**Financial Information**



Ron Sanchez is a Registered Representative and Investment Advisor Representative with and offers securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Advisor. Fixed Insurance products offered by CES Insurance Agency. California Insurance License #0C77985

# PARTY#1'S BACKGROUND INFORMATION:

Name (First, Middle, Last):

Social Security Number:

Gender: Male. Female.

Date of Birth:

Date of Marriage:

Date Separated:

Address:

City, state Zip: ,

Phone:

Cell Phone:

Email:

# PARTY#2'S BACKGROUND INFORMATION:

Name (First, Middle, Last):

Social Security Number:

Gender: Male. Female.

Date of Birth:

Address:

City, state Zip: ,

Phone:

Cell Phone:

Email:

# CHILDREN

**Custody Exemption**

**Husband or Husband or**

**Child's Name Date of Birth Wife (H/W) Wife (H/W) SSN**

# WAGES FOR PARTY#1

Annual wage and salary income, before taxes:

# NON-WAGE INCOME FOR PARTY#1

Use this sheet to specify income that is not covered on any other sheet.

Specify an amount in whichever column (Week, Month, or Year) is most convenient.

Amount per...

Item Week Month Year

Child support from previous relationship. . . . . . . . . . . .

Alimony from previous relationship. . . . . . . . . . . . . . . .

Unemployment Compensation. . . . . . . . . . . . . . . . . . .

Public Assistance. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Bonuses. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Commissions. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Tips. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Overtime. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Disability Benefits. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Workers' Compensation. . . . . . . . . . . . . . . . . . . . . . . . .

Royalties. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Rent from Spouse. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Deferred Compensation. . . . . . . . . . . . . . . . . . . . . . . . .

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# Detailed Expenses for Party#1:

On this data sheet, specify the household, child, and personal expenses of everyday life. The list tries to be comprehensive, but there is no need to fill in every line.

Amount per...

Item Week Month Year

# Mandatory Deductions

Mandatory Retirement. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Union Dues. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Other Mandatory. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

# Household

Rent. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Condo Fee. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Homeowners' Insurance. . . . . . . . . . . . . . . . . . . . . . . . . . .

Renters' Insurance. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Real Estate Tax. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Cable TV. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Internet Access. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Phone. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Household Maintenance. . . . . . . . . . . . . . . . . . . . . . . . . . .

Furniture & Appliance. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Painting/Wallpapering. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Household Supplies. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Maid/Cleaning Service. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Lawn Service. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Snow Removal. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Trash Removal. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Utilities - Electricity. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Utilities - Gas/Propane Heat. . . . . . . . . . . . . . . . . . . . . . . .

Amount per...

Item Week Month Year

Utilities - Oil Heat. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Utilities - Water/Sewer. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Utilities - Other. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Other Household. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

# Transportation

Car Payments. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Car Insurance. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Car Gasoline/Oil. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Car Maintenance and Repair. . . . . . . . . . . . . . . . . . . . . . .

Car License/Stickers. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Car Other. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Tolls. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Parking. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Public/Alt. Transportation. . . . . . . . . . . . . . . . . . . . . . . . . .

Other Transportation. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

# Child

Child Care - Day Care. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Child Care - Sitters. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Child Clothing/School Uniforms. . . . . . . . . . . . . . . . . . . . .

Child Education Supplies. . . . . . . . . . . . . . . . . . . . . . . . . .

Child Education Books/Fees. . . . . . . . . . . . . . . . . . . . . . . .

Child Education Lunches. . . . . . . . . . . . . . . . . . . . . . . . . .

Child Education Transportation. . . . . . . . . . . . . . . . . . . . .

Amount per...

Item Week Month Year

Child Education Room & Board. . . . . . . . . . . . . . . . . . . . .

Child Grooming. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Child Groceries. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Child Medical Doctor. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Child Medical Dentist. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Child Medical Optical. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Child Medical Medication. . . . . . . . . . . . . . . . . . . . . . . . . .

Child Allowance. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Child Lessons and Supplies. . . . . . . . . . . . . . . . . . . . . . . .

Child Vacation and Camp. . . . . . . . . . . . . . . . . . . . . . . . . .

Child Entertainment. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Child Tutors. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Other Child. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

# Personal

Bank Fees. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Cell Phone. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Cigarettes. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Clothes. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Dry Cleaning. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Education for Party. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Charitable. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Church/Synagogue/Mosque etc. . . . . . . . . . . . . . . . . . . . .

