



Client Financial Intake Form

NOTE: Pursuant to Supplemental Probate and Family Court Rule 401, all spouses and parents must complete a Financial Statement to submit to the court in the event there are any financial issues pending before the court. This intake form will be used to draft a Financial Statement to be submitted to the Court.

NAME: _____

DATE: _____

Employment

Your Occupation:	
Name of Your Employer:	
Employer's Street Address:	
Employer City, State, and Zip Code	
Employer's Telephone Number:	

Number of years you have contributed to Social Security:	
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Do you have medical insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of medical insurance provider:		

Income

The Probate and Family Court requires all income listed to be **gross income (i.e. before taxes)**. Please be sure all figures listed below are gross figures, and not net figures.

Please indicate whether amount is yearly, monthly, weekly, or other.

<u>Source of Income</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Other (Please specify)</u>
Base pay				
Overtime				
Commissions				
Bonuses				
Part-Time job				
Tips				
Dividends				
Interest				
Trusts				
Annuities				
Pensions				
Retirement funds				
Social Security				
Disability				
Unemployment insurance				
Worker's compensation				
Public Assistance (welfare, food stamps)				
Child support				
Alimony				
Royalties				
Contributions from members of your household				
Other:				

Please provide at least 2 recent paystubs and your most recent W-2, K-1, and 1099 Forms along with this sheet.

Self-Employment Income

If you are self-employed, please provide the following information:

Is your business seasonal in nature: Yes No

Does your business operate on a fiscal year basis? Yes No

If your business operates on a fiscal year basis, give the starting and end dates of your fiscal year:

Starting Date:	
Ending Date:	

<u>Gross Receipts</u>	
Gross receipts, year to date:	
Average gross monthly receipts:	

<u>Gross Expenses</u>	
Gross expenses, year to date:	

<u>Gross Monthly Expenses</u>													
<u>Expense</u>	<u>Amount</u>												
Cost of goods sold													
Advertising													
Bad Debts													
Motor vehicle expenses													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="padding: 5px;">Gas</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Insurance</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Maintenance</td> <td></td> </tr> <tr> <td></td> <td style="padding: 5px;">Registration</td> <td></td> </tr> </table>		Gas			Insurance			Maintenance			Registration		
	Gas												
	Insurance												
	Maintenance												
	Registration												
Commissions													
Depletion													
Dues and Publications													
Employee Benefit Programs													
Freight													
Insurance (specify type)													
Insurance (specify type)													

Interest on mortgage to banks	
Interest on loans	
Legal and Professional Services	
Office expenses	
Laundry and cleaning	
Pension and profit sharing	
Rent on leased equipment	
Machinery/Equipment	
Other business property	
Repairs	
Supplies	
Taxes	
Travel	
Meals and entertainment	
Utilities and phones	
Wages	
Other (please specify):	
Other (please specify):	
Other (please specify):	
Other (please specify):	

Rental Income

If you lease any property to a tenant, please provide the following information:

(If you lease more than one property, please complete this section multiple times, one for each property.)

Property Address

Property Street Address:	
Property City, State, and Zip Code	

Rental Income Received

Please indicate whether amount is yearly, monthly, weekly, or other.

<u>Rent</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Other (Please specify)</u>
Gross rent received				

Rental Expenses

Please indicate whether amount is yearly, monthly, weekly, or other.

<u>Expense</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Other (Please specify)</u>
Advertising				
Motor Vehicle and Travel				
Insurance				
Cleaning and maintenance				
Interest on mortgage to banks				
Other interest (Please specify):				
Other interest (Please specify):				

<u>Expense</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Other (Please specify)</u>
Legal services				
Professional services				
Repairs				
Supplies				
Taxes				
Utilities				
Wages				
Other (please specify):				
Other (please specify):				
Other (please specify):				

Living Expenses

Please indicate whether each amount is yearly, monthly, weekly, or other.

<u>Expense</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Other (Please specify)</u>
Mortgage				
Principal				
Interest				
Taxes				
Special Assessments				
Condo fees				
Apartment				
Rent				
Parking fees				
Amenities fees				
Tax Clause				
Other (specify)				
Utilities				
Heat				
Electricity				
Gas				
Home telephone				
Cell phone				
Cable TV/Satellite				
Internet				
Water & Sewer Fees				
Homeowner's/Renter's Insurance				
Allowance for Major Home Repairs and Maintenance (estimated)				
Allowance for Repair and Replacement of Furniture and Appliances (estimated)				
Major Household Cleaning (drapes, carpets, etc.)				

<u>Expense</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Other (Please specify)</u>
Appliance Maintenance Contract or Service Insurance or (washer, dryer, etc.)				
Grounds Maintenance				
Snow removal				
Trash removal				
Gardener or Landscaper				
Tree and Shrub Care				
Supplies				
Equipment				
Cesspool / Septic Tank				
Pool				
Other (specify):				
Food				
Groceries				
Dining Out				
Household Supplies				
Incidentals and Toiletries				
Clothing				
Self				
Children				
Medical Insurance				
Uninsured medical expenses				
Co-pays				
Prescriptions				
Other (specify):				
Dental Insurance				
Uninsured Dental Expenses				
General				
Orthodontist				
Periodontist				
Other				
Vision Insurance				
Uninsured Vision Expenses				
Eyeglasses / Contact Lenses				
Ophthalmologist				

<u>Expense</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Other (Please specify)</u>
Auto Expenses				
Loan payment				
Gas				
Routine maintenance				
General Repairs				
Registration, Inspection, and License				
Insurance				
Excise Tax				
Motor Club Dues				
Other (specify):				
Dry cleaning				
Laundry				
Hair Care				
Self				
Children				
Domestic Help				
Housekeeper				
Cook				
Laundress				
Handyman				
Other (specify):				
Gifts				
Birthdays				
Weddings				
Anniversaries				
Christmas / Hanukkah				
Other				
Life Insurance Premiums				
Baby Sitter Fees				
Day Care Fees				
Child's Education (specify child):				
Tuition				
Room and Board				
Transportation				
Books and Records				
Activity Fees				
Lab Fees				
Insurance				
Supplies				

