

CLIENT INFORMATION

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Your Information

Name: _____

Address: _____

Phone: _____ (Cell) (Land Line)

Social Security Number: ____--____--_____

Work Phone: _____

Date of Birth: _____

Employer: Name _____ Yearly Gross Income: _____

Address _____

City _____ State _____ Zip _____

Employer's Phone: _____

Employer's Federal EIN number if known: _____

Employer: Name _____ Yearly Gross Income: _____

Address _____

City _____ State _____ Zip _____

Employer's Phone: _____

Employer's Federal EIN number if known: _____

County of Residence: _____

City and State where married: _____

Date of marriage: _____

Spousal Support Information

Do you anticipate you or your spouse possibly requesting spousal support (alimony)? _____

Did you or your spouse contribute to either's higher education and advancement? For example, did you work while your spouse was obtaining his/her college education? _____

Did you or your spouse stay home and, for example, take care of the kids, do house chores, while your spouse worked? _____

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-employment?

\$ _____ per **Week / Bi-week / Month / Year** (circle one)

How did you determine this information: **Tax forms** or **Estimating** (circle one)

Has your income increased/decreased over the past three years? Explain:

List any additional income and sources (such as alimony and interest) below:

The filing status on your next tax return is expected to be:

Single: ____ Married: ____ Head of Household: ____ Married/Separated: ____

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) _____ per _____

Spousal Support (from a prior court order)..... _____ per _____

Childcare expenses _____ per _____

How many children are in childcare? _____

Do you receive any assistance in providing childcare (ie. Employer provides \$500 per mo.)?

Explain:

Health Insurance

Do you currently have the child(ren) covered under a plan of health insurance? Yes – No

If Yes, does the plan of health insurance also cover you and/or your spouse? Yes – No

How many people are covered by the plan? _____

If the children are covered, what is the name of the company? (ie. Blue Cross): _____

Are the children covered by: Title XIX? Hawk-I?

What is the cost of the health plan per month? \$_____ If this is a family plan, you need to find out what the plan would cost if you were single. If you know, how much does the single plan cost per month? \$_____

If the children are not covered by a health plan, why? (ie. Cannot afford, not available, health issues):

Children Information

Names - Dates of Birth - Was child born during marriage? Who will the child most likely live with?

_____	____/____/____	Yes / No	_____
_____	____/____/____	Yes / No	_____
_____	____/____/____	Yes / No	_____
_____	____/____/____	Yes / No	_____
_____	____/____/____	Yes / No	_____
_____	____/____/____	Yes / No	_____

Do you or your spouse have children with other individuals? Explain and include where they live; if child support is involved and their dates of birth.

List any information which you feel may be important when considering the amount of child support:

Attach additional sheets if needed.

Spouse Information

Name: _____

Mailing Address (if different from yours) _____

Phone: _____ (Cell) (Land Line)

Social Security Number: ____--____--____

Date of Birth: _____

Employer: Name _____ Yearly Gross Income: _____

Address _____

City _____ State _____ Zip _____

Employer's Phone: _____ FAX: _____

Employer's Federal EIN number if known: _____

Employer: Name _____ Yearly Gross Income: _____

Address _____

City _____ State _____ Zip _____

Employer's Phone: _____ FAX: _____

Employer's Federal EIN number if known: _____

County of Residence: _____

What school district does your spouse reside in? _____

Spouse Income Information

How is your spouse paid (circle one)? **Weekly / Bi-weekly / Monthly**

Enter your spouses' average gross income per pay period: \$ _____

If you spouse is paid hourly, how much is he/she paid per hour? \$ _____

How many hours per week, on the average, does your spouse work? _____

How many overtime hours per week, on the average, does your spouse work? _____

What is your spouses' overtime pay per hour? \$ _____

If self-employed, what is the net profit or earned income from self-employment?

