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SETTLEMENT/DIVORCE WORKSHEET

Please take the time to provide us with the information requested in this worksheet to the best of your ability and include supporting documentation for any of the information you provide (e.g., *account statements, deeds, titles, payment books, etc.*). All the questions are of significance. If you fail to complete the worksheet in its entirety it will require additional contact with the paralegal and/or attorney handling your file and could cause you to incur additional attorney fees as a result.

SECTION I: MARITAL INFORMATION

Common Law or Licensed: _____
Date of Marriage: _____
Place of Marriage: _____
Date of Separation: _____
Date of Last Cohabitation: _____
Living Apart Now: _____
Number of Prior Marriages for Each Party: Wife: _____ Husband: _____

SECTION II: CHILDREN

Full Names of Children	DOB:	Age:	Sex:	SSN:	Birth/Adoption:
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1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Who has custody? _____ Who wants custody? _____
Why? _____

Names of Children Not of This Marriage	DOB:	Age:	Sex:	Birth/Adoption:
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Who has custody? _____

Do you pay support? _____

If so, how much and how often? _____

SECTION III: REAL PROPERTY

Marital Residence

Mortgage or Rental: _____

Type of Property: _____

Address: _____

Loan/Lien Name: _____

Name Loan In: _____

Title Vested In: _____

Year of Purchase: _____

Purchase Price: _____

Market Value: _____

Equity Amount: _____

Lis Pendens (yes or no): _____

In Current Possession of: _____

Who should property go to? _____

Sale/Refinance: _____

First Mortgage Holder: _____

Address of Holder: _____

Account Number: _____

Outstanding Balance: _____ As of: _____

Second Mortgage Holder: _____

Address of Holder: _____

Account Number: _____

Outstanding Balance: _____ As of: _____

First Property



Mortgage or Rental: _____
Type of Property: _____
Address: _____
Loan/Lien Name: _____
Name Loan In: _____
Title Vested In: _____
Year of Purchase: _____
Purchase Price: _____
Market Value: _____
Equity Amount: _____
Lis Pendens (yes or no): _____
In Current Possession of: _____
Who should property go to? _____

First Mortgage Holder: _____
Address of Holder: _____
Account Number: _____
Outstanding Balance: _____ As of: _____

Second Mortgage Holder: _____
Address of Holder: _____
Account Number: _____
Outstanding Balance: _____ As of: _____

Second Property

Mortgage or Rental: _____
Type of Property: _____
Address: _____
Loan/Lien Name: _____
Name Loan In: _____
Title Vested In: _____
Year of Purchase: _____
Purchase Price: _____
Market Value: _____
Equity Amount: _____
Lis Pendens (yes or no): _____
In Current Possession of: _____
Who should property go to? _____

First Mortgage Holder: _____
Address of Holder: _____
Account Number: _____



Outstanding Balance: _____ As of: _____

Second Mortgage Holder: _____

Address of Holder: _____

Account Number: _____

Outstanding Balance: _____ As of: _____

SECTION IV: AUTOMOBILES/MISCELLANEOUS

Automobiles

1.

Make/Model Year _____

Purchase or Lease (expiration on lease): _____

Title Vested In: _____

Name on Loan: _____

Lien Holder: _____

Date Paid Off: _____

Purchase Price: _____

Market Value: _____

Monthly Payment: _____

Outstanding Balance: _____ As of: _____

Who has Possession? _____

Who wants Possession? _____

VIN (Vehicle Identification No.) _____

Transfer Title? _____

2.

Make/Model Year _____

Purchase or Lease (expiration on lease): _____

Title Vested In: _____

Name on Loan: _____

Lien Holder: _____

Date Paid Off: _____

Purchase Price: _____

Market Value: _____

Monthly Payment: _____

Outstanding Balance: _____ As of: _____

Who has Possession? _____

Who wants Possession? _____

VIN (Vehicle Identification No.) _____

Transfer Title? _____



3.

Make/Model Year _____
Purchase or Lease (expiration on lease): _____
Title Vested In: _____
Name on Loan: _____
Lien Holder: _____
Date Paid Off: _____
Purchase Price: _____
Market Value: _____
Monthly Payment: _____
Outstanding Balance: _____ As of: _____
Who has Possession? _____
Who wants Possession? _____
VIN (Vehicle Identification No.) _____
Transfer Title? _____

Miscellaneous Items

Any boats, trailers, airplanes, submarines, helicopters, space shuttles, ATVs, tractors, etc.:

SECTION V: HUSBAND'S INFORMATION

Full Name: _____
Address: _____
City/County/State/Zip: _____
Age/DOB: _____
SSN: _____
Telephone Number: _____
Been a Resident of the State of Georgia for More Than 6 Months? _____
Number of Marriages: _____

Employer: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____
Length of Employment: _____
Title/Occupation: _____
Gross Salary: _____
Net Salary: _____



Pay Periods (Monthly, Weekly, Bi-Monthly): _____

Other Sources of Income: _____

For the following accounts list the name of the institution, type of account (*e.g. checking, savings, IRAs, retirement plans, profit sharing plans, stocks/bonds/mutual funds/CDs*), name(s) on account, account number, balance, and balance “as of” date:

1.

