

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

RULE 16(c) FINANCIAL REPORT

PROPERTY DIVISION, ALIMONY, COUNSEL FEES

DATE OF MARRIAGE: _____ CASE NAME: _____
 DATE OF SEPARATION: _____ FILE NUMBER: _____
 DATE OF DIVORCE: _____ PETITION NUMBER: _____

Petitioner's Name	Date of Birth
Street Address	Home Phone
P.O. Box Number	
City/State/Zip Code	
Employer Name	Work Phone
Employer Street Address	
City/State/Zip Code	
Years Employed	Position or Occupation
Current Annual Income \$	
Petitioner's Attorney	

Respondent's Name	Date of Birth
Street Address	Home Phone
P.O. Box Number	
City/State/Zip Code	
Employer Name	Work Phone
Employer Street Address	
City/State/Zip Code	
Years Employed	Position or Occupation
Current Annual Income \$	
Respondent's Attorney	

A. Names and dates of birth of minor children of the parties. Indicate with whom the child(ren) primarily reside: Mother (M); Father (F); Shared (S).

Petitioner's Children (Minor)	Resides With:
	<input type="checkbox"/> (M) <input type="checkbox"/> (F) <input type="checkbox"/> (S)
	<input type="checkbox"/> (M) <input type="checkbox"/> (F) <input type="checkbox"/> (S)
	<input type="checkbox"/> (M) <input type="checkbox"/> (F) <input type="checkbox"/> (S)
	<input type="checkbox"/> (M) <input type="checkbox"/> (F) <input type="checkbox"/> (S)
	<input type="checkbox"/> (M) <input type="checkbox"/> (F) <input type="checkbox"/> (S)

Respondent's Children (Minor)	Resides With:
	<input type="checkbox"/> (M) <input type="checkbox"/> (F) <input type="checkbox"/> (S)
	<input type="checkbox"/> (M) <input type="checkbox"/> (F) <input type="checkbox"/> (S)
	<input type="checkbox"/> (M) <input type="checkbox"/> (F) <input type="checkbox"/> (S)
	<input type="checkbox"/> (M) <input type="checkbox"/> (F) <input type="checkbox"/> (S)
	<input type="checkbox"/> (M) <input type="checkbox"/> (F) <input type="checkbox"/> (S)

B. Names and dates of birth of any adult children residing with either party. Indicate whether the child is enrolled in school

Petitioner's Children (Adult)	Enrolled in School?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Respondent's Children (Adult)	Enrolled in School?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Describe your employment history for the past five years. Include the name of each employer, the dates of employment, and the last annual income with each employer, and the reason employment ended. Start with your most recent employer.

Petitioner (P):

Employer	Dates of Employment		Ending Annual Income	Reason for Leaving
	Start Date	End Date		

Respondent (R):

Employer	Dates of Employment		Ending Annual Income	Reason for Leaving
	Start Date	End Date		

D. Do you have health/dental insurance benefiting you, your spouse and/or children of this marriage?

Petitioner (P) Yes No Respondent (R) Yes No

If so, please state the name of your insurance company, the group and member numbers and cost:

Petitioner's Insurance

Respondent's Insurance

Insurance Company:
Group Number:
Member Number:
Monthly Cost: \$
Who is Covered?

Insurance Company:
Group Number:
Member Number:
Monthly Cost: \$
Who is Covered?

E. Does your employer offer a qualified and/or non-qualified pension plan?

Petitioner (P) Yes No Respondent (R) Yes No

Are you a participant in any pension and/or retirement plan at your current place of employment?

Petitioner (P) Yes No Respondent (R) Yes No

Were you a participant in any other pension and/or retirement plan(s) through previous employment?

Petitioner (P) Yes No Respondent (R) Yes No

If so, please state the name(s) of all plan(s), plan administrator(s), address(es) and phone number(s) in which you are a participant:

(P)

Plan Name (1)	Plan Administrator
Street Address	Phone #
City/State/Zip Code	
Plan Name (2)	Plan Administrator
Street Address	Phone #
City/State/Zip Code	

(R)

Plan Name (1)	Plan Administrator
Street Address	Phone #
City/State/Zip Code	
Plan Name (2)	Plan Administrator
Street Address	Phone #
City/State/Zip Code	

F. Do you have any other deductions from your pay (not including taxes), such as union dues, mandatory pension deductions or other?

