FAMILY MEDIATION SERVICES, INC. David S. Goldberg, Attorney-Mediator

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FINANCIAL INFORMATION AND INCOME STATEMENT

For best results, your screen resolution should be set to a minimum size of 1024 x 768 pixels.

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Date	
The financial information on the following pages is important. Please let the mediator know if you need help in completi item. Please bring in three (3) copies of documentation for all asset and income items. Also, please bring confederal and state income tax returns for the past three (3) years together with W-2, 1099 and K-1 forms, and a copy of four (4) most recent pay-stubs.	oies of
ASSETS: Enter the value of each of the following items of property as precisely as you can. Also identify the property as precise possible, including, for example, names of banks, account numbers, stock certificate numbers, etc. If an item is valued adate other than the date of this Statement, insert the valuation date. Be sure to set forth the manner in which title to each held.	as of a
A. CHECKING & SAVINGS ACCOUNTS	
Husband Wife Joint \$ - \$ - \$ - \$ - \$ - - \$ - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -	

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LIFE INSURANCE - Name of Compa dinary life"), and Cash Surrender V		er, Party Insured	I, Beneficiary, F	ace Value, 1	Гуре (i.e., "te		
	Hus	sband	<u>Wife</u>		<u>Joint</u>		
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ID SOLE PROPRIETORSHIPS (Pleas	se furnish balanc <u>Hus</u> \$	DING CORPORA e sheets, P&L st sband - \$		icial stateme			
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		<u>Husband</u>		<u>Wife</u>		<u>Joint</u>
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P. PERSONAL PROPERTY, INCLUDING FURNITURE AND HOME FURNISHINGS, STEREO AND VIDEO EQUIPMENT,
HAM RADIO EQUIPMENT, SILVER, CHINA, CRYSTAL, ANTIQUES, PAINTINGS, SCULPTURES, PRINTS, COIN AND
STAMP COLLECTIONS, FIREARMS, BOOKS, RECORDINGS, COMPUTERS AND PERIPHERAL EQUIPMENT, ETC.

	<u>Hus</u>	<u>Husband</u>		<u>Wife</u>			<u>Joint</u>	
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PROPERTY HELD FOR YOU BY OT	HERS							
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TOTAL ASSETS	\$		\$		-	\$		
<u>ABILITIES:</u> MORTGAGES ON REAL ESTATE (ii	ncludina eau	uity line or line o	of credit	loans).				
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Sub-Total:	\$	- \$	-	\$
TOTAL LIABILITIES	\$	- \$	_	\$ _

MONTHLY INCOME:

	Hus	band		Wife		<u>Joint</u>
Gross Salary	\$		\$		\$	
Less: Federal Withholding	\$	-	\$	-	\$	-
State Withholding	\$	-	\$	-	\$	-
FICA (SS & Medicare)	\$ \$ \$ \$	-	\$	-	\$	-
Retirement Plans	\$	-	\$	-	\$	-
Medical Insurance	\$	-	\$	-	\$	-
Life Insurance	\$	-	\$	-	\$	-
Union Dues	\$	-	\$	-	\$	-
Other:	_ ·		•			
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Net Salary	\$	_	\$	_	\$	_
Dividend Income	\$	-	\$	-	\$	
Interest Income	\$		\$	-	\$	
Income from Trusts	\$		\$		\$	
Rental Income	\$		\$		\$	
Last Year's Tax Refunds	\$		\$	-	\$	
Child Support - Former Spouse	Ψ Φ		\$		\$	
Pension or Retirement Income	Ψ Φ		<u>\$</u>		- Ψ \$	
Disability or Comp. Income	Ψ Φ	<u> </u>	<u>\$</u>		<u>Ψ</u> \$	
Unemployment Income	\$ \$ \$ \$ \$ \$ \$ \$		<u>φ</u> \$		\$ \$	
Public Assistance	φ		<u>φ</u> \$		<u></u> \$	
	Φ		\$ \$		\$ \$	
Military Income	Φ	-	\$ \$	-	- φ \$	
Social Security Income Other Income:	Ψ	-	Ψ	-	Φ	
Other income.	ሱ		Φ		Φ	
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TOTAL INCOME	\$	-	\$	-	\$	-

The above information is true and complete to the best of my/our knowledge, information and belief.

Signature	Signature	
Date	Date	
Subscribed and sworn to this	Subscribed and sworn to this	
day of 20	day of, 20	. •
Notary Public	Notary Public	
My Commission Expires:	My Commission Expires:	

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