



DIVORCE NAVIGATION  
& LIFE DESIGN

# DATA

PERSONAL INFORMATION		
	SPOUSE 1	SPOUSE 2
NAME		
DATE OF BIRTH		
DATE OF MARRIAGE		
DATE OF SEPARATION		
CITY/STATE MARRIED		
ADDRESS		
PHONE NUMBER		
ALTERNATE PHONE NUMBER		
OK TO CALL?/TEXT?/VOICEMAIL?	/ /	/ /
EMAIL ADDRESS		
SOCIAL SECURITY NUMBER		
OCCUPTION		
EMPLOYED BY		
ADDRESS OF EMPLOYER		
PHONE NUMBER OF EMPLOYER		
SALARY (MONTHLY)	\$	\$
LAST YEAR'S GROSS INCOME	\$	\$
ANY OTHER INCOME SOURCE	\$	\$

NAMES OF CHILDREN	DATE OF BIRTH	AGE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		



	MONTHLY	ANNUALLY
<b>HOME/APARTMENT</b>		
MORTGAGE/RENT	\$	\$
PROPERTY TAX INSURANCE	\$	\$
HOA FEES	\$	\$
ELECTRIC	\$	\$
GAS	\$	\$
WATER, GARBAGE, SEWER	\$	\$
PEST CONTROL	\$	\$
SECURITY SYSTEM	\$	\$
INTERNET	\$	\$
CABLE/SATELLITE	\$	\$
HOUSE CLEANING	\$	\$
POOL MAINTENANCE	\$	\$
LAWN CARE	\$	\$
>	\$	\$
>	\$	\$
<b>PHONE</b>		
CELL PHONE	\$	\$
iCLOUD STORAGE	\$	\$
SUBSCRIPTIONS	\$	\$
>	\$	\$
>	\$	\$
<b>TRANSPORTATION</b>		
CAR (1) LEASE/PAYMENT	\$	\$
CAR (2) LEASE/PAYMENT	\$	\$
CAR (3) LEASE/PAYMENT	\$	\$
REPAIR/MAINTENANCE	\$	\$
GAS	\$	\$
TOLLS PARKING	\$	\$
REPAIRS/MAINTENANCE	\$	\$
RIDESHARE (UBER, LYFT, ETC)	\$	\$
<b>TOTAL:</b>	\$	\$



	MONTHLY	ANNUALLY
<b>FOOD</b>		
GROCERIES	\$	\$
RESTAURANT/DINING OUT	\$	\$
STUDENT LUNCHES	\$	\$
MEAL SUBSCRIPTIONS	\$	\$
>	\$	\$
>	\$	\$
<b>PERSONAL</b>		
CLOTHING	\$	\$
GYM MEMBERSHIPS	\$	\$
OTHER MEMBERSHIPS/CLUBS	\$	\$
ENTERTAINMENT	\$	\$
CLASSES/LESSONS	\$	\$
VACATION/TRAVEL	\$	\$
SELF CARE (HAIR, NAILS, ETC)	\$	\$
>	\$	\$
>	\$	\$
>	\$	\$
>	\$	\$
>	\$	\$
>	\$	\$
>	\$	\$
<b>CHILDREN</b>		
SCHOOL TUITION/EXPENSES	\$	\$
SPORTS/EXTRA CURRICULAR	\$	\$
CAMP EXPENSES	\$	\$
CLOTHING	\$	\$
CHILD CARE	\$	\$
LESSONS/TUTORING	\$	\$
CLUBS	\$	\$
ALLOWANCE	\$	\$
>	\$	\$
<b>TOTAL:</b>	\$	\$

	MONTHLY	ANNUALLY
<b>HEALTHCARE</b>		
DOCTOR VISITS	\$	\$
DENTIST/ORTHODONTIST	\$	\$
OPTOMETRIST/GLASSES	\$	\$
PRESCRIPTIONS	\$	\$
THERAPY	\$	\$
PSYCHIATRIST	\$	\$
>	\$	\$
>	\$	\$
>	\$	\$
>	\$	\$
<b>INSURANCE</b>		
LIFE INSURANCE	\$	\$
HEALTH INSURANCE	\$	\$
HOME INSURANCE	\$	\$
AUTO INSURANCE	\$	\$
DENTAL INSURANCE	\$	\$
>	\$	\$
>	\$	\$
>	\$	\$
>	\$	\$
<b>DEBT/LOANS</b>		
CREDIT CARD	\$	\$
STUDENT LOANS	\$	\$
PERSONAL LINES OF CREDIT	\$	\$
PROMISSORY NOTE	\$	\$
IRS OBLIGATION	\$	\$
RETIREMENT PLAN LOAN	\$	\$
FAMILY/FRIEND LOAN	\$	\$
>	\$	\$
>	\$	\$
<b>TOTAL:</b>	\$	\$

Expenses	Monthly	Annually
<b>MISCELLANEOUS</b>		
DRY CLEANING	\$	\$
NON-PRESCRIPTION MEDICATIONS	\$	\$
VITAMINS	\$	\$
VETERINARY BILLS	\$	\$
PET EXPENSES (FOOD, MEDS, ETC.)	\$	\$
GIFTS	\$	\$
COSMETICS	\$	\$
CAR WASH	\$	\$
AMAZON PURCHASES/SUBSCRIPTIONS	\$	\$
STREAMING SUBSCRIPTIONS	\$	\$
RELIGIOUS ORGANIZATIONS	\$	\$
CHARITY	\$	\$
CHILD SUPPORT	\$	\$
ALIMONY (PREVIOUS RELATIONSHIP)	\$	\$
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>	\$	\$
<b>TOTAL:</b>	\$	\$