

# CLIENT INFORMATION

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

## 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 / 1<sup>st</sup> & 15<sup>th</sup> (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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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Attach additional sheets if necessary.

## List of Expenses for Financial Affidavit

### Household Expenses

**Amount    Circle One**

	<b>Comments</b>				
Association Fees	\$ _____	Y	M	W	_____
Electricity, Oil, Gas	\$ _____	Y	M	W	_____
House Payment or Rent	\$ _____	Y	M	W	_____
Household Insurance	\$ _____	Y	M	W	_____
Lawn Care	\$ _____	Y	M	W	_____
Real Estate Taxes	\$ _____	Y	M	W	_____
Repairs and Maintenance	\$ _____	Y	M	W	_____
Snow Removal	\$ _____	Y	M	W	_____

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 \_\_\_\_\_