

Family Mediation Financial Form

Client's Name

Multi-Door Number

Case Manager's Name

Court Jacket Number

Mediator 1

Mediator 2



INCOME

Please attach all relevant documents. Use annual income if you know it.

	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month (check one)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (check one)
Salaries and Wages (Please attach recent pay stub and/or W-2 and tax return)	\$ _____	\$ _____	\$ _____
Overtime (Please attach multiple pay stubs)	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____	\$ _____
Royalties	\$ _____	\$ _____	\$ _____
Bonuses	\$ _____	\$ _____	\$ _____
Interest and Dividends	\$ _____	\$ _____	\$ _____
Business and Partnership Income	\$ _____	\$ _____	\$ _____
Social Security, SSDI	\$ _____	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____
Pensions	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Income from Trust	\$ _____	\$ _____	\$ _____

Capital Gains (real and personal property transactions to the extent they represent a regular source of income)

\$ _____ \$ _____ \$ _____

Contractual Agreements

\$ _____ \$ _____ \$ _____

Perquisites or in-kind compensation, such as use of a company car or reimbursed meals (to the extent they are significant and represent a regular source of income or reduce living expenses,)

\$ _____ \$ _____ \$ _____

Income from Interest in an Estate (direct or through a Trust)

\$ _____ \$ _____ \$ _____

Income from life insurance or endowment contracts

\$ _____ \$ _____ \$ _____

Lottery or gambling winnings (lump sum or annuity)

\$ _____ \$ _____ \$ _____

Prizes and awards

\$ _____ \$ _____ \$ _____

Net Rental Income Received from Renters

\$ _____ \$ _____ \$ _____

Other: _____

\$ _____ \$ _____ \$ _____

Other: _____

\$ _____ \$ _____ \$ _____

Total Gross Income

\$ _____ \$ _____ \$ _____

Annual

Monthly
 Twice a month

Weekly
 Bi-weekly

Alimony/Spousal Support (received from any person)

Annual amount: \$ _____

SSDI Derivative Benefit Payments To Children

Please attach copy(ies) of current statement(s) of benefits.

Child's Name

Age

Amount

\$ _____

\$ _____

\$ _____



EXPENSES for CHILDREN (not subject to this mediation)

Child Support Orders

(Annual amounts actually being paid pursuant to Court Order or Separation Agreement for child(ren) not subject of this mediation) **Please attach copy(ies) of Court Order(s).**

Child's Name	Age	Amount of Payment	Jurisdiction	Order # & Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Child(ren) Living with Parent for Whom Parent is Legally Responsible

Child's Name	Age
_____	_____
_____	_____
_____	_____



EXPENSES for CHILDREN (subject to this mediation)

Medical Insurance

Plan Type (check one): Individual Family

For Family Policy holders only:

1) If the child(ren) subject to this mediation is/are covered by the plan, was there a cost for adding the child(ren) to the plan?

_____ No
_____ Yes Additional Cost \$ _____

If "Yes", please attach a copy of the plan description and cost for an individual policy and a family policy

2) Name of Insurance Company _____

3) Coverage type: HMO _____ Preferred Provider _____ Dental benefits _____

Eye care benefits _____ Prescription benefits _____

4) Names of all individuals covered by Plan:

Extraordinary Medical Expenses that total more than \$250 (for each child subject to this mediation, and for which you are not reimbursed)

Please attach copies of bills and insurance statements.

Expense	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Annual Work / School Related Child Care Costs

Please attach copies of bills or receipts for child care for child(ren) subject to this mediation.

Child's Name	Age	Daycare	Before/after school Care	Summer camp	Other
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____



ALIMONY/SPOUSAL SUPPORT PAID

(Alimony/spousal support that is paid to other parent in this mediation) \$ _____



SWORN STATEMENT

I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing paper and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

Date

Signature