

# To Do List

Month: \_\_\_\_\_ Year: \_\_\_\_\_

TODAY'S DATE	DUE DATE	ITEM	NOTES	FOLLOW UP NEEDED?
				<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
				<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

# Questions for Attorney

CONCERN/ ISSUE	QUESTION	ANSWER	ACTIONS NEEDED FOR SOLUTION
<i>Child Support</i>	<i>Can I have child support deducted from his paycheck so I don't have to chase him down every week? If so, what do I need to do to start the process?</i>	YES	<b>I NEED TO:</b> document late payments <b>ATTORNEY WILL:</b> contact child support collection agency/office and provide supporting documents to initiate paycheck deduction.

# Child Support Payment Log

Month: \_\_\_\_\_ Year: \_\_\_\_\_

DATE DUE	DATE RECEIVED	CHECK NUMBER	SUPPORT OWED	SUPPORT PAID	PAYMENT PERIOD	BALANCE	NOTES

CHILD SUPPORT PAYMENT RECEIPT

DATE: \_\_\_\_\_

AMOUNT OF CHILD SUPPORT OWED: \$ \_\_\_\_\_

TOTAL AMOUNT RECEIVED: \$ \_\_\_\_\_ ON \_\_\_\_\_ (DATE)

PAYMENT PERIOD DATES: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

CHILD SUPPORT PAYMENT RECEIPT

DATE: \_\_\_\_\_

AMOUNT OF CHILD SUPPORT OWED: \$ \_\_\_\_\_

TOTAL AMOUNT RECEIVED: \$ \_\_\_\_\_ ON \_\_\_\_\_ (DATE)

PAYMENT PERIOD DATES: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

CHILD SUPPORT PAYMENT RECEIPT

DATE: \_\_\_\_\_

AMOUNT OF CHILD SUPPORT OWED: \$ \_\_\_\_\_

TOTAL AMOUNT RECEIVED: \$ \_\_\_\_\_ ON \_\_\_\_\_ (DATE)

PAYMENT PERIOD DATES: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

CHILD SUPPORT PAYMENT RECEIPT

DATE: \_\_\_\_\_

AMOUNT OF CHILD SUPPORT OWED: \$ \_\_\_\_\_

TOTAL AMOUNT RECEIVED: \$ \_\_\_\_\_ ON \_\_\_\_\_ (DATE)

PAYMENT PERIOD DATES: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

CHILD SUPPORT PAYMENT RECEIPT

DATE: \_\_\_\_\_

AMOUNT OF CHILD SUPPORT OWED: \$ \_\_\_\_\_

TOTAL AMOUNT RECEIVED: \$ \_\_\_\_\_ ON \_\_\_\_\_ (DATE)

PAYMENT PERIOD DATES: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

CHILD SUPPORT PAYMENT RECEIPT

DATE: \_\_\_\_\_

AMOUNT OF CHILD SUPPORT OWED: \$ \_\_\_\_\_

TOTAL AMOUNT RECEIVED: \$ \_\_\_\_\_ ON \_\_\_\_\_ (DATE)

PAYMENT PERIOD DATES: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

# Communication Log

## Records of communication with:

- Spouse/Ex
- Attorney
- School/Teacher/Childcare
- Coaches, extracurricular activity teachers
- Other: \_\_\_\_\_

DATE	TYPE OF COMMUNICATION <i>(phone, text, email, letter, in-person conversation)</i>	REASON FOR COMMUNICATION	NOTES/DETAILS
2/14/13	Email- received	Last minute change in schedule	Received email at 3pm "cancelling" plan to have child for evening. His scheduled pick up time was 5pm. Had to leave work early to pick up child from daycare.



# Personal Expenses

Month: \_\_\_\_\_ Year: \_\_\_\_\_

DATE	AMOUNT	<input type="checkbox"/> PAYMENT METHOD	DESCRIPTION/DETAILS	<input type="checkbox"/> POSSIBLE REIMBURSEMENT?	NOTES
4/1/15	300.00	<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input checked="" type="checkbox"/> Auto Pay Bank Acct #: ends in 6789	Car payment	X NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	Recurring bill on 1 <sup>st</sup> of month from checking account
		<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:		<input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:		<input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:		<input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:		<input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:		<input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:		<input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:		<input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:		<input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:		<input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	

