

OUR FAMILY MEDIATOR, LLC

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Please have this information provided to this office by _____

- a. **A Completed Financial Affidavit.** Each party shall provide a complete and signed Financial Affidavit in the Supreme Court approved form. The completed form has been enclosed.
- b. **Income Tax Returns (Most Recent 3 Years).** Provide the personal and business federal income tax returns for the three years before filing of the petition or post decree motion. The business returns shall be for any business for which a party has an interest entitling the party to a copy of such returns. Provide all schedules and attachments including W-2's, 1099's and K-1's, copies of extension requests and estimated tax payments.
- c. **Personal Financial Statements (Last Three Years).** Provide all personal financial statements, statements of assets or liabilities, and credit and loan applications prepared during the last three years.
- d. **Business Financial Statements (Last 3 years).** For every business for which a party has access to financial statements, provide the last three fiscal years' financial statements, all year-to-date financial statements, and the same periodic financial statements for the prior year.
- e. **Real Estate Documents.** Provide the title documents and all documents stating value of all real property in which a party has a personal or business interest. This section shall not apply to post decree motions unless so ordered by the court.
- f. **Personal Debt.** Provide all documents creating debt, and the most recent debt statements showing the balance and payment terms.
- g. **Investments.** Provide most recent documents identifying each investment, and stating the current value.
- h. **Employment benefits.** Provide most recent documents identifying each employment benefit and stating the current value.
- i. **Retirement Plans.** Provide most recent documents identifying each retirement plan and stating the current value and all Plan Summary Descriptions.
- ___ j. **Bank/Financial Institution Accounts.** Provide most recent documents identifying each account at banks and other financial institutions and stating the

current value.

k. **Income Documentation.** For each income source in the current and prior calendar

year, including income from employment, investment, government programs, gifts, trust distributions, prizes and income from every other source, provide pay stubs, a current income statement and other final income statement for the prior year. Each self-employed party shall provide a sworn statement of gross income, business expenses necessary to produce income and net income for the three months before filing of the petition or post decree motion.

1. **Employment and Education Related Child Care Documentation.** Provide documents that show average monthly employment-related child care expense including child care expense related to parents' education and job search.

m. **Insurance Documentation.** Provide life, health and property insurance policies and current documents that show beneficiaries, coverage, cost including the portion payable to provide health insurance for children and payment schedule.

n. **Extraordinary Children's Expense Documentation.** Provide documents that show average monthly expense for all recurring extraordinary children's expenses.

Sworn Financial Statement - Questionnaire - Income, Expenses and Debts

If you need more room to answer any of these questions, or if you have more items (i.e. cars, bank accounts, pension plans) than the space provided, please photocopy the applicable page and furnish the additional information on the new page.

If you anticipate that any income or expense item will change in the near future, please make a list of your anticipated changes on a separate piece of paper or separate spreadsheet file.

If you don't know an answer, write "Unknown" or the letters "TBD" (To be determined) on the far left side of the answer blank. Doing so will leave enough room to write in the answer later when the answer is known.

Name: _____

Date: _____

1. Employment Information

Date last worked: _____

Hours worked per week: _____

Frequency of pay: _____

Basis for pay rate (monthly? hourly?): monthly / weekly / hourly / annual / other: _____

Rate of pay per pay period _____

Date this employment began: _____

Job title or occupation: _____

Name of employer: _____

Employer's address: _____

Employer's city, state and zip: _____

Amount of each check: _____

Gross monthly pay: _____

Overtime: _____

Commissions: _____

If unemployed, reason for unemployment: / stay at home parent / disabled / laid off from job / can't find work /
/ have other income source / other: _____

Comment: _____

2. Other Income

Commissions, tips and bonuses: _____

Overtime and shift differential _____

Self employment net profit: _____

Other business income (e.g. Ptsps, Sub-S corps): _____

Additional or part time employment: _____

Expense accounts & reimbursements: _____

Unemployment benefits: _____

Veterans benefits: _____

Pension and other retirement income: _____

Public Assistance and Food Stamps: _____

Interest: _____

Dividends: _____

Royalty and trust income: _____

Net rental income: _____

Child support received: _____

Spousal support received: _____

Contributions from others: _____

Social Security
 (and type of Social Security): _____ Other / describe: _____
 Disability and Workers Comp benefits: _____ Other / describe: _____
 Comment: _____

3. Payroll and other Deductions from Income

Federal income tax: _____
 Social Security: _____
 Medicare: _____
 State income tax: _____
 Local tax / Head tax: _____ Child care (withheld from pay): _____
 PERA: _____ Flex benefit cafeteria plan: _____
 Union dues: _____ Stock and Bond purchase plan: _____
 Life and Disability insurance: _____ Retirement Plan (IRA/401k/other): _____
 Life insurance (if separate): _____ Charitable contributions: _____
 Disability insurance (if separate): _____ Credit Union (savings): _____
 Health and Dental insurance: _____ Credit Union (loan): _____
 Health insurance (if separate): _____ Other / describe: _____
 Dental insurance (if separate): _____ Other / describe: _____
 Comment: _____