Petitioner (P) Yes No Respondent (R) Yes No

If so, please identify the deduction and monthly cost

(P) Deduction	Monthly Cost
	\$
	\$
	\$
	\$

(R) Deduction	Monthly Cost
	\$
	\$
	\$
	\$

G. Do you participate in or own any life insurance on your life?

Petitioner (P) Yes No Respondent (R) Yes No

If so, please state the following

(P)

Name of Plan	Policy Number	Type*	Beneficiary	Face Value	Cash Surrender Value	Monthly Cost
(1)				\$	\$	\$
Basis for Non-Marital Claim:						
(2)				\$	\$	\$
Basis for Non-Marital Claim:						

(R)

Name of Plan	Policy Number	Type*	Beneficiary	Face Value	Cash Surrender Value	Monthly Cost
(1)				\$	\$	\$
Basis for Non-Marital Claim:						
(2)				\$	\$	\$
Basis for Non-Marital Claim:						

*Type: W= Whole Life T= Term E= Employer

H. Do you claim any inability to pay support due to ill health, disability or extraordinary expenses which results in dependency upon the other party for support and/or impairment of earning capacity?

Petitioner (P) Yes No Respondent (R) Yes No

If yes, please provide below and the name and address of all treating physicians and state the nature of the disability

(P)

Nature of Disability (1)	Treating Physician
Street Address	Phone #
City/State/Zip Code	
Nature of Disability (2 – If Different)	Treating Physician
Street Address	Phone #
City/State/Zip Code	

(R)

Nature of Disability (1)	Treating Physician
Street Address	Phone #
City/State/Zip Code	
Nature of Disability (2 – If Different)	Treating Physician
Street Address	Phone #
City/State/Zip Code	

I. Are you receiving any income from benefits such as Social Security retirement, Social Security Disability (SSDI), VA benefits, federal pension (CSRS or FERS), private disability or military pension?

Petitioner (P) Yes No Respondent (R) Yes No

If so, please indicate from where you receive the benefit(s) and the monthly amount:

(P) Benefit

Benefit	Monthly Cost
	\$
	\$
	\$
	\$

(R) Benefit

Benefit	Monthly Cost
	\$
	\$
	\$
	\$

J. During the last five (5) years, have you given, transferred, or entrusted your property (including cash) in excess of \$1000.00 in the aggregate to anyone other than a party to this proceeding?

Petitioner (P) Yes No Respondent (R) Yes No

If so, please name the recipient of each item and describe the item and its value:

(P) Property Transferred	Entrusted Recipient	Value	(R) Property Transferred	Entrusted Recipient	Value
		\$			\$
		\$			\$

INCOME INFORMATION

K. List annual gross income from all sources for the last 3 years, including estimated gross income for current year:

(P) Petitioner		(R) Respondent	
3 years ago	\$	3 years ago	\$
2 years ago	\$	2 years ago	\$
1 year ago	\$	1 year ago	\$
Current	\$	Current	\$

ASSETS OF THE PARTIES

“Assets” include all assets (property) of any kind, including real estate, and tangible and intangible personal property (such as bank accounts, stocks, bonds, etc.). Unless you explain otherwise, it will be presumed that you are the sole legal owner of any asset(s) identified in your answers. If you are not the sole legal owner, please explain the nature and extent of your ownership, including the name of all co-owners. **If the space provided is insufficient, please attach additional pages, indicating whether the attachment is supplied by Petitioner or Respondent.**

All property will be considered marital and subject to division unless a party indicates to the contrary. Such an indication must be made by listing one of the following reasons for claiming the property is non-marital under the “Basis for Non-Marital Claim” category:

- | | |
|--|---|
| <p>1. Premarital
(Property owned by a party before marriage.)</p> <p>2. Agreement
(Property excluded by agreement of the parties.)</p> <p>3. Post-Separation
(Property acquired after separation.)</p> <p>4. Exchange
(Property acquired in exchange for premarital property.)</p> | <p>5. Increase
(The increase in value of property acquired before marriage.)</p> <p>6. Gift
(Property acquired by gift from a third person)</p> <p>7. Inheritance
(Property acquired by inheritance)</p> |
|--|---|

PLEASE COMPLETE THE FOLLOWING INFORMATION:

REAL PROPERTY

L. Interests in real estate:

Address	In Whose Name	Market Value	Mortgage Balance	Source of funds for purchase	Basis for Non-Marital Claim
	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) \$ (R) \$	\$	(P) (R)	(P) (R)
	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) \$ (R) \$	\$	(P) (R)	(P) (R)
	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) \$ (R) \$	\$	(P) (R)	(P) (R)