\$ _____ per **Week / Bi-week / Month / Year** (circle one)

How did you determine this information: **Tax forms** or **Estimating** (circle one)

List any additional income and sources (such as alimony and interest) below:

The filing status on the spouse's next tax return is expected to be:

Single: _____ Married: _____ Head of Household: _____ Married/Separated: _____

Number of dependents that your spouse can claim on a tax return: _____

Is the spouse legally blind and/or over age 65? _____

Spouse Expenses

List the following that your spouse must pay and how often: _____ (weekly, bi-weekly, monthly)

Union dues..... _____ per _____

Mandatory pension _____ per _____

Unreimbursed medical support paid (include medications) _____ per _____

Child support (from a prior court order) _____ per _____

Spousal Support (from a prior court order _____ per _____

Has income increased, decreased or stayed the same over the last 3 years? _____

Explain:

Financial Statement Info

Please complete the following to the best of your ability. Be as accurate as possible. Be careful to avoid errors and omissions. If you need more room, use the back of the paper. If you have a question about any item please let us know. Some items may require additional documentation.

1. Enter the date that the following information is accurate: _____

2. Do you receive any disability or unemployment insurance? Yes / No

If so, please describe and enter the amount:

3. Do you have any income deductions other than federal or state taxes or FICA? Yes / No

If so, please describe and enter the amount:

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Telephone	\$ _____	Y	M	W	_____
Water, Garbage, Sewer	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Personal and Incidental Related Expenses

Clothing (include children)	\$ _____	Y	M	W	_____
Club and Membership Dues	\$ _____	Y	M	W	_____
Cosmetics / Personal Grooming	\$ _____	Y	M	W	_____
Incidentals	\$ _____	Y	M	W	_____
Laundry and Dry Cleaning	\$ _____	Y	M	W	_____
Meals and Food	\$ _____	Y	M	W	_____
Pet Care and Maintenance	\$ _____	Y	M	W	_____
Vacation	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Transportation Expenses

Car Insurance	\$ _____	Y	M	W	_____
Car Maintenance / Repairs	\$ _____	Y	M	W	_____
Car Payments	\$ _____	Y	M	W	_____
Car Registration	\$ _____	Y	M	W	_____
Gas and Oil for Cars	\$ _____	Y	M	W	_____
Parking Fees	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Medical Expenses

Amount Circle One

Comments

Dental and Orthodontia	\$ _____	Y	M	W	_____
Drugs, Prescription, Medicine	\$ _____	Y	M	W	_____
Health Insurance	\$ _____	Y	M	W	_____
Medical and Chiropractic	\$ _____	Y	M	W	_____
Optical and Optometrist	\$ _____	Y	M	W	_____
Unreimbursed medical	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Educational Expenses

Allowances, Books, Games	\$ _____	Y	M	W	_____
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Classes, Lessons, Tutors	\$ _____	Y	M	W	_____
School Activities/Supplies	\$ _____	Y	M	W	_____
School lunches	\$ _____	Y	M	W	_____
Special Events/Circumstances	\$ _____	Y	M	W	_____
YMCA, Campfire, Preschool	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Insurance Expenses

Disability Insurance	\$ _____	Y	M	W	_____
Life Insurance	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Child Care

Babysitting	\$ _____	Y	M	W	_____
Day Care	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Child and Spouse Support

Child / Dependent Support	\$ _____	Y	M	W	_____
Spouse Support	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Recreation and Hobbies

Amount Circle One

Comments

Books and Novels	\$ _____	Y	M	W	_____
Cable-Satellite TV	\$ _____	Y	M	W	_____
Hobbies (Sports and Crafts)	\$ _____	Y	M	W	_____
Magazines	\$ _____	Y	M	W	_____
Newspapers	\$ _____	Y	M	W	_____
Recreation and Entertainment	\$ _____	Y	M	W	_____
Other	\$ _____	Y	M	W	_____

Donations and Gifts

Donations	\$ _____	Y	M	W	_____
Gifts	\$ _____	Y	M	W	_____

Other \$ _____ Y M W _____

Monetary, Legal and Banking Expenses

Attorney and Broker Fees \$ _____ Y M W _____

Bank and Investment Fees \$ _____ Y M W _____

IRA's \$ _____ Y M W _____

Savings Plans \$ _____ Y M W _____

Tax Preparation / Accounting \$ _____ Y M W _____

Other \$ _____ Y M W _____

Miscellaneous (Any Other Expenses)

_____ \$ _____ Y M W _____

_____ \$ _____ Y M W _____

_____ \$ _____ Y M W _____

_____ \$ _____ Y M W _____

_____ \$ _____ Y M W _____

Monthly Installments and Debts

_____ \$ _____ Y M W _____

_____ \$ _____ Y M W _____

_____ \$ _____ Y M W _____

_____ \$ _____ Y M W _____

_____ \$ _____ Y M W _____