

**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.**

Right click on the Desktop, then click Properties, then select the Settings tab, then adjust the screen resolution, click Apply then OK.

**Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

The financial information on the following pages is important. Please let the mediator know if you need help in completing any item. **Please bring in three (3) copies of documentation for all asset and income items.** Also, please bring copies of Federal and state income tax returns for the past three (3) years together with W-2, 1099 and K-1 forms, and a copy of your four (4) most recent pay-stubs.

**ASSETS:**

Enter the value of each of the following items of property as precisely as you can. Also identify the property as precisely as possible, including, for example, names of banks, account numbers, stock certificate numbers, etc. If an item is valued as of a date other than the date of this Statement, insert the valuation date. Be sure to set forth the manner in which title to each item is held.

**A. CHECKING & SAVINGS ACCOUNTS**

	<u>Husband</u>		<u>Wife</u>		<u>Joint</u>
_____	\$ -		\$ -		\$ -
_____	\$ -		\$ -		\$ -
_____	\$ -		\$ -		\$ -
_____	\$ -		\$ -		\$ -
_____	\$ -		\$ -		\$ -
<b>Sub-Total:</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

**B. CERTIFICATES OF DEPOSIT, MONEY MARKET ACCOUNTS, AND OTHER BANK DEPOSITORY ACCOUNTS**

	<u>Husband</u>		<u>Wife</u>		<u>Joint</u>
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>

**C. EQUITY LINE OR LINE OF CREDIT ACCOUNTS**

	<u>Husband</u>		<u>Wife</u>		<u>Joint</u>
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>

**D. NOTES OR ACCOUNTS RECEIVABLE, AND SALARY OR COMMISSIONS OR BONUSES DUE TO YOU. Indicate by whom payable, and the amount and date or dates payable. Include money owed by your spouse or by any family member.)**

	<u>Husband</u>		<u>Wife</u>		<u>Joint</u>
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>

**E. STOCKS, BONDS, MUTUAL FUNDS, DEBENTURES, WARRANTS, & STOCK OPTION PLANS (Including ESOP and PAYSOP plans.)**

	<u>Husband</u>		<u>Wife</u>		<u>Joint</u>
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
_____	\$ -	\$	-	\$	-
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>

**F. REAL ESTATE (Home, 2nd Home, Timeshares, Unimproved Property)**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**G. LIFE INSURANCE - Name of Company, Policy Number, Party Insured, Beneficiary, Face Value, Type (i.e., "term" or "ordinary life"), and Cash Surrender Value.**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**H. BUSINESS OR PROFESSIONAL INTERESTS, INCLUDING CORPORATIONS, PARTNERSHIPS, JOINT VENTURES, AND SOLE PROPRIETORSHIPS (Please furnish balance sheets, P&L statements, financial statements & tax returns for the last five (5) years.)**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**I. PENSION PLANS, KEOGH (HR-10) PLANS, IRA ACCOUNTS, SEP PLANS, PROFIT SHARING PLANS, DEFERRED COMPENSATION PLANS, TSP and TDSP PLANS AND OTHER SAVINGS OR RETIREMENT PLANS (Please furnish most recent statement of benefits and plan description.)**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**J. TRUST FUNDS, ANNUITIES, ENDOWMENTS, INHERITANCES, ETC.**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**K. PATENTS, TRADEMARKS, COPYRIGHTS, ROYALTIES DUE, LEASEHOLD INTERESTS, INVESTMENT CLUB INTERESTS, COMMODITY FUTURES, CONTRACTS IN FORCE, MINERAL RIGHTS, ETC.**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**L. PENDING CLAIMS BY YOU FOR BREACH OF CONTRACT, PERSONAL INJURY, NEGLIGENCE, CASUALTY LOSS, ETC.**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**M. VALUE OF ACCUMULATED ANNUAL, SICK AND COMP LEAVE**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**N. INCOME TAX REFUNDS DUE OR OVERPAYMENTS CREDITED TO FUTURE TAXES**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**O. AUTOMOBILES, MOTORCYCLES, CAMPERS, TRAILERS, MOBILE HOMES, BOATS, BOAT TRAILERS, AIRCRAFT, PRECIOUS METALS, JEWELRY, CASH**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**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>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Q. PROPERTY HELD FOR YOU BY OTHERS**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**R. PENDING CONTRACTS FOR THE PURCHASE OR SALE OF ANY ASSET**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**S. ALL OTHER PROPERTY INTERESTS OR ASSETS NOT SET FORTH ABOVE**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL ASSETS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**LIABILITIES:**

**A. MORTGAGES ON REAL ESTATE (including equity line or line of credit loans).**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**B. NOTES OR ACCOUNTS PAYABLE TO BANKS & OTHERS (Identify in each case the asset purchased.)**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**C. LOANS ON INSURANCE POLICIES**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

D. OTHER DEBTS including store charges, credit cards & debts to spouse or family members.

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -
<b>Sub-Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL LIABILITIES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>



**MONTHLY INCOME:**

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

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 \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_ .

Subscribed and sworn to this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_

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