# Child Expenses

**Ratio:** \_\_\_\_\_/\_\_\_\_\_   
*\*e.g. 40% (you) / 60% (spouse)*

**Child:** \_\_\_\_\_ **Month:** \_\_\_\_\_

DATE	AMOUNT DUE	AMOUNT PAID	PAYMENT METHOD	DESCRIPTION	EXPENSE BREAKDOWN <i>(use ratio to figure breakdown of cost &amp; what is owed to you)</i>	NOTES
5/16/15	\$250.00	250.00	<input type="checkbox"/> Cash <input type="checkbox"/> Check #: 1698 <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:	Daycare: week of 5/6-5/10	\$150.00 <i>(*60% of \$250)</i>	Paid balance in full to avoid late fee.
			<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:			
			<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:			
			<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:			
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			<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> C.C. Acct #: <input type="checkbox"/> Auto Pay Bank Acct #:			



# Extracurricular Expenses

**Ratio:** \_\_\_\_\_/\_\_\_\_\_   
\*e.g. 40% (you) / 60% (spouse)

**Child:** \_\_\_\_\_ **Year:** \_\_\_\_\_

ACTIVITY/ EXPENSE	AMOUNT DUE	DATE DUE	AMOUNT PAID	PAYMENT METHOD <small>(cash, check, credit card, other)</small>	BALANCE DUE	TOTAL OWED TO ME: <small>(use ratio to figure out your breakdown of cost &amp; what is owed to you)</small>	NOTES
Baseball registration	\$75.00	6/1/15	75.00	Check #1678	n/a	\$45 (60% of \$75)	*include total in weekly email update



# HOUSEHOLD INVENTORY WORKSHEET

Room: \_\_\_\_\_ (e.g. Kitchen, Master Bedroom, Living Room, etc.)

ITEM AND/OR DESCRIPTION	QUANTITY	BOUGHT DURING MARRIAGE?	CURRENT VALUE	HIS	HERS	DON'T SEE EYE TO EYE

NOTES: \_\_\_\_\_

\*Make copies of this page and complete for each room in your house. This will help you determine what is agreed upon by both parties, as well as help you plan ahead (for furnishing your new home, etc.)



# Budget



	SPENT	BUDGETED
<b>FOOD</b>		
Groceries		
Restaurants		
<b>CLOTHING</b>		
Adults		
Children		
Dry Cleaning/Laundry		
<b>HOUSING</b>		
First Mortgage/Rent		
Second Mortgage		
Repairs/Maintenance		
Association/Dues		
<b>UTILITIES</b>		
Electricity		
Gas		
Water		
Trash		
Phone/Mobile		
Internet		
Cable		
Other:		
Other:		
<b>MEDICAL</b>		
Prescriptions		
Doctor Bills		
Dentist		
Vitamins		
Other:		

MONTHLY TAKE HOME PAY:  
\_\_\_\_\_

	SPENT	BUDGETED
<b>TRANSPORTATION</b>		
Gas		
Oil Changes		
Maintenance/Repairs		
Tires		
Other		
<b>DEBTS</b>		
Car Payment 1		
Car Payment 2		
Credit Card:		
Credit Card:		
Credit Card:		
Credit Card:		
Credit Card:		
Student Loan:		
Student Loan:		
Loan (Other)		
Loan (Other)		
Other		
Other		
Other		
<b>INSURANCE</b>		
Life Insurance		
Health Insurance		
Homeowner/Renter		
Auto Insurance		
Other		

# Budget

	SPENT	BUDGETED
<b>PERSONAL</b>		
Child Support		
Alimony		
Child Care/Babysitter		
Baby Supplies (Diapers, Formula, etc.)		
Toiletries		
Cosmetics/Skin Care		
Hair Care/Haircuts, etc.		
Nail Care/Appointments		
Education/Tuition		
Books/Supplies		
Subscriptions		
Gym Membership		
Pet Supplies/Food/Vet		
Club/Organization Dues		
Gifts- Birthdays		
Gifts- Holidays/Occasions		
Miscellaneous		
Other:		
Other:		
Other:		
<b>RECREATION</b>		
Entertainment/Movies, etc.		
Vacation		
<b>SUMMER CAMPS</b>		
Child 1		
Child 2		
Child 3		
Child 4		

	SPENT	BUDGETED
<b>CHARITY</b>		
Tithes		
Charity/Offerings		
<b>SAVINGS</b>		
Emergency Fund		
Retirement Fund		
College Fund		
<b>OTHER</b>		

Add up the totals from each category and subtract from your take-home pay for a complete picture of your spending. Adjust your budget accordingly.

**NOTES:**

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