

Print Out, Fill in by Hand.

## **DIVORCE WORKSHEET**

Name: \_\_\_\_\_

Please complete and return to Mr. Casey.

### **1. Assets**

#### **HOUSE:**

Date Purchased	Current Value	Name of Mortgage Co.	Monthly Payment	Current Principal
----------------	---------------	----------------------	-----------------	-------------------

---

---

---

#### **VEHICLES:**

Year	Make	Model	Payment	Balance	Name Titled In
------	------	-------	---------	---------	----------------

---

---

---

#### **BOATS & Other Recreational Vehicles:**

Year	Make	Model	Payment	Balance	Name Titled In
------	------	-------	---------	---------	----------------

---

---

---

#### **RENTAL PROPERTY:**

Date Purchased	Current Value	Name of Mortgage Co.	Monthly Payment	Current Principal
----------------	---------------	----------------------	-----------------	-------------------

---

---

---

**BUSINESS:**

---

---

---

**2. Retirement**

**Retirement – Husband:**

Where	Current Value	PreMarital Amount	Loan Amount
-------	---------------	-------------------	-------------

---

---

---

**Retirement – Wife:**

Where	Current Value	PreMarital Amount	Loan Amount
-------	---------------	-------------------	-------------

---

---

---

**401(k), Ira:**

Where	Current Value	PreMarital Amount	Loan Amount
-------	---------------	-------------------	-------------

---

---

---

**3. Finances**

**Savings:**

Where	Current Value	PreMarital Amount	Loan Amount
-------	---------------	-------------------	-------------

---

---

---

**Checking:**

Where	Current Value	PreMarital Amount	Loan Amount

**Stocks, Bonds, Investments:**

Where	Current Value	PreMarital Amount	Loan Amount

**Lawsuits, Judgments, Liens:**

Year	County	Amount	Plaintiff

**Garnishment:**

Year	County	Amount	Plaintiff

**Bankruptcy:**

Year	Where	Chapter	Discharge

**4. Insurance**

**Car Insurance:**

Insurance Company	Who's Covered	Premium Amount

**Health Insurance:**

Insurance  
Company

Who's  
Covered

Premium  
Amount

---

---

---

**House Insurance:**

Insurance  
Company

What's  
Covered

Premium  
Amount

---

---

---

**Life Insurance:**

Insurance  
Company

What's  
Covered

Premium  
Amount

---

---

---

**5. Taxes**

**Tax Refund:**

Amount

Year

---

---

**Tax Due:**

Amount

Year

---

---

**6. Separate Assets**

**Furniture – Husband:**

---

---

---

**Furniture – Wife:**

---

---

---

**Separate Property of Husband:**

---

---

---

**Separate Property of Wife:**

---

---

---

**7. Debts**

**Credit Cards:**

Creditor Name	Amount of Debt	Monthly Payment	Purpose of Debt	Name on Card	Possession Card
------------------	-------------------	--------------------	--------------------	-----------------	--------------------

---

---

---

---

---

---

---

---

**Other Debts:**

Creditor Name	Amount of Debt	Monthly Payment	Purpose of Debt	Name on Card	Possession Card
------------------	-------------------	--------------------	--------------------	-----------------	--------------------

---

---

---

**8. Children**

**Children:**

Name	Age	DOB	Resides With
------	-----	-----	--------------

---

---

---

**Health of Children:**

Name	Ailment	Length of Ailment	Treatment
------	---------	-------------------	-----------

---

---

---

**Custody:**

Name

Will Reside With

---

---

---

**College and School:**

Child's Name

School Attending

Teacher

Cost

---

---

---

**Children's Activities:**

Child's Name

Activity

Length of Involvement

Cost

---

---

---

**9. Visitation**

**Weekday:** \_\_\_\_\_  
\_\_\_\_\_

**Weekly:** \_\_\_\_\_  
\_\_\_\_\_

**MLK:** \_\_\_\_\_

**Spring Break:** \_\_\_\_\_  
\_\_\_\_\_

**Mother's Day:** \_\_\_\_\_  
\_\_\_\_\_

**Father's Day:** \_\_\_\_\_  
\_\_\_\_\_

**Memorial Day:** \_\_\_\_\_  
\_\_\_\_\_

**Labor Day:** \_\_\_\_\_

\_\_\_\_\_

**Summer:** \_\_\_\_\_

\_\_\_\_\_

**Thanksgiving:** \_\_\_\_\_

\_\_\_\_\_

**Christmas:** \_\_\_\_\_

\_\_\_\_\_

**Birthdays:** \_\_\_\_\_

\_\_\_\_\_

**Transportation:** \_\_\_\_\_

\_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Miscellaneous**

**Health of Husband**

\_\_\_\_\_

\_\_\_\_\_

**Health of Wife**

\_\_\_\_\_

\_\_\_\_\_

**Church of Husband:** \_\_\_\_\_

**Church of Wife:** \_\_\_\_\_

**Church of Children:** \_\_\_\_\_

**Alcohol/Drug Abuse of Husband:**

---

---

**Alcohol/Drug Abuse of Wife:**

---

---

**Alcohol/Drug Abuse of Children:**

---

---

**Violence of Husband toward Wife/Children:**

---

---

**Violence of Wife toward Husband/Children:**

---

---

**Alimony:**

---

---

---

**Child Support:**

---

---

---