ Age \_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_\_  
child of: **CL # 1 / CL # 2 / both**  
Is this child claimed as a dependent on your taxes? **YES / NO**



## Assets

### Automobiles Basic Information:

<u>Year/Make/Model</u>	<u>Trim Level</u>	<u>VIN #</u>	<u>Current Mileage</u>	<u>Owner*</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Personal Assets:** (Examples include: residence ♦ vacation home ♦ cabin/cottage ♦ recreation vehicles ♦ boat ♦ personal property and/or belongings ♦ home furnishings ♦ collectibles and antiques)

<u>Description</u>	<u>Owner*</u>	<u>Purchase Price / Date</u>	<u>Current Value</u>
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____



**Rental/Business Assets:** (Examples include: rental real estate ♦ sole proprietorship ♦ general partnership ♦ limited liability company ♦ C corporation)

<u>Description</u>	<u>Owner*</u>	<u>Purchase Price / Date</u>	<u>Current Value</u>
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____

**Pension**

<u>Description</u>	<u>Owner*</u>	<u>Value</u>	<u>Valuation Date</u>
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____
_____	_____	\$ _____ / _____	\$ _____

\* Indicate whether the asset is owned by Client 1, by Client 2, jointly, or non-marital.



## Liabilities

**Personal:** (Examples include: Mortgage on first residence ♦ Mortgage on other residences ♦ Auto loans ♦ Bank loans ♦ Charge accounts and credit cards – when paying down a balance ♦ Business loans ♦ Other liabilities)

<u>Debt</u>	<u>/ Loan Date</u>	<u>Debtor*</u>	<u>Monthly Payment</u>	<u>Current Balance</u>	<u>Interest Rate</u>
_____	/ _____	_____	\$ _____	\$ _____	_____ %
_____	/ _____	_____	\$ _____	\$ _____	_____ %
_____	/ _____	_____	\$ _____	\$ _____	_____ %
_____	/ _____	_____	\$ _____	\$ _____	_____ %
_____	/ _____	_____	\$ _____	\$ _____	_____ %
_____	/ _____	_____	\$ _____	\$ _____	_____ %
_____	/ _____	_____	\$ _____	\$ _____	_____ %
_____	/ _____	_____	\$ _____	\$ _____	_____ %
_____	/ _____	_____	\$ _____	\$ _____	_____ %

**Current Monthly Payments:** \$ \_\_\_\_\_

**Total Current Balance of all Liabilities:** \$ \_\_\_\_\_

\* Indicate whether the liability is held by Client 1, by Client 2, jointly, or non-marital.



## Income

**Income:** (may include wages, bonuses, social security, pensions [STRS/PERS/FERS/CSRS, other], investment income, IRA distributions, etc.)

<u>Source</u>	<u>Amount</u>	<u>Frequency</u>	<u>Annual Total</u>
CL#1 _____	\$ _____	X	= \$ _____
CL#1 _____	\$ _____	X	= \$ _____
CL#1 _____	\$ _____	X	= \$ _____
CL#2 _____	\$ _____	X	= \$ _____
CL#2 _____	\$ _____	X	= \$ _____
CL#2 _____	\$ _____	X	= \$ _____

**Total Annual Income (A) \$ \_\_\_\_\_**

### **Payroll Deductions (if providing a pay stub, you do not need to itemize these)**

	<u>Amount</u>	<u>Frequency</u>	<u>Annual Total</u>
Federal Income Tax	\$ _____	X	= \$ _____
State Tax Withholding	\$ _____	X	= \$ _____
Local Tax Withholding	\$ _____	X	= \$ _____
FICA	\$ _____	X	= \$ _____
401k Contributions or TSA	\$ _____	X	= \$ _____
Pension Contributions	\$ _____	X	= \$ _____
Health Insurance	\$ _____	X	= \$ _____
Dental Insurance	\$ _____	X	= \$ _____
Work/Education-related			
child-care	\$ _____	X	= \$ _____
Union dues	\$ _____	X	= \$ _____