<u>Expense</u>		<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Other (Please specify)</u>
	Lunches				
	Other (specify):				
Child's Education (specify child):					
	Tuition				
	Room and Board				
	Transportation				
	Books and Records				
	Activity Fees				
	Lab Fees				
	Insurance				
	Supplies				
	Lunches				
	Other (specify):				
Child's Education (specify child):					
	Tuition				
	Room and Board				
	Transportation				
	Books and Records				
	Activity Fees				
	Lab Fees				
	Insurance				
	Supplies				
	Lunches				
	Other (specify):				
Entertainment					
	Self				
	Children				
Summer Camps					
Extracurricular Activities (specify activity and child)					
Charitable Contributions					
Vacations					
Club Memberships					
	Country Club				
	Yacht Club				

<u>Expense</u>		<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Other (Please specify)</u>
	Health Club				
	Other (specify):				
Children's allowances					
Professional Memberships and Dues					
Education (self)					
Newspaper and magazine subscriptions					
Other Insurance					
	Accidental Death				
	Disability				
	Flight				
	Other (specify):				
Pet expenses					
	Food				
	Veterinary expenses				
	Licensing				
	Boarding				
	Other (specify):				
Child support paid					
Lottery Tickers					
Other (specify):					
Other (specify):					
Other (specify):					
Other (specify):					
Other (specify):					
Other (specify):					
Other (specify):					
Other (specify):					

Assets

<u>Real Estate</u>	
<u>Primary Residence</u>	
Street Address	
City, County, State	
Name(s) on title	
Purchase price of property	
Year of purchase	
Current Assessed Value of the Property	
Date of Last Assessment	
Fair Market Value of the Property	
Outstanding balance on 1 st mortgage	
Outstanding balance on 2 nd mortgage	
<u>Vacation or Second Home</u>	
Street Address	
City, County, State	
Name(s) on title	
Purchase price of property	
Year of purchase	
Current Assessed Value of the Property	
Date of Last Assessment	
Fair Market Value of the Property	
Outstanding balance on 1 st mortgage	
Outstanding balance on 2 nd mortgage	
<u>Other Real Estate</u>	
Street Address	
City, County, State	
Name(s) on title	
Purchase price of property	
Year of purchase	

<u>Savings Accounts</u>			
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<u>Bank Name</u>	<u>Account Number</u>	<u>Current Balance</u>	<u>Name(s) of Joint Owners</u>

<u>Credit Union Accounts</u>			
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<u>Bank Name</u>	<u>Account Number</u>	<u>Current Balance</u>	<u>Name(s) of Joint Owners</u>

<u>Money Market Accounts</u>			
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<u>Bank Name</u>	<u>Account Number</u>	<u>Current Balance</u>	<u>Name(s) of Joint Owners</u>

<u>Securities and Investments</u>			
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<u>Stocks</u>			
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<u>Institution</u>	<u>Account Number</u>	<u>Current Balance/Value</u>	<u>Name(s) of Joint Owners</u>

Bonds

<u>Institution</u>	<u>Account Number</u>	<u>Current Balance/Value</u>	<u>Name(s) of Joint Owners</u>

Bond Funds

<u>Institution</u>	<u>Account Number</u>	<u>Current Balance/Value</u>	<u>Name(s) of Joint Owners</u>

Cash in Brokerage Accounts

<u>Institution</u>	<u>Account Number</u>	<u>Current Balance</u>	<u>Name(s) of Joint Owners</u>

U.S. Savings Bonds

<u>Institution</u>	<u>Account Number</u>	<u>Current Balance/Value</u>	<u>Name(s) of Joint Owners</u>

<u>Notes/Accounts Receivable</u>		
<u>Date of Note</u>	<u>Payor</u>	<u>Amount Due</u>

<u>Pension Plans & Retirement Accounts</u>			
<u>Institution Name</u>	<u>Type of Account</u>	<u>Account Number</u>	<u>Current Balance/Value</u>

<u>Life Insurance</u>				
<u>Face Amount and Type</u>	<u>Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Owner</u>

<u>Business Interests</u>		
<u>Name of Business</u>	<u>Value</u>	<u>Nature of Interest</u>

<u>Trusts</u>			
<u>Name of Trust</u>	<u>Type of Interest</u>	<u>Value</u>	<u>Yearly Income Received</u>

<u>Inheritance</u>	
<u>Benefactor</u>	<u>Anticipated Inheritance</u>

<u>Personal Property</u> <i>(includes Antiques, Jewelry, Firearms, Furnishings, Art, Tools & Equipment, and Collections)</i>		
<u>Description of Property</u>	<u>Value</u>	<u>Location of Property</u>

Liabilities

<u>Credit Cards/Charge Cards</u>			
<u>Company</u>	<u>Account Number</u>	<u>Present Balance</u>	<u>Monthly Payment</u>

<u>Mortgages</u>			
<u>Lender</u>	<u>Current Balance</u>	<u>Interest Rate</u>	<u>Date of Loan</u>

<u>Notes</u>				
<u>Note Holder</u>	<u>Date of Note</u>	<u>Balance</u>	<u>Collateral (if any)</u>	<u>Monthly Payment</u>

<u>All Other Debts</u>				
<u>Owed To</u>	<u>Date Incurred</u>	<u>Nature of Debt</u>	<u>Current Balance</u>	<u>Monthly Payment</u>