

TRIAL MEMORANDUM
FAMILY PROFILE

FULL NAME: _____ PRESENT ADDRESS: _____ EDUCATION: _____ VOCATION SKILLS: _____ PRESENT EMPLOYER: _____ ADDRESS: _____ PRESENT HEALTH: _____	_____ PLAINTIFF _____ DEFENDANT AGE: _____ PHONE: _____ LENGTH OF SERVICE: _____
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DATE OF MARRIAGE: _____ DATE OF FINAL SEPARATION: _____	PLACE OF MARRIAGE: _____ DURATION OF MARRIAGE: _____
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FULL NAME OF CHILDREN	AGE	STATUS OF HEALTH	CUSTODY OF
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIBE BRIEFLY THE STANDARD OF LIVING ENJOYED BY THE PARTIES WHILE LIVING TOGETHER:

EXPLAIN ANY PROBLEMS, CONSIDERATIONS, OR EXPENSES RELATING TO THE CHILDREN:

SET FORTH PLAN FOR CHILDREN, IF CUSTODY OR VISITATION IS AN ISSUE:

IF EITHER PARTY IS NOT EMPLOYED, EXPLAIN AND ATTACH THE PARTY'S PLANS FOR EMPLOYMENT. IF ANY, STATE NAME, ADDRESS, AND DATES OF LAST EMPLOYMENT.
 THIS FORM IS TO BE FILED IN DUPLICATE BY EACH PARTY NOT LATER THAN SEVEN (7) DAYS PRIOR TO THE TRIAL DATE.

TRIAL MEMORANDUM
MEDICAL INSURANCE PLANS

PLAN DESCRIPTION	INSURER	INSURED	ANNUAL PREMIUM	BENEFICIARY

DENTAL INSURANCE PLANS

PLAN DESCRIPTION	INSURER	INSURED	ANNUAL PREMIUM	BENEFICIARY

LIFE INSURANCE PLANS

DESCRIPTION 1	INSURER	INSURED	PREMIUM	BENEFICIARY
OWNER _____			SURRENDER VALUE _____	
DESCRIPTION 2	INSURER	INSURED	PREMIUM	BENEFICIARY
OWNER _____			SURRENDER VALUE _____	
DESCRIPTION 3	INSURER	INSURED	PREMIUM	BENEFICIARY
OWNER _____			SURRENDER VALUE _____	
DESCRIPTION 4	INSURER	INSURED	PREMIUM	BENEFICIARY
OWNER _____			SURRENDER VALUE _____	

PENSION/RETIREMENT PLANS

PLAN DESCRIPTION	COMMENCEMENT DATE	TERMINATION DATE	TOTAL CONTRIBUTION		CURRENT VALUE
			EMPLOYEE	EMPLOYER	

SET FORTH ALL RETIREMENT PLAN INFORMATION AND STATE THE REALIZABLE MONETARY VALUE TO THE PARTY OF THE PLAN. IF AVAILABLE, ATTACH COPY OF THE PLAN.

TRIAL MEMORANDUM
CASH/SAFE DEPOSITS

NAME OF INSTITUTION	ACCOUNT TYPE/NUMBER	HIGHEST BALANCE LAST 6 MONTHS	CURRENT BALANCE

CHECKING ACCOUNTS

NAME OF INSTITUTION	ACCOUNT TYPE/NUMBER	HIGHEST BALANCE LAST 6 MONTHS	CURRENT BALANCE

SAVINGS ACCOUNTS

NAME OF INSTITUTION	ACCOUNT TYPE/NUMBER	HIGHEST BALANCE LAST 6 MONTHS	CURRENT BALANCE

CREDIT UNION ACCOUNTS

NAME OF INSTITUTION	ACCOUNT TYPE/NUMBER	HIGHEST BALANCE LAST 6 MONTHS	CURRENT BALANCE

OTHER ACCOUNTS

NAME OF INSTITUTION	ACCOUNT TYPE/NUMBER	HIGHEST BALANCE LAST 6 MONTHS	CURRENT BALANCE

TRIAL MEMORANDUM
STOCKS/BONDS

DESCRIPTION	DATE ACQUIRED	ORIGINAL PRICE/VALUE	HIGHEST VALUE LAST 6 MONTHS	CURRENT VALUE

TANGIBLE PROPERTY VALUED OVER \$1,000

DESCRIPTION	DATE ACQUIRED	ORIGINAL PRICE/VALUE	SOURCE OF FUNDS	CURRENT VALUE

REAL ESTATE/PROPERTY

DESCRIPTION	DATE ACQUIRED	SOURCE OF FUNDS	ORIGINAL PRICE/VALUE	MORTGAGE BALANCE	CURRENT VALUE

TRIAL MEMORANDUM
MARITAL ASSETS

DESCRIPTION	LOCATION	TITLE OWNER	DATE ACQUIRED	ORIGINAL PRICE/VALUE	SOURCE OF FUNDS	MARKET VALUE

SET FORTH ALL ASSETS CLAIMED TO BE ELIGIBLE FOR EQUITABLE DISTRIBUTION WHICH ARE NOT SPECIFICALLY PROVIDED FOR IN OTHER SCHEDULES.

VALUES SHOULD BE ESTABLISHED BY FAIR MARKET APPRAISAL OR EQUIVALENT AS OF THE DATE OF FILING OF COMPLAINT OR SUCH OTHER DATE AS MAY BE PROPER UNDER GOVERNING LAW.

TRIAL MEMORANDUM
MARITAL DEBTS AND LIABILITIES

DESCRIPTION/ PURPOSE	DATE INCURRED	DEBTOR	CREDITOR	ORIGINAL AMOUNT	CURRENT BALANCE	MONTHLY PAYMENT

INCLUDE ALL DEBTS OF SPOUSES BUT DO NOT INCLUDE ANY DEBTS ON THIS PAGE WHICH HAVE BEEN INCLUDED IN OTHER SCHEDULES.

THE AMOUNT OF CURRENT DEBT SHOULD BE AS OF THE DATE OF EXECUTION, OR SUCH OTHER DATE AS MAY BE PROPER UNDER GOVERNING LAW.