

**INITIAL CLIENT INTAKE SHEET**  
**DIVORCE/DISSOLUTION**

<p><b><u>CLIENT FULL NAME:</u></b></p> <p>Address:</p>  <p>County:</p> <p>Length at Address:</p>  <p>Mailing Address: <input type="checkbox"/> Same as above</p>     <p>Length of Residence in State:</p>  <p>Length of Residence in County:</p>    <p><u>Telephone</u> HOME: WORK:</p>  <p>CELL: FAX: PAGER: E-MAIL:</p>     <p>Number of Previous Marriages: Last Marriage Ended by: ____ Death ____ Divorce Date of Divorce or Death: If Divorce, City, State and County of Divorce:</p>	<p>SSN:</p>  <p>DOB:</p>   <p><u>Place of Birth</u> City: State: County:</p> <p>Occupation:</p> <p>Employer (name &amp; full address with zip):</p>  <p><u>Income</u> Hourly ____ Rate Per Hour: ____ No. Hours/Wk ____ Salary ____ Monthly Salary _____</p> <p>Second Occupation:</p> <p>Second Employer (name &amp; full address):</p> <p>Paid: ____ every 2 weeks, ____ 2x/month, ____ 1x/month</p> <p><u>Second Income</u> Hourly ____ Rate Per Hour: ____ No. Hours/Wk. ____ Salary ____ Monthly Salary _____</p> <p>Government Support:</p>  <p><u>Education Years Completed</u> HIGH SCHOOL: COLLEGE: POST GRADUATE STUDY:</p> <p>Race:</p> <p>Member of Armed Forces? ____ YES ____ NO</p>
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<b><u>SPOUSE FULL NAME:</u></b>	SSN:
Address:	DOB:
County:	<u>Place of Birth</u>
Length at Address:	City:
	State:
	County:
Mailing Address: <input type="checkbox"/> Same as above	Occupation:
	Employer (name & full address):
	<u>Income</u>
	Hourly ___ Rate Per Hour: _____ No. Hours/Wk. ___
	Salary ___ Monthly Salary _____
Length of Residence in State:	Second Occupation:
Length of Residence in County:	Second Employer (name & full address):
	Paid: ___ every 2 weeks, ___ 2x/month, ___ 1x/month
	<u>Second Income</u>
	Hourly ___ Rate Per Hour: _____ No. Hours/Wk. ___
	Salary ___ Monthly Salary _____
<u>Telephone</u>	Government Support:
HOME:	<u>Education Years Completed</u>
WORK:	HIGH SCHOOL:
CELL:	COLLEGE:
FAX:	POST GRADUATE STUDY:
PAGER:	
E-MAIL:	Race:
Number of Previous Marriages:	Member of Armed Forces? ___ YES ___ NO
Last Marriage Ended by: ___ Death ___ Divorce	
Date of Divorce or Death:	
If Divorce, City, State and County of Divorce:	

<i>CURRENT MARRIAGE:</i> Date:	City Where Married:
<i>SEPARATION:</i> Date:	County where Married:
<i>MAIDEN NAME:</i>	Marriage license obtained in what City:
<i>FORMER NAME:</i>	
Restore Name to:	

**CHILDREN OF THIS MARRIAGE**

FULL NAME	DATE OF BIRTH	SSN	CITY, COUNTY AND STATE OF BIRTH	CHILD CURRENTLY RESIDING WITH:

Who has actual physical custody of the minor child(ren) at this time?   \_\_\_ Wife   \_\_\_ Husband   \_\_\_ Both

With whom and where have the child(ren) resided for the last 60 days? \_\_\_\_\_

Where have the child(ren) resided for the last 6 months? \_\_\_\_\_

Who do you feel is best suited to have custody of the minor child(ren):   \_\_\_ Wife   \_\_\_ Husband   \_\_\_ Both

Has there ever been any litigation concerning custody of these child(ren) in this state or in any other state?  
\_\_\_ YES   \_\_\_ NO

Have there ever been any discussions or agreement concerning child support or maintenance?   \_\_\_ YES   \_\_\_ NO

**UCCJEA REQUIREMENT**

For each child, list the places the child has resided during the last five years, and name and addresses of the persons with whom the child has lived during such periods.