**Total Annual Payroll Deductions (B) \$ \_\_\_\_\_**





**Wage-Like Income:**

	<u>Amount</u>		<u>Frequency</u>		<u>Annual Total</u>
Child Support (prev. marriage)	\$ _____	X	_____	=	\$ _____
Spousal Support (prev. marriage)	\$ _____	X	_____	=	\$ _____
Unemployment Compensation	\$ _____	X	_____	=	\$ _____
Bonuses	\$ _____	X	_____	=	\$ _____
Commissions	\$ _____	X	_____	=	\$ _____
Tips	\$ _____	X	_____	=	\$ _____
Overtime	\$ _____	X	_____	=	\$ _____
Disability Benefit	\$ _____	X	_____	=	\$ _____
Royalties	\$ _____	X	_____	=	\$ _____
Rent From Spouse	\$ _____	X	_____	=	\$ _____
Deferred Compensation	\$ _____	X	_____	=	\$ _____

**Total Annual Wage-Like Income (C) \$ \_\_\_\_\_**

**Income from Assets:**

	<u>Amount</u>		<u>Frequency</u>		<u>Annual Total</u>
Interest Income	\$ _____	X	_____	=	\$ _____
Dividend Income	\$ _____	X	_____	=	\$ _____
Tax-Free Bond Income	\$ _____	X	_____	=	\$ _____
Capital Gains Income	\$ _____	X	_____	=	\$ _____
Rental Income	\$ _____	X	_____	=	\$ _____
Pension Income	\$ _____	X	_____	=	\$ _____
IRA/401k Withdrawal	\$ _____	X	_____	=	\$ _____
Roth IRA Withdrawal	\$ _____	X	_____	=	\$ _____

**Total Annual Income from Assets (D) \$ \_\_\_\_\_**



## Expenses

### Home Expenses:

	<u>Amount</u>	X	<u>Frequency</u>	=	<u>Annual Total</u>
Mortgage Payment	\$ _____	X	_____	=	\$ _____
Rent	\$ _____	X	_____	=	\$ _____
Property Taxes	\$ _____	X	_____	=	\$ _____
Homeowner's Insurance	\$ _____	X	_____	=	\$ _____
Association Fees	\$ _____	X	_____	=	\$ _____
General Home Repairs	\$ _____	X	_____	=	\$ _____
Utilities – Gas/Fuel	\$ _____	X	_____	=	\$ _____
Utilities – Water/Sewer	\$ _____	X	_____	=	\$ _____
Utilities - Electric	\$ _____	X	_____	=	\$ _____
Utilities - Other	\$ _____	X	_____	=	\$ _____
House Phone	\$ _____	X	_____	=	\$ _____
Cell Phone	\$ _____	X	_____	=	\$ _____
Cable/Satellite	\$ _____	X	_____	=	\$ _____
Internet	\$ _____	X	_____	=	\$ _____
Lawn Service	\$ _____	X	_____	=	\$ _____
Snow Removal	\$ _____	X	_____	=	\$ _____
Trash Removal	\$ _____	X	_____	=	\$ _____
Household Supplies	\$ _____	X	_____	=	\$ _____
House Cleaning	\$ _____	X	_____	=	\$ _____
Maint./Windows/Carpets	\$ _____	X	_____	=	\$ _____
Home Improvement	\$ _____	X	_____	=	\$ _____
Security System	\$ _____	X	_____	=	\$ _____
Exterminator	\$ _____	X	_____	=	\$ _____
Miscellaneous Household	\$ _____	X	_____	=	\$ _____
<b>Total Home Expenses (E)</b>					<b>\$ _____</b>



**Food Expenses:**

	<u>Amount</u>	<u>Frequency</u>	<u>Annual Total</u>
Personal Groceries	\$ _____	X _____	= \$ _____
Kids' Groceries	\$ _____	X _____	= \$ _____
Restaurants/Dining Out	\$ _____	X _____	= \$ _____