Credit Union (loan). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Amount per...

Item Week Month Year

Dues/Clubs. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Employment Uniforms. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Employment Unreimbursed Travel. . . . . . . . . . . . . . . . . . .

Employment Unreimbursed Education. . . . . . . . . . . . . . .

Entertainment. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Food/Groceries. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Gifts. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Hair. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Horseback Riding. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Laundry. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Legal and Accounting. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Liquor, Beer, Wine. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Lottery Tickets. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Manicure/Pedicure. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Personal Property Insurance. . . . . . . . . . . . . . . . . . . . . . .

Pets. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Previous Relship Child Support. . . . . . . . . . . . . . . . . . . . .

Previous Relship Alimony. . . . . . . . . . . . . . . . . . . . . . . . . .

Restaurants. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Savings. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Stamps and Stationery. . . . . . . . . . . . . . . . . . . . . . . . . . . .

Sports/Hobbies/Lessons. . . . . . . . . . . . . . . . . . . . . . . . . . .

Subscriptions, Books. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Amount per...

Item Week Month Year

Therapist/Counselor. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Toiletries/Grooming/Drug Store. . . . . . . . . . . . . . . . . . . . .

Travel. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Vacations. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Voluntary Retirement. . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Other Personal. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

# Health and Medical

Health Insurance. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Dental Insurance. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Disability Insurance. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Medical/Doctor. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Dental. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Drug & Prescription. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Optical. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Orthodontist. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Other Health. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

# Other

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# INVESTMENTS, CHECKING ACCOUNTS, ETC:

**Description**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current** | **Original** | **Annual** |  | **Title\*** |
| **Value** | **Cost** | **Income** | **Type\*** | **(H/W/J)** |

* Title (H-Husband, W-Wife, J-Joint)
* Type (1-Cash, 2-Checking, 3-Money Market, 4-Savings, 5-Credit Union, 6-Brokerage Acct, 7-Escrow Acct, 8-CD, 9-US Savings Bonds, 10-Stock, 11-Bond, 12-Stock Fund, 13-Mutual Fund, 14-Bond Fund, 15-Real Estate)

# DEBTS:

**Description**

|  |  |  |
| --- | --- | --- |
| **Current** | **Interest** | **Monthly** |
| **Balance** | **Rate (%)** | **Payment** |

# PERSONAL ITEMS:

**Description**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current** | **Original** | **Title\*** |  |
| **Value** | **Cost** | **(M/H/W)** | **Type\*** |

* Title (H-Husband, W-Wife, J-Joint)
* Type (1-Household, 2-Furniture, 3-Art, 4-Jewlery, 5-Paintings, 6-Prints, 7-Antiques,

8-Precious Object, 9-Gold or Metals, 10-Collections, 11-Tradmarks, 12-Patents, 13-Other)

# VEHICLES:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Current** | **Original** |  | **Title\*** |
| **Description** | **Make/Model/Year** | **Value** | **Cost** | **Type\*** | **(H/W/J) Lien** |

* Type (1-Car, 2-Truck, 3-RV, 4-Boat, 5-Plane)
* Title (H-Husband, W-Wife, J-Joint)

# REAL ESTATE:

**Basic Info: 1st Property 2nd Property 3rd Property**

Address:

Current Value:

Original Cost:

Title (H, W, J)\*:

# 1st Mortgage:

Balance:

Interest Rate (%):

Monthly Payment\*:

Statement Month/Year:

Who will pay (H/W/Both):

# 2nd Mortgage:

Balance:

Interest Rate (%):

Monthly Payment\*:

Statement Month/Year:

Who will pay (H/W/Both):

* For monthly payment include interest & principal only, do NOT include taxes or insurance.
* Title (H-Husband, W-Wife, J-Joint)

# IRA/401k ACCOUNTS:

**Current Title\***

**Description Value (H/W)**

* Title (H-Husband, W-Wife)

# LIFE INSURANCE:

**Amount of Amount of**

**Premium Premium**

**Cash Paid By Paid By Title\***

**Description Value Husband Wife (H/W)**

* Title (H-Husband, W-Wife)

# BUSINESS:

**Description**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Annual** | **Form of** |  |
| **Current** | **Original** | **Cash** | **Business** | **Title\*** |
| **Value** | **Cost** | **Flow** | **(I/P/C)\*** | **(H/W)** |

* Title (H-Husband, W-Wife, J-Joint)
* Form of Business (I-Individual, P-Partnership or S Corporation, C-C Corporation)