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>	<u>WITH WHOM</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PARENTING PLAN INFORMATION**

Weekend Schedule (**be specific** list days, times, frequency):

Week Day Schedule (**be specific** list days, times, frequency):

**HEALTH INSURANCE**

Who Carries Child(ren):   \_\_\_ Mother   \_\_\_ Father

Name of Provider: \_\_\_\_\_

Identification No: \_\_\_\_\_

Monthly Cost to Insure Child(ren): \_\_\_\_\_ (only the children, not full family or children and employee)

**DAYCARE COSTS**

Name of Daycare: \_\_\_\_\_

Address of School: \_\_\_\_\_

Cost per Month per Child: \_\_\_\_\_

**CHILDREN FROM PREVIOUS MARRIAGES**

(whether by birth or adoption)

(DO NOT include children of a previous marriage who have not been adopted by you or your spouse)

FULL NAME	DATE OF BIRTH	SSN	CITY, COUNTY AND STATE OF BIRTH	CHILD CURRENTLY RESIDING WITH:

**STATEMENT OF INCOME AND EXPENSES OF**

**SSN:** \_\_\_\_\_

Fill this section out completely if you do not have checks stubs for the most recent 3 months of work + copies of the last 3 years' tax returns. Checks stubs for the most recent 3 months of work + copies of the last 3 years' tax returns are preferred.

**I. INCOME**

A.

Employer Name:

Employer Full Address:

\_\_\_\_ Check if unemployed

HOW PAID: (check one)

\_\_\_\_ Hourly Wage

\_\_\_\_ Salary

Wage rate per hour: \_\_\_\_\_

Average Monthly Salary: \$ \_\_\_\_\_

Average hours per week: \_\_\_\_\_

Average monthly wages: \$ \_\_\_\_\_

Paid: \_\_\_\_ Weekly      \_\_\_\_ Bi-Weekly

      \_\_\_\_ Semi-Monthly    \_\_\_\_ Monthly

\$ \_\_\_\_\_ Annual

Gross Salary/Wages and Commission:

\$ \_\_\_\_\_ Per pay period

\$ \_\_\_\_\_ Per month

Number of Dependents Claimed:

Number of Exemptions Claimed:

**PAYROLL DEDUCTIONS:**

FICA (Social Security Tax)	\$ _____
Federal Withholding Tax	\$ _____
State Withholding Tax	\$ _____
Medicare	\$ _____
Union Dues	\$ _____
Health Insurance	\$ _____
<b>OTHER DEDUCTIONS:</b>	
	\$ _____

TOTAL DEDUCTIONS EACH PAY PERIOD      \$ \_\_\_\_\_

NET TAKE HOME PAY EACH PAY PERIOD \$ \_\_\_\_\_

**B. ADDITIONAL INCOME** from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, Commissions and all other sources (give monthly average and list sources of income)

Bonuses	\$ _____
Draw	\$ _____
Pension/Retirement	\$ _____
Annuity	\$ _____
Interest Income	\$ _____
Dividend Income	\$ _____
Trust Income	\$ _____
Social Security	\$ _____
Overtime/Commission	\$ _____
Workers Compensation	\$ _____
Public Aid/Food Stamps	\$ _____
Rental Income	\$ _____
Business Income	\$ _____
Royalty	\$ _____
Fellowship/Stipends	\$ _____
Unemployment	\$ _____
Disability Payments	\$ _____
Other Income	\$ _____
Child Support Received for children not of this proceedings	\$ _____
Maintenance Received from Third Party	\$ _____

\$ \_\_\_\_\_

AVERAGE MONTHLY TOTAL

**C. TOTAL AVERAGE NET MONTHLY INCOME** \$ \_\_\_\_\_

**D. Total gross income from tax returns for each of the last 3 calendar years:**

YEAR: \_\_\_\_\_ \$ \_\_\_\_\_  
 YEAR: \_\_\_\_\_ \$ \_\_\_\_\_  
 YEAR: \_\_\_\_\_ \$ \_\_\_\_\_

**II. EXPENSES required to maintain the previous standard of living stated on a MONTHLY average**

**HOMEOWNERS EXPENSES**

Rent	\$ _____
Mortgage	\$ _____
Second Mortgage	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Lot Rent	\$ _____
Association Fees	\$ _____
Maintenance of Home	\$ _____
Lawn Service	\$ _____
Pest Control	\$ _____
Veterinarian and General Pet Care	\$ _____