**Total Food Expenses (F) \$ \_\_\_\_\_**

**Transportation Expenses for Self:**

	<u>Amount</u>	<u>Frequency</u>	<u>Annual Total</u>
Auto Lease Payment	\$ _____	X _____	= \$ _____
Repair/Maint./Car Wash	\$ _____	X _____	= \$ _____
License/Tag Renewal	\$ _____	X _____	= \$ _____
Fuel	\$ _____	X _____	= \$ _____
Parking/Tolls	\$ _____	X _____	= \$ _____
Taxis/Public Transit	\$ _____	X _____	= \$ _____
Transportation Other	\$ _____	X _____	= \$ _____

**Total Transportation Expenses (G) \$ \_\_\_\_\_**

**Personal Expenses for Self:**

	<u>Amount</u>	<u>Frequency</u>	<u>Annual Total</u>
Personal Clothes	\$ _____	X _____	= \$ _____
Laundry/Dry Cleaning	\$ _____	X _____	= \$ _____
Hair Cuts	\$ _____	X _____	= \$ _____
Manicure/Pedicure	\$ _____	X _____	= \$ _____
Personal Grooming Other	\$ _____	X _____	= \$ _____

**Total Personal Expenses (H) \$ \_\_\_\_\_**



**Child-Related Expenses:**

	<u>Amount</u>	<u>Frequency</u>	<u>Annual Total</u>
Tuition	\$ _____	<b>X</b> _____	= \$ _____
Education Room and Board	\$ _____	<b>X</b> _____	= \$ _____
Child Care	\$ _____	<b>X</b> _____	= \$ _____
Special Needs of Children	\$ _____	<b>X</b> _____	= \$ _____
Clothing	\$ _____	<b>X</b> _____	= \$ _____
School Supplies	\$ _____	<b>X</b> _____	= \$ _____
Allowances	\$ _____	<b>X</b> _____	= \$ _____

**Extracurricular Activities:**

Lessons (& supplies needed for them)	\$ _____	<b>X</b> _____	= \$ _____
School Clubs/Sports	\$ _____	<b>X</b> _____	= \$ _____
Books, Participation Fees, etc.	\$ _____	<b>X</b> _____	= \$ _____
Summer Camp	\$ _____	<b>X</b> _____	= \$ _____

**Other:**

Grooming	\$ _____	<b>X</b> _____	= \$ _____
School Meals/Luncheons	\$ _____	<b>X</b> _____	= \$ _____
Field Trips	\$ _____	<b>X</b> _____	= \$ _____
Hobbies/Toys/Games	\$ _____	<b>X</b> _____	= \$ _____
Vacations(ex: child airline tickets)	\$ _____	<b>X</b> _____	= \$ _____
Other	\$ _____	<b>X</b> _____	= \$ _____
Other	\$ _____	<b>X</b> _____	= \$ _____

**Total Child-Related Expenses (I) \$ \_\_\_\_\_**



### **Insurance Expenses:**

	<b><u>Amount</u></b>	<b><u>Frequency</u></b>	<b><u>Annual Total</u></b>
Life	\$ _____	X _____	= \$ _____
Auto Insurance	\$ _____	X _____	= \$ _____
Health & Dental (post-divorce)	\$ _____	X _____	= \$ _____
Disability	\$ _____	X _____	= \$ _____
Long-Term Care	\$ _____	X _____	= \$ _____
Other (boats, umbrella, etc.)	\$ _____	X _____	= \$ _____

**Total Insurance Expenses (J) \$ \_\_\_\_\_**

### **Education Expenses for Self:**

	<b><u>Amount</u></b>	<b><u>Frequency</u></b>	<b><u>Annual Total</u></b>
Tuition for self	\$ _____	X _____	= \$ _____
Books, Fees, Other	\$ _____	X _____	= \$ _____
Other	\$ _____	X _____	= \$ _____

