

THE NEGOTIATION COLLABORATIVE :: JANET MILLER WISEMAN

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THE MEDIATION FINANCIAL QUESTIONNAIRE

IMPORTANT INSTRUCTION AND SIGNATURE The information you provide below is an “informal discovery process” standing in lieu of the formal discovery process of divorce in Massachusetts. Your signature below indicates that every asset, acquired before and during your marriage, is listed with it’s most current value, along with every source of income, both earned and unearned. This information will be transferred to the pink, Rule 401 financial statement provided by the court and signed under penalties of perjury.

SIGNATURE DATE

Attach to this Questionnaire the Summary Plan Description of any pension plans and retirement plans (all IRA, SEP IRA, KEOUGH, ANNUITY etc.) and all investment documents, and a copy of the last three years of your federal income tax returns, and all documents listed on the “Bring to the Second Session” form.

Who referred you to The Negotiation Collaborative? _____

Address _____
STREET CITY STATE ZIP

Phone _____

May we contact them to express appreciation for referring you? _____

Date you filled out this form _____

6. Exact name of *your* Pension Account _____

Previous pension accounts in *your* name _____

All Other Retirement Investments (IRA's, Keoughs, Annuities, Whole Life Insurance) _____

Exact name of your *spouse's* Pension Account _____

Previous pension accounts in your *spouse's* name _____

All Other Retirement Investments (IRA's, Keoughs, Annuities, Whole Life Insurance) _____

7. Should creditors be notified of separation? yes no

8. Are you concerned about expenditure of assets during the negotiation period, before your divorce becomes final? yes no

9. Are there joint bank accounts to which your spouse has access? yes no

If so, specify _____

10. Does spouse have credit cards for which you are responsible? yes no

If so, specify _____

11. Have you any interest in reconciliation? yes no

12. Please provide the following information about your children

| FULL NAMES OF CHILDREN | DATE OF BIRTH | AGE | LIVES WITH? CHECK ONE |
|------------------------|---------------|-----|---|
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> |

13. Is there a dispute about living arrangements of the children? yes no

14. List all previous marriages. (Include names of prior spouse, and how, when, and where marriage terminated.)

15. List names and ages of any children with prior spouse, and state with whom children live.

Do you pay child support/alimony and how much?

16. Do you have a will? yes no

When should it be reviewed? _____

Who will you designate as Durable Power of Attorney? _____

Who will you designate as Health Care Proxy? _____

With whom do you want to discuss estate planning? _____

17. Your advisory attorney _____

address _____
STREET CITY STATE ZIP

phone _____

email _____

PART TWO :: ASSETS AND LIABILITIES

The following FULL FINANCIAL DISCLOSURE signed under the penalties of perjury is a *complete* listing of all individual and joint assets held in my name and in our joint names and a *complete* listing of my individual and of our joint liabilities.

_____ SIGNATURE DATE

1. Give the exact value, or most recent value of each of the following items, including *all* assets, those earned, acquired by gift, inheritance, during or prior to the marriage or being held in your name for another party.

BANK ACCOUNTS AND CREDIT UNION SAVINGS Indicate whose name the account is currently in. Disposition refers to who will receive the account after the divorce, or indicate whether the account will be closed.

| NAME OF BANK | ACCOUNT NUMBER | CHECK/SAVINGS ACCT. | CURRENT BALANCE | WHOSE NAME | DISPOSITION |
|--------------|----------------|---------------------|-----------------|------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

STOCKS, BONDS AND MUTUAL FUNDS *not in your retirement fund.* Attach a spreadsheet to include additional stocks, bonds or mutual funds if necessary.

| NAME OF SHARE | # OF SHARES | CURRENT PRICE PER SHARE | TOTAL VALUE | WHOSE NAME? CHECK ONE |
|---------------|-------------|-------------------------|-------------|---|
| | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| BONDS | | TOTAL VALUE | | WHOSE NAME? CHECK ONE |
| | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| MUTUAL FUNDS | | TOTAL VALUE | | WHOSE NAME? CHECK ONE |
| | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |

REAL ESTATE Please provide the following information about your real estate holdings

| ADDRESS OF PROPERTY | EXACT REMAINING MORTGAGE | FAIR MARKET VALUE | EQUITY | PROPERTY TYPE? CHECK ONE |
|---------------------|--------------------------|-------------------|--------|---|
| | | | | HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> LAND <input type="checkbox"/> |
| | | | | HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> LAND <input type="checkbox"/> |
| | | | | HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> LAND <input type="checkbox"/> |
| | | | | HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> LAND <input type="checkbox"/> |
| | | | | HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> LAND <input type="checkbox"/> |

Attach a separate sheet for additional properties.

How were fair market values determined? Paid Appraiser Real Estate Broker(s)

BUSINESS INTERESTS Partnerships, sole-proprietorships, closely-held corporations. Please list all current and past business interests. Furnish last balance sheet, profit and loss statement, corporate tax returns and all buy/sell agreements. Attach everything to this form.

| NAME OF BUSINESS | TOTAL VALUATION | DATE | NAME OF APPRAISER |
|------------------|-----------------|------|-------------------|
| | | | |
| | | | |
| | | | |

I warrant that I am a full owner of this/these business/s _____

I warrant that I am a _____% partner

My annual salary from business _____

My percentage of total value at buy-out _____

Annual dividends and/or interest from business _____

CURRENT PENSIONS, PROFIT SHARING AND RETIREMENT INSTRUMENTS including the last Statement and Summary Plan Description listed under the First Section Preliminaries. *It is important that you relist the current retirement instrument here, including the additional information requested.*

| EXACT NAME OF PENSION, 401K, 403B | ACCOUNT NUMBER | VESTED | BENEFICIARY |
|-----------------------------------|----------------|--------|-------------|
| | | | |
| | | | |
| | | | |

I can take \$ _____ month if I leave the company now

After retirement, I will receive \$ _____ per month,

or, I will receive a lump sum of \$ _____

All former retirement instruments *must* be listed on a separate spreadsheet, listing *all of your own* and *all of your spouse's* retirement accounts with the above information for each retirement instruments.