4. Other Income Related Information

Number of people for whom
 this information applies: Adults: _____ Children: _____
 Other party's monthly income: _____
 Your income from last tax return: _____ Other party's income last tax return: _____
 Tax year of your last tax return: _____ Tax year / other party's last tax return: _____
 Comment: _____

5. Children Income

	Name	Income source	Amount
First Child with income:	_____	_____	_____
Second child with income:	_____	_____	_____
Comment:	_____		

Expenses:

A. Housing

	First House	Second House	Third House
Rent:			
First mortgage:			
Second mortgage:			
Taxes (if not included in mortgage):			
Insurance (if not included in mortgage):			
Home Owner Association fees:			
Home maintenance:			
Other:			
Other:			
<i>Comment:</i>			

B. Utilities and Housing Services

	First House	Second House	Third House
Gas and electricity (if combined):			
Gas, electricity, water and sewer (if combined):			
Gas, LPG, fuel oil (if combined):			
Electricity:			
Water, sewer, trash removal (if combined):			
Water and sewer:			
Trash removal:			
Telephone services (list all: land line, cell, VOIP):			
Lawn care, snow removal, cleaning, security (Add these together here or list them separately below):			
Internet and television providers (Add these together here or list them separately below):			
Other:			
Other:			
<i>Comment:</i>			

C. Food

Groceries / Supplies: _____

Restaurant meals: _____ Other / describe: _____

Delivered milk: _____ Other / describe: _____

Wine and other similar beverages: _____

Comment: _____

D. Health Care Related Items

Doctor (including vision care): _____
 Dentist (including orthodontist): _____ Other / describe: _____
 Medicine and prescription drugs: _____ Other / describe: _____
 Therapy and counseling: _____
 Health insurance: _____
 Comment: _____

E. Transportation

	First Vehicle	Second Vehicle	Third Vehicle
Payment:			
Fuel, parking, maintenance and repair (Add these together here or list them separately below):			
Insurance, Registration and Tax (Add these together here or list them separately below):			
Bus and Commuter fees:			
Tolls:			
Other:			
Other:			
Comment:	_____		

F. Children Needs (including Education and Activities)

Clothing and Shoes: _____
 Extraordinary unspecified items
 (e.g. special needs): _____ Allowance: _____
 Tuition: _____ Bus Fare: _____
 Child care: _____ Uniforms: _____
 Miscellaneous other items
 (not itemized here or listed elsewhere): _____ Room and Board: _____
 Tutor: _____ Camp: _____
 Books / Supplies: _____ Baby sitting: _____
 Activities / Fees / Field Trips: _____ Other / describe: _____
 School lunches: _____ Other / describe: _____
 Comment: _____

G. Education Expenses for You

General education expenses: _____ (not itemized here or listed elsewhere)
Full time or part time: _____
Tuition / Lessons: _____
Books / Supplies: _____ Other / describe: _____
Activities / Fees: _____ Other / describe: _____
Comment: _____

H. Child Support and Spousal Support (paid by you to others)

	That you pay for this family	That you pay for other family
Child Support:	_____	_____
Spousal Support / Maintenance / Alimony:	_____	_____
Other / describe:	_____	_____
Comment:	_____	

I. Miscellaneous Expenses

General miscellaneous expenses _____ (not itemized here or listed elsewhere)

Legal: _____	Bank charges: _____
Accounting: _____	Safe deposit box: _____
Contributions: _____	Storage: _____
Religious affiliation / Worship: _____	Gifts: _____
Vacations and Travel: _____	Postage: _____
Hobbies: _____	Photographs: _____
Memberships and Clubs: _____	Toiletries: _____
Pets and Pet care: _____	Tools and equipment: _____
Hair care and Nail care: _____	Professional associations: _____
Clothing: _____	Other / describe: _____
Newspapers, Magazines and Books: _____	Other / describe: _____
Movies, videos, concerts and plays: _____	Other / describe: _____
Investments: _____	Other / describe: _____
Home furnishings: _____	Other / describe: _____
Sports tickets: _____	Other / describe: _____
Participatory sports: _____	Other / describe: _____
Life insurance: _____	Other / describe: _____
Laundry and Cleaning: _____	Other / describe: _____
Comment: _____	

This section is intended for installment debts that are not secured by a particular asset.

