CLIENT INFORMATION

Courtesy of Alft & Wilson Publishing – Iowa Support Master www.iowasupportmaster.com

Your Information	tion		
Name:			
Address:			
Phone:		_ (Cell) (Lar	nd Line)
Social Securi	ty Number:		
Work Phone:			
Date of Birth:			
Employer:	Name		Yearly Gross Income:
	Address		
	City	State	Zip
	Employer's Phone:		
	Employer's Federal EIN number	r if known: _	
Employer:	Name		Yearly Gross Income:
	Address		
	City	State	Zip
	Employer's Phone:		
	Employer's Federal EIN number	r if known: _	
County of Re	sidence:		
City and State	e where married:		_
Date of marri	age:	-	
Spousal	Support Information		
Do you antici	pate you or your spouse possibly re	equesting sp	oousal support (alimony)?
			on and advancement? For example, did you
•	our spouse was obtaining his/her co	•	
	ur spouse stay home and, for examed?	nple, take ca	are of the kids, do house chores, while your

Explain Answers:

Income Information

How are you paid (circle one)? Weekly / Bi-weekly / 1st & 15th (twice	per month) / Monthly
Enter your average gross income per pay period: \$	
Please attach up to 5 pay stubs for you and your spouse if available.	
If you are paid hourly, how much are you paid per hour? \$	
How many hours per week, on the average, do you work?	
How many overtime hours per week, on the average, do you work?	
What is your overtime pay per hour? \$	
If self-employed, what is your net profit or earned income from self-en	mployment?
\$ per Week / Bi-week / Month / Year (circle on	ne)
How did you determine this information: Tax forms or Estimating (c	ircle one)
Has your income increased/decreased over the past three years? Ex	plain:
List any additional income and sources (such as alimony and interes	t) below:
The filing status on your next tax return is expected to be: Single:Married: Head of Household: Married Number of dependents that you currently claim on your tax return: _ Explain:	
Are you legally blind and/or over age 65?	
What school district do you reside in?	
Expenses	
List the following that you must pay and how often:	(weekly, bi-weekly, monthly)
Union dues	per
Mandatory pension	per
Un-reimbursed medical support paid (include medications)	per
Child support (from a prior court order)	
Spousal Support (from a prior court order)	per
Childcare expenses	
How many children are in childcare?	. ———
Do you receive any assistance in providing childcare (ie. Employ	er provides \$500 per mo.)?
Explain:	

Health Insurance

Do you currently have the chil	ld(ren) covered unde	er a plan of health insurance? Yes – No
If Yes, does the plan	of health insurance a	also cover you and/or your spouse? Yes – No
How many people are	e covered by the plan	1?
If the children are covered, when	hat is the name of the	e company? (ie. Blue Cross):
Are the children covered by:	Title XIX? Hawk-I?	
		If this is a family plan, you need to
find out what the plan would o	cost if you were single	e. If you know, how much does the single plan cost pe
month? \$		
If the children are not covered	d by a health plan, wh	hy? (ie. Cannot afford, not available, health issues):
Children Information	n	
Names - Dates of Rirth - Was	child born during ma	arriage? Who will the child most likely live with?
ranico Balco of Birtii Was	orma born during me	arriage. With will the drilla most likely live with.
	/ /	Yes / No
Do you or your spouse have o	children with other inc	dividuals? Explain and include where they live; if child
support is involved and their of		arragaio. Explain and molado miolo moy iro, ii oliiio
support is involved and their c	dates of birtin.	
List any information which you	u feel may be importa	ant when considering the amount of child support:

Attach additional sheets if needed.