ALL STOCK OPTIONS AND MISCELLANEOUS PROPERTY (copyrights, royalties, patents). You *must* furnish last statement and any descriptive booklets.

Your own _____

Your spouse's _____

AUTOMOBILES, BOATS, OTHER VEHICLES, SPECIAL PROPERTY

| YEAR | MAKE | MODEL | LOAN AMOUNT | BOOK VALUE | TITLE IN WHOSE NAME? |
|------|------|-------|-------------|------------|--|
| | | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> |
| | | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> |
| | | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> |
| | | | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> |

MONEY OWED TO ME/US Include all accounts receivable, personal and business, and any notes due

Income Tax Refund Expected _____

Amount for yourself _____

Amount for your spouse _____

INSURANCE COVERAGE

1. HEALTH INSURANCE Name of Policy _____

Written In MA? yes no *you may keep spouse on policy indefinitely if policy written in MA*

Whose name is the policy in? _____

Do you have a second policy? yes no

Does your company pay total premium? yes no

If no, how much do they pay? _____

Who does the policy cover? self spouse children

Who will it cover after the divorce? self spouse children

Do you have optical insurance? yes no

2. DENTAL INSURANCE Name of Policy _____

Written in MA? yes no

Whose name is the policy in? _____

Do you have a second policy? yes no

Does your company pay total premium? yes no

If no, how much do they pay? _____

Who does the policy cover? self spouse children

Who will it cover after the divorce? self spouse children

IMPORTANT If your spouse cannot continue coverage, if your health insurance policy is a “self-insured policy” or is written in another state, not Massachusetts for example, will spouse elect COBRA continuation coverage?

Who will pay for that coverage? _____

in full or, in part

3. LIFE INSURANCE Life Insurance protects amounts you have pledged for child support and higher education should you die before “emancipation” of all children. List *all* work-related and private life insurance, work-related first.

| NAME OF COMPANY | POLICY NUMBER | BENEFIT AMOUNT | LIFE, TERM, WHOLE? CHECK ONE |
|-----------------|---------------|----------------|--|
| | | | LIFE <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE <input type="checkbox"/> |
| | | | LIFE <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE <input type="checkbox"/> |
| | | | LIFE <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE <input type="checkbox"/> |

For work-related insurance, please specify percentage times salary _____%

Beneficiary after divorce _____

Any Custodian yes no

if yes, please specify _____

In Trust yes no

if yes, please specify _____

4. On the following two tables, please list *all* of your indebtedness; use a separate spreadsheet if necessary.

| CREDIT CARD NAME | ACCOUNT NUMBER | CURRENT BALANCE | WHOSE NAME? CHECK ONE |
|------------------|----------------|-----------------|--|
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> CLOSE <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> CLOSE <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> CLOSE <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> CLOSE <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> CLOSE <input type="checkbox"/> |

3. List below *all* lines of credit, home equity loans, notes to banks, loans on insurance policies and 401k plans, any taxes due to the federal, state or local governments, any outstanding medical or dental bills, and the total balances due on any, and all mortgages. In addition, list who has access to these lines of credit, and who is responsible for paying each. If necessary, attach a spreadsheet with additional information.

| DEBT TYPE | ACCOUNT NUMBER | CURRENT BALANCE | IN WHOSE NAME? CHECK ONE |
|-----------|----------------|-----------------|---|
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |
| | | | HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> |

PART THREE :: INCOME DECLARATIONS

| | YOURSELF | YOUR SPOUSE |
|---|----------|-------------|
| GROSS ANNUAL SALARY | | |
| BONUS INCOME | | |
| DIVIDEND INCOME | | |
| INTEREST INCOME | | |
| RENTAL INCOME | | |
| OTHER INCOME | | |
| TOTAL GROSS ANNUAL INCOME | | |
| NET ANNUAL INCOME <i>after taxes and business expenses if self employed</i> | | |
| MONTHLY RETIREMENT SAVINGS | | |
| TOTAL ANNUAL NET INCOME <i>before retirement savings</i> | | |

INHERITANCES

Have you received yearly gifts from parents or relatives? yes no

If yes, how much in gifts over how many years? _____

Have you received an inheritance? yes no

When? _____

If yes, in what year of your marriage? _____

Was the inheritance spent? _____

For what purposes? _____

If not spent, is the inheritance in an individual account or a joint account? yes no

Do you believe the inheritance under this situation of divorce would be intended by the grantor of the inheritance to be yours alone? yes no

Shared in some percentage with your spouse? yes no

Have the children received any inheritances? yes no

From whom and how much? _____

Are the children recipients of any trust? yes no

Who are the trustees of the trust? _____

Will these trustees continue after the divorce? yes no