MOTOR VEHICLES

M. Automobiles, trailers, motorcycles, and other vehicles

Make, Model & Year	In Whose	Date	Balance	Who	Basis for Non-
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Name	Acquired	Value (P) & (R)*	on Loan	Drives?	Marital Claim
<input type="checkbox"/> (P) <input type="checkbox"/> (R)		(P) \$ (R) \$	\$	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)
<input type="checkbox"/> (P) <input type="checkbox"/> (R)		(P) \$ (R) \$	\$	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)
<input type="checkbox"/> (P) <input type="checkbox"/> (R)		(P) \$ (R) \$	\$	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)

* NOTE: The Court generally uses the current retail NADA book value for automobiles

BANK ACCOUNTS

N. Checking accounts, savings accounts, certificates of deposit:

Name and Address of Institution	Account Number	Present Value	In Whose Name	Basis for Non-Marital Claim
		\$	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)
		\$	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)
		\$	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)
		\$	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)
		\$	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)
		\$	<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)

RETIREMENT PLAN(S)

O. Profit sharing plans and/or retirement plans (other than your pension) such as an IRA:

Name of Plan	In Whose Name	Value of Plan & Date of Value	Does the Non-Contributor claim a share of Post-Separation Contributions?	Basis for Non-Marital Claim
	<input type="checkbox"/> (P) <input type="checkbox"/> (R)		<input type="checkbox"/> Yes <input type="checkbox"/> No	(P) (R)
	<input type="checkbox"/> (P) <input type="checkbox"/> (R)		<input type="checkbox"/> Yes <input type="checkbox"/> No	(P) (R)
	<input type="checkbox"/> (P) <input type="checkbox"/> (R)		<input type="checkbox"/> Yes <input type="checkbox"/> No	(P) (R)
	<input type="checkbox"/> (P) <input type="checkbox"/> (R)		<input type="checkbox"/> Yes <input type="checkbox"/> No	(P) (R)

INVESTMENTS

P. Stocks, mutual funds, securities, bonds and options:

Corporation	Shares	Class	In Whose Name	Date Acquired	Market Value	Basis for Non-Marital Claim
			<input type="checkbox"/> (P) <input type="checkbox"/> (R)		\$	(P) (R)
			<input type="checkbox"/> (P) <input type="checkbox"/> (R)		\$	(P) (R)
			<input type="checkbox"/> (P) <input type="checkbox"/> (R)		\$	(P) (R)
			<input type="checkbox"/> (P) <input type="checkbox"/> (R)		\$	(P) (R)

ANNUITIES

Q. Annuities

Name and Address	Amount of	Date of	Duration of	Beneficiary	In Whose	Basis for Non-
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of Company	Payment	First Payment	Payments	Upon Death	Name	Marital Claim
					<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)
					<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)
					<input type="checkbox"/> (P) <input type="checkbox"/> (R)	(P) (R)

BUSINESSES

R. If you have any interest in any business, please state

Petitioner

Name of Business		
Street Address		
City	State	Zip Code
Percentage of Interest of Business	Years of Operation	
Name of Accountant		
Street Address		
City	State	Zip Code
Basis for Claim that Property is Non-Marital:		
Are there any Buy/Sell Agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Respondent

Name of Business		
Street Address		
City	State	Zip Code
Percentage of Interest of Business	Years of Operation	
Name of Accountant		
Street Address		
City	State	Zip Code
Basis for Claim that Property is Non-Marital:		
Are there any Buy/Sell Agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No		

HOUSEHOLD FURNISHINGS AND BELONGINGS

If the parties do not agree how to divide their household furnishings and belongings, the Court generally divides them by the "two-list" method. One party prepares two lists dividing all of the marital furnishings and belongings. The other party chooses which of the two lists of household furnishings and belongings he or she will keep. The party who prepared the two lists will keep the household furnishings and belongings listed on the remaining list.

The household furnishings and belongings:	Have been divided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will be divided by the "two list" method	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER ASSETS

S. Other Assets:

Asset	In Whose Name		Value
	<input type="checkbox"/> (P)	<input type="checkbox"/> (R)	\$
	<input type="checkbox"/> (P)	<input type="checkbox"/> (R)	\$
	<input type="checkbox"/> (P)	<input type="checkbox"/> (R)	\$
	<input type="checkbox"/> (P)	<input type="checkbox"/> (R)	\$
	<input type="checkbox"/> (P)	<input type="checkbox"/> (R)	\$
	<input type="checkbox"/> (P)	<input type="checkbox"/> (R)	\$
	<input type="checkbox"/> (P)	<input type="checkbox"/> (R)	\$
	<input type="checkbox"/> (P)	<input type="checkbox"/> (R)	\$