**TOTAL HOME EXPENSES** \$ \_\_\_\_\_

**UTILITIES**

Natural Gas	\$ _____
Water	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Trash Service	\$ _____
Cable/Satellite	\$ _____
Sewer	\$ _____
Cellular Phone/Pager	\$ _____
Internet Provider	\$ _____

**TOTAL UTILITIES EXPENSES** \$ \_\_\_\_\_

**CLEANING AND LAUNDRY**

Housekeeper	\$ _____
Laundry	\$ _____
Dry Cleaning	\$ _____
Cleaning Products	\$ _____
	\$ _____
	\$ _____

**TOTAL CLEANING AND LAUNDRY** \$ \_\_\_\_\_

**MEDICAL EXPENSES**

General Care	\$ _____
Dental Care	\$ _____
Health Insurance	\$ _____
Prescription Drugs	\$ _____
Over the Counter Drugs	\$ _____
Eye Care	\$ _____
Mental Health Care	\$ _____

**TOTAL MEDICAL EXPENSES** \$ \_\_\_\_\_

**PERSONAL HYGIENE & BEAUTY**

Hair Cuts/Perm \$ \_\_\_\_\_  
Manicures \$ \_\_\_\_\_  
Pedicures \$ \_\_\_\_\_  
Massage \$ \_\_\_\_\_  
Personal Products \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL PERSONAL HYGIENE & BEAUTY EXPENSES** \$ \_\_\_\_\_

**AUTOMOBILE AND TRANSPORTATION**

Loan Payment \$ \_\_\_\_\_  
Gasoline \$ \_\_\_\_\_  
Routine Maintenance \$ \_\_\_\_\_  
Personal Property Tax \$ \_\_\_\_\_  
Auto Insurance \$ \_\_\_\_\_  
License Inspection \$ \_\_\_\_\_  
Parking Fees \$ \_\_\_\_\_  
Toll Fees \$ \_\_\_\_\_  
Taxi Fees \$ \_\_\_\_\_  
Subway Fees \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL AUTOMOBILE EXPENSES** \$ \_\_\_\_\_

**GENERAL LIVING**

Food \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Household Furnishings \$ \_\_\_\_\_  
Linen, Towels, etc. \$ \_\_\_\_\_  
Life Insurance \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL GENERAL LIVING EXPENSES** \$ \_\_\_\_\_

**BOOKS, NEWSPAPERS, PERIODICALS**

Newspaper \$ \_\_\_\_\_  
Magazines \$ \_\_\_\_\_  
Books \$ \_\_\_\_\_  
Periodicals \$ \_\_\_\_\_  
Tuition Fees \$ \_\_\_\_\_  
Seminars \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_



TOTAL BOOKS , NEWSPAPERS & PERIODICAL EXPENSES \$ \_\_\_\_\_

RECREATION, FITNESS, ENTERTAINMENT

Movies \$ \_\_\_\_\_  
Videos \$ \_\_\_\_\_  
Music \$ \_\_\_\_\_  
Sporting Events \$ \_\_\_\_\_  
League Fees \$ \_\_\_\_\_  
Club Membership \$ \_\_\_\_\_  
Vacation/Travel \$ \_\_\_\_\_  
Dining Out \$ \_\_\_\_\_  
Sports Equipment/Apparel \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL RECREATION, FITNESS, ENTERTAINMENT EXPENSES \$ \_\_\_\_\_

CHARITABLE CONTRIBUTIONS

Organizations \$ \_\_\_\_\_  
Schools \$ \_\_\_\_\_  
Personal \$ \_\_\_\_\_  
Church \$ \_\_\_\_\_  
United Way \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL CHARITABLE CONTRIBUTIONS EXPENSES \$ \_\_\_\_\_

