THE NEGOTIATION COLLABORATIVE :: JANET MILLER WISEMAN 138 LOWELL STREET LEXINGTON MA 02420-2812 T 781 861 9847 F 781 860 9378

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 Collabora	ative?			
Address .	STREET	СІТҮ	CITY STATE ZIP		
Phone .					
May we contact t	hem to express appreciation f	for referring you?			
Date you filled ou	it this form				

PART ONE :: PRELIMINARY INFORMATION

ame				
ate of Birth				
ddress		<u></u>		
elephone	STREET	СПТУ	STATE	ZIP
mail				
usiness Address				
usiness Phone	STREET	СІТҮ	STATE	ZIP
pouse's Full Name				
ate of Birth				
ddress	STREET	СІТҮ	STATE	ZIP
elephone				
mail				
usiness Address	STREET	СІТҮ	STATE	ZIP
usiness Phone				
larriage Date				
lace				
love-Out Date (if <i>no</i> :	t living together)			
eparation Date				
vivorce Date (if divor	ced)			
re you employed?	yes 🔲 no 🗖			
mployer				
ob title				
mployed since				
alary				
onuses Yearly/Bi-Y	éarly/Monthly			
	ate of Birth ddress elephone mail usiness Address usiness Phone pouse's Full Name ate of Birth ddress elephone mail usiness Address usiness Phone larriage Date ace love-Out Date (if <i>no</i> eparation Date ivorce Date (if divor re you employed? mployer b title mployed since alary onuses Yearly/Bi-Y	ate of Birth	ate of Birth ddress street city city city city city city city cit	ate of Birth ddress street city state ddress street city state ddress street city state

6.	Exact name of y <i>our</i> Pension Account
	Previous pension accounts in <i>your</i> 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

12. Please provide the following information about your children

FULL NAMES OF CHILDREN	DATE OF BIRTH	AGE	LIVES WITH? CHECK ONE		
			HUSBAND 🗖	WIFE 🗖	OTHER [
			HUSBAND 🗖	WIFE 🗖	OTHER [
			HUSBAND 🗖	WIFE 🗖	OTHER [
			HUSBAND 🗖	WIFE 🗖	OTHER [
			HUSBAND 🗖	WIFE 🗖	OTHER [
13. Is there a dispute about living arrangeme 14. List all previous marriages. (Include name			no 🗖 and where ma	arriage ter	minated.)
	· · ·				
5. List names and ages of any children with Do you pay child support/alimony and ho	 	e with wh	om children l	ive.	
T6. Do you have a will? yes ☐ no ☐ When should it be reviewed?					
Who will you designate as Durable Power					
Who will you designate as Health Care Pr					
With whom do you want to discuss estate	e pianning?				
7. Your advisory attorney					
addressstreet			STATE		ZIP
email					

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 NA	ме; сне	CK ONE
				HUSBAND 🗖	WIFE 🗖	јоінт 🗖
				HUSBAND 🗖	WIFE 🗖	јоінт 🗖
				HUSBAND 🗖	WIFE 🗖	јоінт 🗖
				HUSBAND 🗖	WIFE 🗖	јоінт 🗖
				HUSBAND 🗖	WIFE 🗖	JOINT 🗖
BONDS		TOTAL VALUE		WHOSE NA	ме; сне	CK ONE
				HUSBAND 🗖	WIFE 🗖	јоінт 🗖
MUTUAL FUN	IDS	TOTAL	/ALUE	WHOSE NA	ме; сне	CK ONE
				HUSBAND 🗖	WIFE 🗖	јоінт 🗖
				HUSBAND 🗖	WIFE 🗖	јоінт 🗖
				HUSBAND 🗖	WIFE 🗖	JOINT 🗖

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

ADDRESS OF PROPERTY	EXACT REMAINING MORTGAGE	FAIR MARKET VALUE	EQUITY	PROPERT	ү түре; сне	CKONE
				HOUSE 🗖	condo 🗖	land 🗖
				HOUSE 🗖	condo 🗖	land 🗖
				HOUSE 🗖	condo 🗖	land 🗖
				HOUSE 🗖	CONDO 🗖	land 🗖
				HOUSE 🗖	condo 🗖	LAND

Attach a separate sheet for additional properties.