DEBTS OF THE PARTIES

T. Please complete the chart below regarding **ALL** of the debts incurred during the marriage

Write the name of	Write the	Write the	Write the	Write the	Write the	Would you like

the creditor (the institution, company person, etc.) to whom money is owed	name of the person responsible to the creditor	general purpose of the debt incurred (why was the money borrowed?)	date the debt was incurred	amount of money owed on the date of separation	amount of money owed on the date of divorce	credit for the money you paid after the date of separation? If so, how much?
1)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
2)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
3)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
4)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
5)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
6)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
7)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
8)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
9)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
10)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
11)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
12)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
13)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
14)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
15)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
16)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$
17)				(P) \$ (R) \$	(P) \$ (R) \$	(P) \$ (R) \$

PETITIONER'S EXPENSE INFORMATION

U. List monthly expenses (1/12 of actual payments made during the preceding twelve (12) months) and estimated monthly expenses for the next year, including any expenses that have recently changed or are expected to change in the near future.

Item	Current Expenses	Estimated Expenses
Rent	\$	\$
Mortgage (taxes, insurance and escrow)	\$	\$
Water	\$	\$
Sewer	\$	\$
Electric	\$	\$
Gas	\$	\$
Oil	\$	\$
Garbage	\$	\$
Cable Television	\$	\$
Telephone	\$	\$
Household items	\$	\$
Household maintenance and repairs (<i>list</i>)		
Item:	\$	\$
Item:	\$	\$
Groceries	\$	\$
Clothing	\$	\$
Health Insurance (COBRA)	\$	\$
Out-of-pocket medical and dental expenses for self	\$	\$
Medical and dental expenses for children	\$	\$
Work-related child care	\$	\$
School tuition for children of the parties	\$	\$
School tuition for other children	\$	\$
Laundry and dry cleaning	\$	\$
Toys and presents	\$	\$
Cosmetics and toiletries	\$	\$
Hobbies	\$	\$
Barber and Hairdresser	\$	\$
Newspaper, magazine subscriptions	\$	\$
Charitable and/or religious donations	\$	\$
Vacation	\$	\$
Entertainment and miscellaneous	\$	\$
Transportation (other than auto)	\$	\$
<i>Automobile</i>		
Monthly Payment	\$	\$
Repairs and Maintenance	\$	\$
Insurance	\$	\$
Gasoline	\$	\$
Life Insurance	\$	\$
<i>Other:</i>		
Item:	\$	\$
Item:	\$	\$
Item:	\$	\$
Item:	\$	\$
TOTAL	\$	\$

RESPONDENT'S EXPENSE INFORMATION

V. List monthly expenses (1/12 of actual payments made during the preceding twelve (12) months) and estimated monthly expenses for the next year, including any expenses that have recently changed or are expected to change in the near future.

Item	Current Expenses	Estimated Expenses
Rent	\$	\$
Mortgage (taxes, insurance and escrow)	\$	\$
Water	\$	\$
Sewer	\$	\$
Electric	\$	\$
Gas	\$	\$
Oil	\$	\$
Garbage	\$	\$
Cable Television	\$	\$
Telephone	\$	\$
Household items	\$	\$
Household maintenance and repairs (<i>list</i>)		
Item:	\$	\$
Item:	\$	\$
Groceries	\$	\$
Clothing	\$	\$
Health Insurance (COBRA)	\$	\$
Out-of-pocket medical and dental expenses for self	\$	\$
Medical and dental expenses for children	\$	\$
Work-related child care	\$	\$
School tuition for children of the parties	\$	\$
School tuition for other children	\$	\$
Laundry and dry cleaning	\$	\$
Toys and presents	\$	\$
Cosmetics and toiletries	\$	\$
Hobbies	\$	\$
Barber and Hairdresser	\$	\$
Newspaper, magazine subscriptions	\$	\$
Charitable and/or religious donations	\$	\$
Vacation	\$	\$
Entertainment and miscellaneous	\$	\$
Transportation (other than auto)	\$	\$
<i>Automobile</i>		
Monthly Payment	\$	\$
Repairs and Maintenance	\$	\$
Insurance	\$	\$
Gasoline	\$	\$
Life Insurance	\$	\$
<i>Other:</i>		
Item:	\$	\$
Item:	\$	\$
Item:	\$	\$
Item:	\$	\$
TOTAL	\$	\$