Spouse Information

		3)
Phone:		_ (Cell) (Land Line)
Social Secur	ity Number:	
Date of Birth	:	_
Employer:	Name	Yearly Gross Income:
	Address	
	City	State Zip
	Employer's Phone:	FAX:
	Employer's Federal El	N number if known:
Employer:	Name	Yearly Gross Income:
	Address	
	City	State Zip
	Employer's Phone:	FAX:
	Employer's Federal El	N number if known:
County of Pa	ocidonoo:	
•	esidence:	
•		reside in?
What school		reside in?
What school Spouse	district does your spouse	reside in?
What school Spouse How is your	district does your spouse Income Information spouse paid (circle one)?	reside in? On Weekly / Bi-weekly / Monthly
What school Spouse How is your	district does your spouse Income Information spouse paid (circle one)?	reside in?
What school Spouse How is your Enter your spouse	district does your spouse Income Information spouse paid (circle one)? Incomes average gross incomes	reside in? On Weekly / Bi-weekly / Monthly
What school Spouse How is your Enter your spouse If you spouse	district does your spouse Income Information spouse paid (circle one)? No pouses' average gross income is paid hourly, how much	reside in? On Weekly / Bi-weekly / Monthly ome per pay period: \$
What school Spouse How is your Enter your spouse If you spouse How many h	Income Information spouse paid (circle one)? Incomes paid (circle one)? Incomes paid (circle one) incomes incomes in paid hourly, how much ours per week, on the average	weekly / Bi-weekly / Monthly ome per pay period: \$ is he/she paid per hour? \$ erage, does your spouse work?
What school Spouse How is your Enter your spouse How many h	Income Information spouse paid (circle one)? Income paid (circle one)? Incomes average gross incomes is paid hourly, how much ours per week, on the avertime hours per week, on	Weekly / Bi-weekly / Monthly ome per pay period: \$ in is he/she paid per hour? \$ erage, does your spouse work? on the average, does your spouse work?
What school Spouse How is your Enter your spouse How many h How many o What is your	Income Information spouse paid (circle one)? Income paid (circle one)? Income paid (circle one)? Income is paid hourly, how much ours per week, on the avectime hours per week, on spouses' overtime pay per paid hourly.	Weekly / Bi-weekly / Monthly ome per pay period: \$ in is he/she paid per hour? \$ erage, does your spouse work? on the average, does your spouse work? er hour? \$
What school Spouse How is your Enter your spouse How many h How many o What is your	Income Information spouse paid (circle one)? Income paid (circle one)? Income paid (circle one)? Income is paid hourly, how much ours per week, on the avectime hours per week, on spouses' overtime pay per paid hourly.	Weekly / Bi-weekly / Monthly ome per pay period: \$ in is he/she paid per hour? \$ erage, does your spouse work? on the average, does your spouse work?
What school Spouse How is your Enter your spouse How many h How many o What is your If self-emplor	Income Information spouse paid (circle one)? Income paid (circle one)? Incomes paid (circle one)? Incomes paid hourly, how much ours per week, on the avectime hours per week, on spouses' overtime pay per yed, what is the net profit of	Weekly / Bi-weekly / Monthly ome per pay period: \$ in is he/she paid per hour? \$ erage, does your spouse work? on the average, does your spouse work? er hour? \$
What school Spouse How is your Enter your spouse How many h How many o What is your If self-emplo	Income Information spouse paid (circle one)? Income paid (circle one)? Incomes paid (circle one)? Incomes paid hourly, how much ours per week, on the avectime hours per week, on spouses' overtime pay per yed, what is the net profit of the per week / Bi-	Weekly / Bi-weekly / Monthly ome per pay period: \$ in is he/she paid per hour? \$ in the average, does your spouse work? on the average, does your spouse work? or hour? \$ or earned income from self-employment?

The filing status or	n the spouse's	next tax return is e	expected	to be:	
Single:	Married:	Head of Househ	old:	_ Married/Separated	:
Number of depend	dents that your	spouse can claim	on a tax	return:	
Is the spouse lega	lly blind and/or	over age 65?			
Spouse Exp	enses				
List the following t	hat your spous	e must pay and ho	w often:	(weekly, b	i-weekly, monthly)
Union dues					_ per
Mandatory pe	nsion				_ per
Unreimbursed	medical supp	ort paid (include me	edication	s)	_ per
Child support	(from a prior co	ourt order)			_ per
Spousal Supp	ort (from a pric	or court order			_ per
Has income increa	ased, decrease	ed or stayed the sa	me over	the last 3 years?	
Explain:					
Financial St	atement Ir	nfo			
Please complete t	he following to	the best of your ab	oility. Be	as accurate as poss	ible. Be careful to avoid
•	-	•	-	•	have a question about
	-			tional documentation	
, p					
1. Enter the date t	hat the followir	ng information is ac	curate:		
		9			
2. Do you receive	any disability o	or unemployment ir	surance	? Yes/No	
•		d enter the amoun			
, ,					
					
3. Do you have an	y income dedu	ctions other than f	ederal or	state taxes or FICA	? Yes / No
-	-	d enter the amoun			
Descriptio				Amou	nt
•					

LIST OF ASSETS. Please list every item of property having any value over \$100. Use these examples:
Homestead at 123 East 1 st Ave., Anytown, Iowa. Value \$194,000, Mortgage \$121,000 – Joint Ownership 2012 Chevy Lumina, Value \$12,000, Debt \$8,000 – in husband's name.
Attach additional sheets if necessary.

List of Expenses for Financial Affidavit

Household Expenses					Amount	Circle One
	Comments					
Association Fees	\$	Υ	М	W		
Electricity, Oil, Gas	\$	_ _ Y	M	W		
House Payment or Rent	\$	_ Y	М	W		
Household Insurance	\$	_ Y	М	W	·	
Lawn Care	\$	_ Y	М	W		
Real Estate Taxes	\$	_ Y	М	W		
Repairs and Maintenance	\$	_ Y	М	W		
Snow Removal	\$	Υ	М	W		