**Total Education Expenses for Self (K) \$ \_\_\_\_\_**



**Medical Expenses (after insurance coverage, post-divorce)**

	<u>Amount</u>	<u>Frequency</u>	<u>Annual Total</u>
<b>Physicians</b>			
Medical/Doctor for self	\$ _____	X _____	= \$ _____
Medical/Doctor for child	\$ _____	X _____	= \$ _____
Therapist/Counselor	\$ _____	X _____	= \$ _____
<b>Dentist/Orthodontist</b>			
Dental For Self	\$ _____	X _____	= \$ _____
Dental for Child	\$ _____	X _____	= \$ _____
Orthodontist for Self	\$ _____	X _____	= \$ _____
Orthodontist for Child	\$ _____	X _____	= \$ _____
<b>Optometrist/Glasses/Contacts</b>			
Optical for Self	\$ _____	X _____	= \$ _____
Optical for Child	\$ _____	X _____	= \$ _____
<b>Prescriptions</b>			
Prescriptions for Self	\$ _____	X _____	= \$ _____
Prescriptions for Child	\$ _____	X _____	= \$ _____
<b>Other</b>	\$ _____	X _____	= \$ _____

**Total Medical Expenses (L) \$ \_\_\_\_\_**



## Miscellaneous Monthly Expenses

	<u>Amount</u>	<u>Frequency</u>	<u>Annual Total</u>
Obligations For Other Minor			
or Handicapped Children	\$ _____	X _____	= \$ _____
Child support For Child/ren			
of Previous Marriage	\$ _____	X _____	= \$ _____
Spousal Support Paid			
to Former Spouse	\$ _____	X _____	= \$ _____
Subscriptions, Books	\$ _____	X _____	= \$ _____
Entertainment	\$ _____	X _____	= \$ _____
Charitable Contributions	\$ _____	X _____	= \$ _____
Membership Dues	\$ _____	X _____	= \$ _____
Travel	\$ _____	X _____	= \$ _____
Vacations(excluding child expenses)	\$ _____	X _____	= \$ _____
Non-reimbursed Work Travel	\$ _____	X _____	= \$ _____
Pets	\$ _____	X _____	= \$ _____
Gifts	\$ _____	X _____	= \$ _____
Bankruptcy Payments	\$ _____	X _____	= \$ _____
Attorney Fees	\$ _____	X _____	= \$ _____
Sports & Hobbies	\$ _____	X _____	= \$ _____
Cigarettes	\$ _____	X _____	= \$ _____
Lottery Tickets	\$ _____	X _____	= \$ _____
Bank Charges/Credit Card Fees	\$ _____	X _____	= \$ _____
Other	\$ _____	X _____	= \$ _____

**Total Miscellaneous Expenses (M) \$ \_\_\_\_\_**



**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Total Annual Income (A)** \$ \_\_\_\_\_

**Payroll Deductions (B)** \$ \_\_\_\_\_

**Wage-Like Income (C)** \$ \_\_\_\_\_

**Income from Assets (D)** \$ \_\_\_\_\_

**Home Expenses (E)** \$ \_\_\_\_\_

**Food Expenses (F)** \$ \_\_\_\_\_

**Transportation Expenses (self) (G)** \$ \_\_\_\_\_

**Personal Expenses for Self (H)** \$ \_\_\_\_\_

**Child Related Expenses (I)** \$ \_\_\_\_\_

**Insurance Expenses (J)** \$ \_\_\_\_\_

**Education Expenses for Self (K)** \$ \_\_\_\_\_

**Medical Expenses (L)** \$ \_\_\_\_\_

**Miscellaneous Expenses (M)** \$ \_\_\_\_\_

**Total Income (A+C+D)** \$ \_\_\_\_\_

**Total Expenses (B+E+F+G+H+I+J+K+L+M)** \$ \_\_\_\_\_

**Net Cash Flow (Total Income less Total Expenses)** \$ \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_