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	ΜΑΚΕ	MODEL	LOAN AMOUNT	BOOK VALUE	TITLE IN WHOSE NAME?
					HUSBAND 🔲 WIFE 🗖
					HUSBAND 🔲 WIFE 🗖
					HUSBAND 🗌 WIFE 🗌
					HUSBAND 🔲 WIFE 🔲

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 🔲 TERM 🗍 WHOLE 🗍
			LIFE 🔲 TERM 🗍 WHOLE 🗌
			LIFE TERM WHOLE

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 🗌 WIFE 🗌 JOINT 🔲 CLOSE 🗌
			HUSBAND 🗌 WIFE 🗌 JOINT 🗌 CLOSE 🗌
			HUSBAND 🗌 WIFE 🗌 JOINT 🔲 CLOSE 🗌
			HUSBAND 🗌 WIFE 🗌 JOINT 🔲 CLOSE 🗌
			HUSBAND 🗌 WIFE 🗌 JOINT 🔲 CLOSE 🗌

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 🗌 WIFE 🗌 JOINT 🗖
			HUSBAND 🗌 WIFE 🗌 JOINT 🗖
			HUSBAND 🗌 WIFE 🗌 JOINT 🗌
			HUSBAND 🗌 WIFE 🗌 JOINT 🗖
			HUSBAND 🗌 WIFE 🔲 JOINT 🗖
			HUSBAND 🗌 WIFE 🗌 JOINT 🗌
			HUSBAND 🗌 WIFE 🗌 JOINT 🗖
			HUSBAND 🗌 WIFE 🔲 JOINT 🗖
			HUSBAND 🗌 WIFE 🗌 JOINT 🗌
			HUSBAND 🗌 WIFE 🔲 JOINT 🗌

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 after taxes and business expenses if self employed		
MONTHLY RETIREMENT SAVINGS		
before retirement savings		

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 🗖

WHAT YOU SPEND : YOUR BUDGET

Indicate whether these are actual expenses 🔲 estimated expenses

These expenses, actual or estimated, are those you spend for yourself, and your children for the amount of time they are actually with you. Calculate each expense monthly and weekly. The Court's rule 401 (pink) Financial Statement will ask you to list these following expenses on a weekly basis.

	MONTHLY	WEEKLY
HOUSEHOLD		
Rent/mortgage payment		
Real Estate Taxes		
Home Insurance		
Maintenance		
Other		
UTILITIES		
Electric		
Gas/Heating Oil		
Telephone		
Cellphone		
Water		
TRANSPORTATION		
Car Payments		
Gas and Oil		
Repairs		
License		
Insurance		
Parking Other (bus, taxi, train fares)		
INSURANCE		
Life		
Whole		
Term		
Disability		
Other		

	MONTHLY	WEEKLY
FOOD, CLOTHES, MEDICAL		
Food, lunches at work		
Household grocery expenses		
Clothing		
Medical, dental, and optical insurance you pay		
Medical, dental, and optical expenses not covered by insurance		
HOME MAINTENANCE		
House cleaning		
Furnishings/replacement		
Other		
EDUCATION		
College tuition payments for yourself		
College tuition payments for your children		
Educational Loans		
Hebrew Schools/Private School		
Childcare/babysitting		
Books, lab fees		
CHILDREN'S ALLOWANCES		
VACATIONS		
CHARITABLE CONTRIBUTIONS		
Church/temple donations		
RECREATION		
Movies, theater, events, skiing for you and children when with you		
MISCELLANEOUS		
Dry cleaning/laundry		
Drug store items		
Newspapers, books, magazines		
Other		
additional expenses (Please specify)		

*Total monthly expenses *before retirement/savings* (Add all above) Net income from employment *after taxes and business expenses* **Total net monthly income from *all* sources (Rent, dividends, gifts) Subtract *total monthly expenses from **total monthly income

Any income left over Any income short-fall

Amount you would hope to contribute to retirement and savings

Estimated child support to receive Estimated child support to pay

Estimated alimony to receive Estimated alimony to pay

After receiving or paying alimony/child support, total balance

Please do all calculations above, addition and subtraction, even if you believe that some of your budget items have not yet been included or are only estimates.

	MONTHLY	WEEKLY
+		
-		
+		
-		