SPECIAL OCCASION EXPENSES

Birthdays \$ \_\_\_\_\_  
Weddings, Showers & Gifts \$ \_\_\_\_\_  
Christmas \$ \_\_\_\_\_  
Child Case \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL SPECIAL OCCASION EXPENSES \$ \_\_\_\_\_

CREDIT CARDS & OTHER INSTALLMENTS

American Express \$ \_\_\_\_\_  
VISA \$ \_\_\_\_\_  
Mastercard \$ \_\_\_\_\_  
Discover Card \$ \_\_\_\_\_  
Other Bank Cards \$ \_\_\_\_\_  
Store Credit Cards \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL CREDIT CARD & OTHER INSTALLMENT EXPENSES \$ \_\_\_\_\_

OTHER MISC EXPENSES

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL OTHER EXPENSES \$ \_\_\_\_\_

CHILD SUPPORT PAID BY CLIENT FOR CHILDREN NOT INVOLVED IN THIS PROCEEDING:

\$ \_\_\_\_\_

ALIMONY OR MAINTENANCE PAID TO FORMER SPOUSE:

\$ \_\_\_\_\_

MINOR AND/OR DEPENDENT CHILDREN:

Health Insurance \$ \_\_\_\_\_  
Medical Including Co-Pay \$ \_\_\_\_\_  
Dental \$ \_\_\_\_\_  
Vision \$ \_\_\_\_\_  
Psychological \$ \_\_\_\_\_  
Other Health \$ \_\_\_\_\_  
Educational \$ \_\_\_\_\_  
Childcare \$ \_\_\_\_\_  
Extraordinary Expenses \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_

TOTAL CHILDREN'S EXPENSES \$ \_\_\_\_\_

TOTAL AVERAGE MONTHLY EXPENSES \$ \_\_\_\_\_

**ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_ )  
 )ss.  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, herein, of lawful age, after being duly sworn upon my oath, state that the foregoing statements contained in the foregoing Statement of Income and Expenses are true and correct to my best knowledge, information and belief.

\_\_\_\_\_  
Affiant

## PROPERTY WORKSHEET

CLIENT: Please read before completing this form.

The attached form is provided to our clients in order to assist you more efficiently in completing your list of assets. Please describe the items of personal property with enough detail that it will not be confused with a similar item of property, i.e. “Flowered Blue Chair” not just “Chair”. Please try to list each item separately and avoid lumping items together, i.e. if you just put “Bedroom Furniture”, it will be difficult for us to match it to your spouse’s list if they itemize each piece. Each column must be completed with all the information asked for on the form.

It is important that you list all items of property even if they are in your spouse’s possession and even if the item was acquired before the marriage or after the separation. If you fail to list an item, it may cause a dispute later and possible result in loss of that item to your spouse.

Non-marital (NM) property constitutes property that was purchased prior to the marriage or was a gift during the marriage to the respective spouse or acquired by inheritance by the respective spouse. Marital (M) property is any and all property obtained during the period of the marriage excluding the above. Property obtained after separation is still considered marital (M) property.

Please be sure you list all outstanding debts on the page marked “Debts” and include the balance remaining and who should assume this obligation.

“Current market value” is that amount that a willing buyer would pay a willing seller, example would be a rummage sale/auction price. It does not mean the purchase price or replacement price.

Listing of personal items can be time-consuming and sometimes frustrating; however, if you will complete this form accurately, it will help all of us and will expedite your case.

