Rhode Island
DIVORCE MEDIATION CENTER

FOR A DIVORCE YOU CAN LIVE WITH™

CONSUMER CREDIT LIST

Creditor	Account Holder	Account # (Last 4 digits)	Account Type (ind./joint/auth. user)

Individual accounts are held in only one party's name. With authorized user accounts, one spouse is the account holder and their spouse is added to the account as a user but is not financially responsible for paying the account. A joint account is one that is opened in both names at the time of application.

-IMPORTANT-

Please complete this form for all accounts you have, whether the accounts have balances or not, and bring it with you to mediation. It will be incorporated into your plan for separating your finances.

PARTY #1'S BACKGROUND INFORMATION:

Name (First, Middle, Last): _____ _____ _____

Social Security Number: N/A Gender: ☐ Male. ☐ Female.

Date of Birth: _____ Date of Marriage: _____ Date Separated: _____

Address: _____

City, State, Zip Code: _____, ___ _____

Phone: _____ Cell Phone: _____

Email: _____

PARTY #2'S BACKGROUND INFORMATION:

Name (First, Middle, Last): _____ _____ _____

Social Security Number: N/A Gender: ☐ Male. ☐ Female.

Date of Birth: _____

Address: _____

City, State, Zip Code: _____, ___ _____

Phone: _____ Cell Phone: _____

Email: _____

CHILDREN

Child's Name	Date of Birth	Custody Husband or Wife (H/W)	Tax Exemption Husband or Wife (H/W)	

WAGES FOR PARTY #1

Annual or per pay period gross wage or salary income, before taxes and all payroll deductions: _____

Please indicate how you are paid (weekly, bi-weekly, bi-monthly, monthly):_____

NON-WAGE INCOME FOR PARTY #1

Use this sheet to specify income that is not covered on any other sheet.
Specify an amount in whichever column (Week, Month, or Year) is most convenient.

Item	Amount per... Week	Month	Year
Child support from previous relationship.	_____	_____	_____
Alimony from previous relationship.	_____	_____	_____
Unemployment Compensation.	_____	_____	_____
Public Assistance.	_____	_____	_____
Bonuses.	_____	_____	_____
Commissions.	_____	_____	_____
Tips.	_____	_____	_____
Overtime Pay	_____	_____	_____
Current Disability Insurance Compensation	_____	_____	_____
Workers' Compensation.	_____	_____	_____
Royalties.	_____	_____	_____
Rent from Spouse.	_____	_____	_____
Deferred Compensation.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____

Detailed Expenses for Party #1

On this data sheet, specify the household, child, and personal expenses of everyday life. The list tries to be comprehensive, but there is no need to fill in every line.

Item	Amount per... Week	Month	Year
Mandatory Deductions			
Mandatory Retirement Plan or Pension Contributions			
Union Dues			
Other Mandatory Employment Contributions			
Household			
Rent			
Condo Fees			
Parking Fees			
Renter's Insurance			
Cable/Phone/Internet			
Cable TV (separate)			
Internet Access (separate)			
Phone (land line)			
Household Supplies & Maintainance			
Maid/Cleaning Service			
Lawn Service			
Snow Removal			
Trash Removal			
Utilities - Electricity			
Utilities - Gas/Propane Heat			
Utilities - Oil Heat			
Utilities - Water/Sewer			
Utilities - Other (Wood Pellets, Firewood)			
Other Household (Fire Tax, etc.)			

Item	Amount per... Week	Month	Year
Transportation			
Car Lease Payments (Enter Car Loans Under Debts)	_____	_____	_____
Car Insurance	_____	_____	_____
Car Gasoline/Oil	_____	_____	_____
Car Maintenance and Repair	_____	_____	_____
Car Registration	_____	_____	_____
Car Taxes	_____	_____	_____
Tolls	_____	_____	_____
Parking	_____	_____	_____
Public/Alt. Transportation	_____	_____	_____
Other Transportation	_____	_____	_____
Personal			
Bank Fees	_____	_____	_____
Cell Phone	_____	_____	_____
Cigarettes	_____	_____	_____
Clothes	_____	_____	_____
Dry Cleaning	_____	_____	_____
Out of Pocket Continuing Education Expenses	_____	_____	_____
Charitable	_____	_____	_____
Church/Synagogue/Mosque, etc.	_____	_____	_____
Dues/Clubs	_____	_____	_____
Employment Uniforms	_____	_____	_____
Employment Unreimbursed Travel	_____	_____	_____
Employment Unreimbursed Education	_____	_____	_____
Entertainment	_____	_____	_____
Food/Groceries	_____	_____	_____
Gifts	_____	_____	_____