The following kinds of debt are expected here: Credit Cards, Department Stores, Hospitals and Doctors, Oil Companies, Personal Loans and Back Taxes. Do not list debts here that are liens against your property such as home mortgages or car loans. Those debts are listed as expenses elsewhere.

If a debt is not a "marital debt," please note that fact in the margin and provide the details on a separate sheet of paper.

Please photocopy this page if you need more room to make your list.

<i>Creditor, Account Number and Principal purchase for which debt incurred</i>	<i>Name on Account</i>	<i>Balance and Date of Balance</i>	<i>Minimum Payment Required</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Sworn Financial Statement - Questionnaire - Assets and Related Liabilities

If you need more room to answer any of these questions, or if you have more items (e.g. cars, bank accounts, pension plans) than the space provided, please photocopy the applicable page and furnish the additional information on the new page.

You must disclose and list all assets correctly. When you don't list any assets in a particular category will be taken to mean that you are stating affirmatively that you do not have assets in that category.

Name: _____ Date: _____

A. RealEstate

Property location and Type of property (e.g. House, Condominium, Vacation Home, Commercial Building)	Name in which this property is titled	Market value	Date of valuation	Name of lender	Amount of Loan (as of same date as date of valuation)	Wife's non-marital interest	Husband's non-marital interest

Comment: _____

B. Motor Vehicles (including Trucks, Motorcycles, RVs, ATVs and Boats)

Year, make and model	Name in which this vehicle is titled	Market value	Date of valuation	Name of lender	Amount of loan (as of same date as date of valuation)	Wife's non-marital interest	Husband's non-marital interest

Comment: _____

C. Bank Accounts, Other Cash Accounts, Cash on Hand

Name of bank or Name of other institution and	Name in which this account is titled	Type of account	Account number (last 4 digits)	Balance	Date of balance	Wife's non-marital interest	Husband's non-marital interest

Comment:

D. Life Insurance

This section is intended for listing of Life Insurance policies with cash surrender values. Check with your lawyer to see whether to include term insurance policies in this list because term policies usually do not have a cash surrender value.

Name of insurance company, Name of beneficiary and Name of insured person	Owner of this policy and Policy number (last 4 digits)	Type of policy	Face amount of policy	Cash surrender value (and date of valuation)	Loan against value and any surrender charge imposed	Wife's non-marital interest	Husband's non-marital interest

Comment:

E. Household Furnishings

Location and Brief description	Which party has possession of this property	Market value	Date of valuation	Name of lender	Amount of loan (as of same date as date of valuation)	Wife's non-marital interest	Husband's non-marital interest

Comment:

F. Stocks, Bonds, Mutual Funds, Investment Accounts

Name of brokerage company or Number of shares and Name of security	Name on this account (or name in which this security is titled)	Account number (last 4 digits)	Market value	Date of valuation	Margin loan (as of same date as date of valuation)	Wife's non-marital interest	Husband's non-marital interest

Comment:

F. Pension, Profit Sharing and Retirement Funds

Name of plan and Name of Institution where held	Name of participant in this plan or fund	Type of plan	Account number (last 4 digits)	Current value	Date of valuation	Wife's non-marital interest	Husband's non-marital interest

Comment: _____

F. Miscellaneous Assets Please examine the list of assets on the next page. If you own any of the listed items, furnish details in the chart below. When you don't include an item from the list it will be taken to mean that you are affirmatively stating that you do not have that item.

Description	How is this item owned or titled	Current value	Date of valuation	Related loan information	Wife's non-marital interest	Husband's non-marital interest

Comment: _____

Asset check list for listing of items on prior page

- | | | | |
|----------------------------------|---------------------------------------|-------------------------------------|--|
| Stock Options | Oil and gas interests | Motor home | High value area rugs |
| Money owed to me personally | Vacation club points listed elsewhere | Boats | Sports memberships (e.g. Broncos) |
| IRS refunds due | Trust fund entitlement | ATVs and snowmobiles | Power tools |
| Estimated payments made on taxes | Frequent flyer miles | Recreation and sports equipment | Accrued bonus or retirement benefits |
| Club memberships | Sec. 529 educ. acct. | Security deposits | Supplemental executive retirement plan |
| Livestock | Health Savings acct. | Prepaid expenses | Deferred compensation plans |
| Growing or stored crops | Mineral rights | Collectibles (coins, plates, other) | Timeshares |
| Farm equipment | Water rights | Guns | Back maintce or child sup owed to me |
| Pending lawsuit or claim by me | Royalties due | Art | Cash, gold or silver bullion |
| Accrued paid leave | | Jewelry | Contract rights |

F. Business Assets

Description	How owned	Valuation information	Related loan information	Wife's non-marital interest	Husband's non-marital interest

Comment: _____

F. Children's Assets

Description	How owned	Valuation information

Comment: _____