Name of Institution: _____

Type of Account: _____

Names on Account: _____

Account Number: _____

Balance/Value: _____ As of: _____

How should account be divided? _____

2.

Name of Institution: _____

Type of Account: _____

Names on Account: _____

Account Number: _____

Balance/Value: _____ As of: _____

How should account be divided? _____

3.

Name of Institution: _____

Type of Account: _____

Names on Account: _____

Account Number: _____

Balance/Value: _____ As of: _____

How should account be divided? _____

4.

Name of Institution: _____

Type of Account: _____

Names on Account: _____

Account Number: _____

Balance/Value: _____ As of: _____

How should account be divided? _____



5.

Name of Institution: _____
Type of Account: _____
Names on Account: _____
Account Number: _____
Balance/Value: _____ As of: _____
How should account be divided? _____

***Please attach additional sheet if necessary to list all accounts.**

Life Insurance

Policy Name: _____
Name on Policy: _____
Full Cash Amount: _____
Beneficiary: _____
Trustee: _____

Medical Insurance

Company Name: _____
Name on Policy: _____
Who is Covered: _____
Payment Amount: _____
Payroll Deduction: _____

List any separate and/or significant jewelry, furnishings, inheritance, gifts and premarital items you wish to keep and their approximate monetary value:

SECTION VI: WIFE'S INFORMATION

Full Name: _____
Maiden Name: _____
Do you wish to return to your maiden name? _____
Address: _____
City/County/State/Zip: _____
Age/DOB: _____



SSN: _____

Telephone Number: _____

Been a Resident of the State of Georgia for More Than 6 Months? _____

Number of Marriages: _____

Employer: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Length of Employment: _____

Title/Occupation: _____

Gross Salary: _____

Net Salary: _____

Pay Periods (Monthly, Weekly, Bi-Monthly): _____

Other Sources of Income: _____

For the following accounts list the name of the institution, type of account (*e.g. checking, savings, IRAs, retirement plans, profit sharing plans, stocks/bonds/mutual funds/CDs*), name(s) on account, account number, balance, and balance “as of” date:

1.

Name of Institution: _____

Type of Account: _____

Names on Account: _____

Account Number: _____

Balance/Value: _____ As of: _____

How should account be divided? _____

2.

Name of Institution: _____

Type of Account: _____

Names on Account: _____

Account Number: _____

Balance/Value: _____ As of: _____

How should account be divided? _____

3.

Name of Institution: _____

Type of Account: _____

Names on Account: _____



Account Number: _____
Balance/Value: _____ As of: _____
How should account be divided? _____

4.

Name of Institution: _____
Type of Account: _____
Names on Account: _____
Account Number: _____
Balance/Value: _____ As of: _____
How should account be divided? _____

5.

Name of Institution: _____
Type of Account: _____
Names on Account: _____
Account Number: _____
Balance/Value: _____ As of: _____
How should account be divided? _____

***Please attach additional sheet if necessary to list all accounts.**

Life Insurance

Policy Name: _____
Name on Policy: _____
Full Cash Amount: _____
Beneficiary: _____
Trustee: _____

Medical Insurance

Company Name: _____
Name on Policy: _____
Who is Covered: _____
Payment Amount: _____
Payroll Deduction: _____



List any separate and/or significant jewelry, furnishings, inheritance, gifts and premarital items you wish to keep and their approximate monetary value:

SECTION VI: OUTSTANDING DEBTS/LIABILITY

1.

Name of institution: _____
Whose name is the debt in? _____
Account No. _____
Outstanding Balance: _____ As of: _____
Who should be responsible? _____

2.

Name of institution: _____
Whose name is the debt in? _____
Account No. _____
Outstanding Balance: _____ As of: _____
Who should be responsible? _____

3.

Name of institution: _____
Whose name is the debt in? _____
Account No. _____
Outstanding Balance: _____ As of: _____
Who should be responsible? _____

4.

Name of institution: _____
Whose name is the debt in? _____
Account No. _____
Outstanding Balance: _____ As of: _____
Who should be responsible? _____

5.



Name of institution: _____
Whose name is the debt in? _____
Account No. _____
Outstanding Balance: _____ As of: _____
Who should be responsible? _____

6.

Name of institution: _____
Whose name is the debt in? _____
Account No. _____
Outstanding Balance: _____ As of: _____
Who should be responsible? _____

7.

Name of institution: _____
Whose name is the debt in? _____
Account No. _____
Outstanding Balance: _____ As of: _____
Who should be responsible? _____

8.

Name of institution: _____
Whose name is the debt in? _____
Account No. _____
Outstanding Balance: _____ As of: _____
Who should be responsible? _____

9.

Name of institution: _____
Whose name is the debt in? _____
Account No. _____
Outstanding Balance: _____ As of: _____
Who should be responsible? _____

10.

Name of institution: _____
Whose name is the debt in? _____
Account No. _____
Outstanding Balance: _____ As of: _____
Who should be responsible? _____

***Please attach additional sheet if necessary to list all accounts.**