

# YOU'RE GETTING DIVORCED... NOW WHAT?

## INITIAL PLAN

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Where will you live?

Marital Residence

New Residence

Where will the children live?

	Ideal plan for:	Reasons why
1	Custody	<input type="checkbox"/> MOM <input type="checkbox"/> DAD
2	Visitation <i>(what days and weekends)</i>	
3	Who children will primarily live with	<input type="checkbox"/> MOM <input type="checkbox"/> DAD <input type="checkbox"/> 50/50

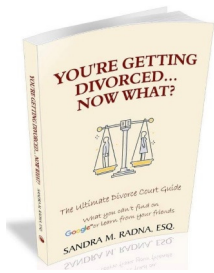
Spousal Support

1	Do you require spousal support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Will you be paying spousal support?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Child Support

1	Do you require child support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Will you be paying child support?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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### IF YOU PLAN ON MOVING OUT OF MARITAL RESIDENCE

Here are some items you should consider when planning your move.

- If you have children how many bedrooms will you need?
- If your children are still school-aged, will you be staying in the current school district?

### PROJECTED MONTHLY HOME COST (in the blank spaces enter other home expenses)

Mortgage & Home Equity Loan	\$
Property Taxes	\$
Insurance	\$
HOA Fees	\$
Water/Sewer	\$
Electricity	\$
Heating	\$
Lawn Service – Snow Removal	\$
Pool Service	\$
Cable – Phone – Internet	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Home Expenses</b>	\$

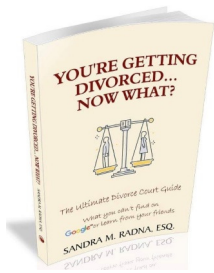
### PROJECTED MONTHLY RENTAL COST (in the blank spaces enter other home expenses)

Rent	\$
Insurance	\$
HOA Fees	\$
Electricity	\$
Heating	\$
Cable – Phone – Internet	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Rental Expenses</b>	\$

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## INITIAL PLAN

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### OTHER MONTHLY EXPENSES

Car Payment	\$
Car Insurance	\$
Car Registration	\$
Fuel	\$
Car Repairs	\$
Public Transportation	\$
Children's School Tuitions	\$
School Lunches	\$
School Trips	\$
Tutors	\$
Camps	\$
Clothing for Yourself	\$
Clothing for Children	\$
Laundry	\$
Haircuts for Yourself	\$
Haircuts for Children	\$
Gym Memberships	\$
Pet Care Veterinary Fees	\$
Pet Care Grooming	\$
Extracurricular Activities - Children	\$
Groceries	\$
Medical Plan Monthly Cost (out of pocket or deducted from paycheck)	\$
Vision Plan Monthly Cost (out of pocket or deducted from paycheck)	\$
Dental Plan Monthly Cost (out of pocket or deducted from paycheck)	\$
Medical – Vison – Dental Plan Deductibles	\$
Doctor Visit Co-Payments	\$
Prescription Co-Payments	\$
Optometrist	\$
Physical Therapy	\$
Occupational Therapy	\$
Mental Health Care	\$
Dining Out	\$
Mobile Phone for Yourself	\$
Mobile Phone for Children	\$
Life Insurance	\$
Disability Insurance	\$
Banking Monthly Fees	\$
Accounting Monthly Fees	\$
Child Support Amount (Guestimate)	\$
Spousal Support Amount (Guesstimate)	\$
<b>Total</b>	

Continue to next page.



