

Mediation Financial Form

A: INCOME		
<i>Use the anticipated column if your expenses will be changing in the near future (e.g., physically separating)</i>		
<i>Note that the monthly amount is either annually divided by 12 or weekly multiplied by 52 and then divided by 12.</i>		
1. Salary & Other Income	Current Monthly	Anticipated Monthly
Salary (Before Deductions)		
Other Income (Self-Employed/1099/Tips, etc.)		
Alimony/Spousal Support Received		
Child Support Received		
Income from Rental Property		
Interest/Dividend Income Received		
Income from Trust Fund		
Tax Refunds		
Gifts from Family or others		
Other (specify)		
Other (specify)		
A.2. Total Gross Income		
B. EXPENSES		
1. Expenses: Deductions from Salary	Current Monthly	Anticipated Monthly
Federal Tax		
State Tax		
Social Security		
Medicare		
Union Dues		
Health Insurance		
Dental Insurance		
Disability Insurance		
Term Life Insurance		
Vision Insurance		
401K		
Pension		
Savings		
Other (specify)		
Other (specify)		
Sub-Total: Deductions from Salary		

EXPENSES	Current Monthly	Anticipated Monthly
2. Expenses: Not Deducted from Salary (Self-employed, etc.)		
Estimated Federal Tax Payments		
Estimated State Tax Payments		
Health Insurance		
Dental Insurance		
401K		
Savings		
Other (specify)		
Sub-Total: Deductions from Income		
	Current Monthly	Anticipated Monthly
3. Expenses: Housing		
Mortgage		
Rent		
Home Equity Loan		
Real Estate Property Tax (if not included in mortgage)		
Homeowner's Insurance		
Homeowner's Assn. or Condo Fees		
Renter's Insurance		
Other (specify)		
Sub-Total: Housing Expenses		
	Current Monthly	Anticipated Monthly
4. Expenses: Utilities & Care of Property		
Cable/DSL/Satellite		
Electric		
Gas		
Oil		
Home Repairs		
Pest control		
Snow Removal		
Telephone – Home Land Line		
Telephone – Cell Phones		
Telephone – Other		
Trash Service		
Water/Sewer		
Other (specify)		
Cleaning Service		
Pool Service		
Lawn and Garden Service		
Other (specify)		
Sub-Total: Utilities Expenses		

	Current Monthly	Anticipated Monthly
5. Expenses: Transportation		
Gas		
Car Payment		
Car Rental/Zip Car		
Car Wash/Detailing		
Parking		
Tolls		
Public Transportation/Car Pool/T Passes		
License/Registration		
Tax		
Auto Insurance		
Car repair/service		
Other (<i>specify</i>)		
Sub-Total: Transportation Expenses		
	Current Monthly	Anticipated Monthly
6. Expenses: Household & Personal		
Cigarettes/Tobacco		
Cleaning Supplies (<i>if not included in groceries</i>)		
Clothing		
Donations – cash (<i>charities, church, etc.</i>)		
Dry cleaning, laundry		
Dues and Memberships		
Entertainment (<i>movies, rentals, etc.</i>)		
Furniture/appliance repair/replacement/maintenance		
Gifts		
Haircuts/care		
Health Club/Spa		
Hobbies/Lessons		
Liquor/Beer/Wine		
Make up		
Misc. household supplies		
Newspaper, Books, Magazines		
Pet care (<i>food, vet, grooming, supplies</i>)		
Postage/Shipping		
School for self		
Self-care – massages, pedicures, manicures, etc.		
Snack Foods		
Toiletries		
Vacations		
Other (<i>specify</i>)		
Sub-Total: Household & Personal Expenses		

	Current Monthly	Anticipated Monthly
7. Expenses: Groceries/Meals/Snacks		
Groceries		
Meals Out		
Food at work		
School lunches/snacks		
Special diet meals/foods		
Coffee/donuts		
Water		
Other (<i>specify</i>)		
<i>Sub-Total: Groceries/Meals/Snacks Expenses</i>		
	Current Monthly	Anticipated Monthly
8. Financial/Business Related Expenses		
ATM Fees		
Bank Fees		
Minimum Required Credit Card Payments & Fees		
Professional Association Memberships		
Professional licensing fees		
Work related events (meetings, etc.)		
Work gifts and donations (<i>if not included elsewhere</i>)		
Tax Preparation/Accounting Fees		
Legal Fees		
Business costs for self employed		
Unreimbursed Travel expenses		
Savings (<i>if not included elsewhere</i>)		
Other (<i>specify</i>)		
<i>Sub-Total: Financial/Work Related Expenses</i>		
	Current Monthly	Anticipated Monthly
9. Expenses: Health/Life Insurance & Health Care		
Health Insurance		
Dental Insurance		
Disability Insurance/Long Term Care Insurance		
Vision Insurance		
Life Insurance		
Medical Deductible		
Medical Payments (<i>out of pocket</i>)		
Dental Payment (<i>out of pocket</i>)		
Eyeglasses/Contacts/Eye doctor (<i>out of pocket</i>)		
Prescriptions (<i>out of pocket</i>)		
Counseling/Therapy (<i>out of pocket</i>)		
Other (<i>specify</i>)		
<i>Sub-Total: Health/Life Insurance & Health Care</i>		