Item	Amount per... Week	Month	Year
Hair			
Laundry			
Accounting & Tax Preparation			
Liquor, Beer, Wine			
Personal Property Insurance			
Pets			
Previous Relationship Child Support			
Previous Relationship Alimony			
Restaurants & Take Out Meals			
Stamps and Stationery			
Sports/Hobbies/Lessons			
Subscriptions, Books			
Toiletries/Grooming/Drug Store			
Vacations			
Voluntary IRA/401k/403b Retirement Contributions			
Other Personal			
Health and Medical			
Health Insurance			
Dental Insurance			
Vision Insurance			
Disability Insurance			
Medical/Doctor Co-Pay			
Dental Co-Pay			
Drug & Prescription Co-Pay			
Vision Co-Pay			
Orthodontist			
Therapist/Counseling			
Health Savings Accounts			

WAGES FOR PARTY #2

Annual or per pay period gross wage or salary income, before taxes and all payroll deductions: _____

Please indicate how you are paid (weekly, bi-weekly, bi-monthly, monthly): _____

NON-WAGE INCOME FOR PARTY #2

Use this sheet to specify income that is not covered on any other sheet.
Specify an amount in whichever column (Week, Month, or Year) is most convenient.

Item	Amount per... Week	Month	Year
Child support from previous relationship.	_____	_____	_____
Alimony from previous relationship.	_____	_____	_____
Unemployment Compensation.	_____	_____	_____
Public Assistance.	_____	_____	_____
Bonuses.	_____	_____	_____
Commissions.	_____	_____	_____
Tips.	_____	_____	_____
Overtime Pay	_____	_____	_____
Current Disability Insurance Compensation.	_____	_____	_____
Workers' Compensation.	_____	_____	_____
Royalties.	_____	_____	_____
Rent from Spouse.	_____	_____	_____
Deferred Compensation.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____

Detailed Expenses for Party #2

On this data sheet, specify the household, child, and personal expenses of everyday life. The list tries to be comprehensive, but there is no need to fill in every line.

Item	Amount per... Week	Month	Year
Mandatory Deductions			
Mandatory Retirement Plan or Pension Contributions. . .			
Union Dues.			
Other Mandatory Employment Contributions.			
Household			
Rent.			
Condo Fees.			
Parking Fees.			
Renter's Insurance.			
Cable/Phone/Internet			
Cable TV (separate)			
Internet Access (separate)			
Phone (land line)			
Household Supplies & Maintainance			
Maid/Cleaning Service.			
Lawn Service.			
Snow Removal.			
Trash Removal.			
Utilities - Electricity.			
Utilities - Gas/Propane Heat.			
Utilities - Oil Heat.			
Utilities - Water/Sewer.			
Utilities - Other (Wood Pellets, Firewood)			
Other Household (Fire Tax, etc.)			

Item	Amount per... Week	Month	Year
Transportation			
Car Lease Payments (Enter Car Loans Under Debts)			
Car Insurance			
Car Gasoline/Oil			
Car Maintenance and Repair			
Car Registration			
Car Taxes			
Tolls			
Parking			
Public/Alt. Transportation			
Other Transportation			
Personal			
Bank Fees			
Cell Phone			
Cigarettes			
Clothes			
Dry Cleaning			
Out of Pocket Continuing Education Expenses			
Charitable			
Church/Synagogue/Mosque, etc.			
Dues/Clubs			
Employment Uniforms			
Employment Unreimbursed Travel			
Employment Unreimbursed Education			
Entertainment			
Food/Groceries			
Gifts			

Item	Amount per... Week	Month	Year
Hair			
Laundry			
Accounting & Tax Preparation			
Liquor, Beer, Wine			
Personal Property Insurance			
Pets			
Previous Relationship Child Support			
Previous Relationship Alimony			
Restaurants & Take Out Meals			
Stamps and Stationery			
Sports/Hobbies/Lessons			
Subscriptions, Books			
Toiletries/Grooming/Drug Store			
Vacations			
Voluntary IRA/401k/403b Retirement Contributions			
Other Personal			
Health and Medical			
Health Insurance			
Dental Insurance			
Vision Insurance			
Disability Insurance			
Medical/Doctor Co-Pay			
Dental Co-Pay			
Drug & Prescription Co-Pay			
Vision Co-Pay			
Orthodontist			
Therapist/Counseling			
Health Savings Accounts			

1. INVESTMENT, CHECKING AND SAVINGS ACCOUNTS, CD's, STOCKS, BONDS, MUTUAL FUNDS, ETC.

Institution and account type	Current Value	Original Cost	Annual Income	Type*	Title* (H/W/J)	Husband Separate Amount	Wife Separate Amount

* Title (H-Husband, W-Wife, J-Joint)

* Type (1-Cash, 2-Checking, 3-Money Market, 4-Savings, 5-Credit Union, 6-Brokerage Acct, 7-Escrow Acct, 8-CD, 9-US Savings Bonds, 10-Stock, 11-Bond, 12-Stock Fund, 13-Mutual Fund, 14-Bond Fund, 15-Real Estate)

2. ALL DEBTS: CREDIT CARDS, CAR LOANS, STORE CHARGE ACCOUNTS, ACCOUNTS PAYABLE

Institution and account type	Current Balance	Interest Rate (%)	Monthly Payment	Marital or Separate * (M/H/W)

* Marital or Separate (M-Marital, H-Husband, W-Wife)