	Telephone	\$	Y	М	W		
	Water, Garbage, Sewer	\$	Y	M	W		
	Other	\$	Y	M	W	-	
Pers	sonal and Incidental Related Expense	es					
	Clothing (include children)	\$	Y	М	W		
	Club and Membership Dues	\$	Y	М	W		
	Cosmetics / Personal Grooming	\$	Y	М	W		
	Incidentals	\$	Y	М	W		
	Laundry and Dry Cleaning	\$	Y	М	W		
	Meals and Food	\$	Y	М	W		
	Pet Care and Maintenance	\$	Y	М	W		
	Vacation	\$	Y	М	W		
	Other	\$	Y	М	W		
Trar	nsportation Expenses						
	Car Insurance	\$	Y	М	W		
	Car Maintenance / Repairs	\$	Y	М	W		
	Car Payments	\$	Y	М	W		
	Car Registration	\$	Y	М	W		
	Gas and Oil for Cars	\$	Y	М	W		
	Parking Fees	\$	Y	М	W		
	Other	\$	Y	М	W		
Med	ical Expenses				A	Amount	Circle One
		Comme	nts				
	Dental and Orthodontia	\$	Y	М	W		
	Drugs, Prescription, Medicine	\$	Y	М	W		
	Health Insurance	\$	Y	М	W		
	Medical and Chiropractic	\$	Y	М	W		
	Optical and Optometrist	\$	Y	М	W		
	Unreimbursed medical	\$	Y	М	W		
	Other	\$	Y	М	W		
Edu	cational Expenses						
	Allowances, Books, Games	\$	V	NΛ	W		
	, mowanicos, books, Cames	Ψ	'	171	v V		

	Classes Lessens Tutors	\$	Υ	М	۱۸/	
	Classes, Lessons, Tutors School Activities/Supplies	Ψ \$	Υ	M	W	
	School lunches	Ψ \$	Υ	M	W	
	Special Events/Circumstances	Ψ \$	Υ	M	W	
	•	\$	r Y			
	YMCA, Campfire, Preschool Other	\$	r Y	M	W	
	Other	Φ	ı	M	VV	
Insura	ance Expenses					
	Disability Insurance	\$	Υ	М	W	
	Life Insurance	\$	Υ	М	W	
	Other	\$	Υ	M	W	
Child	Care					
	Babysitting	\$	Υ	М	W	
	Day Care	\$	Υ	М	W	
	Other	\$	Υ	М	W	
Child	and Spouse Support					
	Child / Dependent Support	\$	Υ	M	W	
	Spouse Support	\$	Υ	М	W	
	opouco cupport	-				
	Other	\$	Υ	M	W	
Recre			Υ		w	Circle One
Recre	Other	\$	Υ			
Recre	Other	\$	Y			
Recre	Other eation and Hobbies	\$Comments		Amo	ount	Circle One
Recre	Other eation and Hobbies Books and Novels	\$ Comments \$	Υ	Amo	ount W	Circle One
Recre	Other Pation and Hobbies Books and Novels Cable-Satellite TV	\$\$ \$\$	Y Y	Ame M M	w W	Circle One
Recre	Other Pation and Hobbies Books and Novels Cable-Satellite TV Hobbies (Sports and Crafts)	\$\$ \$\$ \$\$	Y Y Y Y	Ame M M	W W W	Circle One
Recre	Other Pation and Hobbies Books and Novels Cable-Satellite TV Hobbies (Sports and Crafts) Magazines	\$\$ Comments \$\$ \$\$ \$\$	Y Y Y Y	Ame M M M	W W W W	Circle One
Recre	Other Pation and Hobbies Books and Novels Cable-Satellite TV Hobbies (Sports and Crafts) Magazines Newspapers	\$\$ Comments \$\$ \$\$ \$\$ \$\$	Y Y Y Y	Ame M M M M M M	W W W W W	Circle One
	Other Pation and Hobbies Books and Novels Cable-Satellite TV Hobbies (Sports and Crafts) Magazines Newspapers Recreation and Entertainment	\$\$ Comments \$\$ \$\$ \$\$ \$\$	Y Y Y Y	Ame M M M M M M	W W W W W	Circle One
	Other Pation and Hobbies Books and Novels Cable-Satellite TV Hobbies (Sports and Crafts) Magazines Newspapers Recreation and Entertainment Other	\$\$ Comments \$\$ \$\$ \$\$ \$\$	Y Y Y Y	Ame M M M M M M	W W W W W	Circle One
	Other Pation and Hobbies Books and Novels Cable-Satellite TV Hobbies (Sports and Crafts) Magazines Newspapers Recreation and Entertainment Other Lions and Gifts	\$\$ Comments \$\$ \$\$ \$\$ \$\$ \$\$	Y Y Y Y Y Y	Ame M M M M M M M	W W W W W	Circle One

(Other	\$ Υ	М	W	 	
Monetar	ry, Legal and Banking Expenses					
,	Attorney and Broker Fees	\$ Υ	М	W	 	
I	Bank and Investment Fees	\$ Υ	М	W	 	
I	RA's	\$ Υ	М	W	 	
;	Savings Plans	\$ Υ	М	W	 	
-	Tax Preparation / Accounting	\$ Υ	М	W	 	
(Other	\$ Υ	M	W	 	
Miscella	neous (Any Other Expenses)					
-		\$ Υ	М	W	 	
-		\$ Υ	М	W	 	
-		\$ Υ	М	W	 	
<u>-</u>		\$ Υ	М	W	 	
-		\$ Υ	М	W	 	
Monthly	Installments and Debts					
-		\$ Υ	М	W	 	
-		\$ Υ	М	W	 	
-		\$ Υ	М	W	 	
-		\$ Υ	М	W	 	
-		\$ Υ	М	W	 	