**PROPERTY WORKSHEET**

CLIENT: \_\_\_\_\_

Description of Item	Who has Possession? H or W	Your opinion of the Current Market Value (Kelley Bluebook)	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)	Debt Amount? List details on last page.
<b>REAL ESTATE (provide Legal Description – use separate sheet of paper if necessary or provide title):</b>					
<b>VEHICLES (provide VIN#'s, Year, Make and Model):</b>					
<b>BANK ACCOUNTS (provide bank name and last four digits of all acct #'s):</b>					
<b>STOCKS &amp; BONDS (provide broker name and last four digits of all acct #'s) :</b>					
<b>BOATS/MOTORS/ TRAILERS:</b>					

Description of Item (name of bank, institution or manufacturer & last four digits of account #'s)	Who has Possession? H or W	Your opinion of the Current Market Value	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)
<b>BUSINESS INTEREST &amp; EQUIPMENT:</b>				
<b>INSURANCE POLICIES (provide provider name and last four digits of all acct #'s):</b>				
<b>IRA (provide provider name and last four digits of all acct #'s):</b>				
<b>CERTIFICATES OF DEPOSIT (provide provider name and last four digits of all acct #'s):</b>				
<b>RETIREMENT &amp; PENSION PLANS (provide provider name and last four digits of all acct #'s):</b>				
<b>OTHER INVESTMENTS:</b>				
<b>LIVESTOCK &amp; ANIMALS:</b>				
<b>FARM EQUIPMENT:</b>				



Description of Item	Who has Possession? H or W	Your opinion of the Current Market Value	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)
<b>HOUSEHOLD FURNISHINGS:</b>				
<b>Living Room:</b>				
(Couch)				
(Loveseat)				
(Rocker)				
(Recliner)				
(Piano)				
(Coffee Table)				
(Fireplace Equipment)				
(Books)				
(Bookcase)				
(Lamps)				
(Desk)				
(Chairs)				
(End Tables)				
(Rugs)				
(Curtains)				
(Pictures)				
(Photos)				
(Hall Tree)				
(Wall Shelf)				
(Fans)				
(Clock)				
(Stereo)				
(Television)				
(VCR)				
(Telephone)				
(Answering Machine)				
(Entertainment Center)				

Description of Item	Who has Possession? H or W	Your opinion of the Current Market Value	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)
<b>HOUSEHOLD FURNISHINGS:</b>				
<b>Bedrooms:</b>				
(Bed)				
(Mattress/Box Springs)				
(Vacuum)				
(Dressers)				
(Bureaus)				
(Mirrors)				
(Night Stands)				
(Rocker)				
(Cedar Chest)				
(Sheets)				
(Blankets)				
(Comforters)				
(Closet Racks)				
(Shoe Racks)				
(Books)				
(Bookcase)				
(Lamps)				
(Desk)				
(Chairs)				
(Rugs)				
(Curtains)				
(Pictures)				
(Photos)				
(Fans)				
(Clocks)				
(Stereo)				
(Television)				
(VCR)				
(Telephone)				
(Answering Machine)				



Description of Item	Who has Possession? H or W	Your opinion of the Current Market Value	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)
<b>Bathrooms:</b>				
(Linens)				
(Hairdryer)				
(Scales)				
(Towels)				
(Medicine Cabinet)				
(Accessories)				
(Cabinets)				
(Clothes Hampers)				
(Mirrors)				
(Medical Devices)				
(Medical Supplies)				
(Telephone)				
(Closet Racks)				
(Shoe Racks)				
(Books)				
(Bookcase)				
(Lamps)				
(Desk)				
(Chairs)				
(Rugs)				
(Curtains)				
(Pictures)				
(Photos)				
(Fans)				
(Clocks)				
(Stereo)				
(Television)				
(VCR)				

Description of Item	Who has Possession? H or W	Your opinion of the Current Market Value	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)
<b>HOUSEHOLD FURNISHINGS:</b>				
<b>Kitchen:</b>				
(Dishes)				
(Cutlery)				
(Silverware)				
(Microwave)				
(Microwave Stand)				
(Refrigerator)				
(Freezer)				
(Dishwasher)				
(Stove)				
(Pots/Pans)				
(Cabinets)				
(Bakers Rack)				
(Glassware)				
(Ironing Board)				
(Coffee Maker)				
(Knife Set)				
(Bread Maker)				
(Toaster)				
(Electric Can Opener)				
(Table/Chairs)				
(Bakeware)				
(Washer)				
(Dryer)				
(Bar Stools)				
(Crock Pot)				
(Pressure Cooker)				
(Blender)				
(Mixer)				
(Books)				
(Bookcase)				
(Lamps)				
(Desk)				
(Chairs)				
(End Tables)				