3. PERSONAL ITEMS:

Description	Current Value	Original Cost	Title* (M/H/W)	Type*	Marital or Separate * (M/H/W)

4. VEHICLES:

Description	Make/Model/Year/Mileage	Current Value	Original Cost	Type*	Title* (H/W/J)	Lien	Marital or Separate * (M/H/W)

* Type (1-Car, 2-Truck, 3-RV, 4-Boat, 5-Plane)
* Title (H-Husband, W-Wife, J-Joint)
* Marital or Separate (M-Marital, H-Husband, W-Wife)

5. REAL ESTATE: Enter Marital home and 2nd home/vacation home or investment property **mortgage info only** below. Use pages 15 & 16 to enter **monthly expenses** and **rental income** for each investment property.

Basic Info	**Marital Home**	**2nd Property**	**3rd Property**
Address:	_____	_____	_____
	_____	_____	_____
Current Value:	_____	_____	_____
Original Cost:	_____	_____	_____
Title (H, W, J)*:	_____	_____	_____
Homeowner's Insurance:	_____	_____	_____
Property Taxes:	_____	_____	_____
1st Mortgage:			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly P & I Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (H/W/Both):	_____	_____	_____
2nd Mortgage:			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly P & I Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (H/W/Both):	_____	_____	_____

IMPORTANT For monthly payment include interest & principal only, do NOT include taxes or insurance. Please list those separately above and indicate whether the amount is monthly or yearly. This will insure that your budget reports are accurate.
* Title (H-Husband, W-Wife, J-Joint)

6. IRA/401k/403b/529, ETC. RETIREMENT AND PENSION ACCOUNTS

Institution and account type	Current Value	Title* (H/W)	Husband Separate Amount	Wife Separate Amount

* Title (H-Husband, W-Wife)

7. LIFE INSURANCE:

Institution and insurance type (term or cash value with death benefit)	Cash Value or Death Benefit	Amount of Premium Paid By Husband	Amount of Premium Paid By Wife	Title* (H/W)

* Title (H-Husband, W-Wife

8. BUSINESS:

Name and brief description	Current Value	Original Cost	Annual Cash Flow	Form of Business (I/P/C)*	Title* (H/W/J)	Husband Separate Amount	Wife Separate Amount

* Title (H-Husband, W-Wife, J-Joint)

* Form of Business (I-Individual, P-Partnership or S Corporation, C-C Corporation)

Investment Property Income and Expenses

On this worksheet please enter the monthly rental income and monthly expenses for any investment rental properties you own. Enter your mortgage information, property taxes and homeowner's insurance for these properties on page 13.

Item	Amount per... Week	Month	Year
Property Address: _____			
Monthly Rental Income		_____	
Monthly Expenses			
PMI Mortgage Insurance.	_____	_____	_____
Condo Fees.	_____	_____	_____
Parking Fees.	_____	_____	_____
Renter's Insurance.	_____	_____	_____
Cable/Phone/Internet	_____	_____	_____
Cable TV (separate)	_____	_____	_____
Internet Access (separate).	_____	_____	_____
Phone (separate)	_____	_____	_____
Household Repairs &Maintenance	_____	_____	_____
Household Supplies.	_____	_____	_____
Maid/Cleaning Service.	_____	_____	_____
Lawn Service.	_____	_____	_____
Snow Removal.	_____	_____	_____
Trash Removal.	_____	_____	_____
Utilities - Electricity.	_____	_____	_____
Utilities - Gas/Propane Heat.	_____	_____	_____
Utilities - Oil Heat.		_____	_____
Utilities - Water.		_____	_____
Utilities - Sewers.		_____	_____
Other Household (Fire Tax, etc.).		_____	_____

Investment Property Income and Expenses

On this worksheet please enter the monthly rental income and monthly expenses for any investment rental properties you own. Enter your mortgage information, property taxes and homeowner's insurance for these properties on page 13.

Item	Amount per... Week	Month	Year
Property Address: _____			
Monthly Rental Income		_____	
Monthly Expenses			
PMI Mortgage Insurance.	_____	_____	_____
Condo Fees.	_____	_____	_____
Parking Fees.	_____	_____	_____
Renter's Insurance.	_____	_____	_____
Cable/Phone/Internet	_____	_____	_____
Cable TV (separate)	_____	_____	_____
Internet Access (separate).	_____	_____	_____
Phone (separate)	_____	_____	_____
Household Repairs &Maintenance	_____	_____	_____
Household Supplies.	_____	_____	_____
Maid/Cleaning Service.	_____	_____	_____
Lawn Service.	_____	_____	_____
Snow Removal.	_____	_____	_____
Trash Removal.	_____	_____	_____
Utilities - Electricity.	_____	_____	_____
Utilities - Gas/Propane Heat.	_____	_____	_____
Utilities - Oil Heat.	_____	_____	_____
Utilities - Water.	_____	_____	_____
Utilities - Sewers.	_____	_____	_____
Other Household (Fire Tax, etc.).	_____	_____	_____