Description of Item	Who has Possession? H or W	Your opinion of the Current Market Value	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)
<b>HOUSEHOLD FURNISHINGS:</b>				
<b>Kitchen: (continued)</b>				
(Rugs)				
(Curtains)				
(Pictures)				
(Photos)				
(Hall Tree)				
(Wall Shelf)				
(Fans)				
(Clocks)				
(Stereo)				
(Television)				
(VCR)				
(Telephone)				
(Answering Machine)				
(Entertainment Center)				
<b>Dining Room:</b>				
(Table & Chairs)				
(Bureau)				
(Crystal)				
(China)				
(Table Linens)				
(Sewing Machine)				
(Silverware)				
(China Cabinet)				
(Hutch)				
(Books)				
(Bookcase)				
(Lamps)				
(Desk)				
(Chairs)				

Description of Item	Who has Possession? H or W	Your opinion of the Current Market Value	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)
<b>Dining Room: (continued)</b>				
(End Tables)				
(Rugs)				
(Curtains)				
(Pictures)				
(Photos)				
(Hall Tree)				
(Wall Shelf)				
(Fans)				
(Clocks)				
(Stereo)				
(Television)				
(VCR)				
(Telephone)				
(Answering Machine)				
(Entertainment Center)				
<b>JEWELRY:</b>				
(Watches)				
(Rings)				
(Necklaces)				
(Earrings)				
(Broaches)				
(Gems)				

Description of Item	Who has Possession? H or W	Your opinion of the Current Market Value	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)
<b>TOOLS, LAWN &amp; GARDEN EQUIPMENT:</b>				
(Riding Mower)				
(Push Mower)				
(Blower)				
(Chain Saw)				
(Weed Eater)				
(Table Saw)				
(Battery Charger)				
(Air Compressor)				
(Hand Tools)				
(Power Tools)				
(Tool Box)				
(Ladder)				
(Shelves)				
(Fans)				
(Picnic Table)				
(Swing Set)				
(Porch Swing)				
(Garden Hose)				
(Sprinklers)				
(Wheelbarrow)				
(Lawn Ornaments)				
(Bird Bath)				
(Flower Pots)				
(BBQ Grill)				
(Hot Tub)				
(Spa Supplies)				
(Pool Supplies)				
(Plants)				
(Lighting)				
(Furniture)				
(Patio Speakers)				
(Telephone)				
(Stereo)				

Description of Item	Who has Possession? H or W	Your opinion of the Current Market Value	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)
<b>TOOLS, LAWN &amp; GARDEN EQUIPMENT (continued)</b>				
<b>FIREARMS &amp; SPORTS EQUIPMENT:</b>				
(Bikes)				
(Skis)				
(Volleyball/Net)				
(Tennis Racket)				
(Bowling Ball)				
(Treadmill)				
(Rowing Machine)				
(Stairmaster)				
(Exercise Bike)				
(Weights)				
(Fishing Equipment)				
(Golf Equipment)				
(Diving Gear)				
(Tent)				
(Lanterns)				
(Camping Gear)				
(Bow & Arrow)				
(Pistols)				
(Rifles)				
(Other)				

Description of Item	Who has Possession? H or W	Your opinion of the Current Market Value	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)
<b>BOOKS, ART OBJECTS &amp; COLLECTIBLES:</b>				
(Antiques)				
(Coins)				
(Stamps)				
(Figurines)				
(Paintings)				
(Dolls)				
(Baseball Cards)				
(Other)				
<b>STORAGE:</b>				
(Luggage)				
(Trunks)				
(Antiques)				
(Furniture)				
(Photos)				
(Other)				

Description of Item	Who has Possession? H or W	Your opinion of the Current Market Value	Should Item be Awarded to? H or W	Do you claim Item is Non-Marital? (NM)
<b>OFFICE EQUIPMENT:</b>				
(Computer)				
(Scanner)				
(Printer)				
(Copier)				
(Fax)				
(Digital Camera)				
(File Cabinet)				
(Desk)				
(Chair)				
(Bookcase)				
<b>OTHER:</b>				