

ALL COUNTS CONFERENCE  
INCOME AND EXPENSE STATEMENT

You must provide your recent tax return and W-2 form at the time of your All Counts Conference.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Date \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Income \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Type of Work \_\_\_\_\_  
 Payroll Number \_\_\_\_\_  
 Pay Period (weekly, biweekly, etc.) \_\_\_\_\_  
 Gross Pay per pay period \$ \_\_\_\_\_  
 Itemized Payroll Deductions:  
 Federal Withholdings \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Local Wage Tax \$ \_\_\_\_\_  
 State Income Tax \$ \_\_\_\_\_  
 Retirement \$ \_\_\_\_\_  
 Savings Bonds \$ \_\_\_\_\_  
 Credit Union \$ \_\_\_\_\_  
 Life Insurance \$ \_\_\_\_\_  
 Health Insurance \$ \_\_\_\_\_  
 Other (specify) \$ \_\_\_\_\_  
 New Pay per pay period \$ \_\_\_\_\_  
 Net Pay per pay Period \$ \_\_\_\_\_

GROSS INCOME FROM ALL SOURCES  
(Fill in Appropriate Column)

	WEEK	MONTH	YEAR
Interest	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Annuity	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Rents	\$ _____	\$ _____	\$ _____
Royalties	\$ _____	\$ _____	\$ _____
Expense Account	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____
Unemployment Comp.	\$ _____	\$ _____	\$ _____
Worker's Comp	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>TOTAL INCOME</b>	\$ _____	\$ _____	\$ _____

EXPENSES  
(Fill in Appropriate Column)

	WEEK	MONTH	YEAR
<b>HOME:</b>			
Mortgage/Rent	\$	\$	\$
Maintenance	\$	\$	\$
<b>UTILITIES:</b>			
Electric	\$	\$	\$
Gas	\$	\$	\$
Oil	\$	\$	\$
Telephone	\$	\$	\$
Water	\$	\$	\$
Sewer	\$	\$	\$
<b>EMPLOYMENT:</b>			
Public Transportation	\$	\$	\$
Lunch	\$	\$	\$
<b>TAXES:</b>			
Real Estate	\$	\$	\$
Personal Property	\$	\$	\$
Income	\$	\$	\$
<b>INSURANCE:</b>			
Homeowners	\$	\$	\$
Automobile	\$	\$	\$
Life	\$	\$	\$
Accident	\$	\$	\$
Health	\$	\$	\$
Other	\$	\$	\$
<b>AUTOMOBILE:</b>			
Payments	\$	\$	\$
Fuel	\$	\$	\$
Repair	\$	\$	\$
<b>MEDICAL:</b>			
Doctor	\$	\$	\$
Dentist	\$	\$	\$
Orthodontist	\$	\$	\$
Hospital	\$	\$	\$
Medicine	\$	\$	\$
Special Needs(glasses, braces, orthopedic)	\$	\$	\$

	WEEK	MONTH	YEAR
<b>EDUCATION:</b>			
Private School	\$	\$	\$
Parochial School	\$	\$	\$
College	\$	\$	\$
Religious	\$	\$	\$
<b>PERSONAL:</b>			
Clothing	\$	\$	\$
Food	\$	\$	\$
Barber/Hairdresser	\$	\$	\$
Credit Pymts.	\$	\$	\$
Credit Cards	\$	\$	\$
Charge Accts.	\$	\$	\$
Memberships	\$	\$	\$
<b>LOANS:</b>			
Credit Union	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>MISCELLANEOUS:</b>			
Household help	\$	\$	\$
Child care	\$	\$	\$
Papers/books/magazines	\$	\$	\$
Entertainment	\$	\$	\$
Pay TV	\$	\$	\$
Vacation	\$	\$	\$
Gifts	\$	\$	\$
Legal Fees	\$	\$	\$
Charitable Contributions	\$	\$	\$
Other child support	\$	\$	\$
Alimony payments	\$	\$	\$
<b>OTHER:</b>			
	\$	\$	\$
	\$	\$	\$
<b>TOTAL EXPENSES:</b>	\$	\$	\$

ALL COUNTS CONFERENCE  
INVENTORY AND APPRAISEMENT OF PROPERTY

(Plaintiff/Defendant) \_\_\_\_\_, files the following inventory and appraisal of all property owned or possessed by either party at the time this action was commenced and all property transferred within the preceding three years. (Plaintiff/Defendant) verifies that the statements made in this inventory and appraisal is true and correct. (Plaintiff/Defendant) understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

ASSETS OF PARTIES

(Plaintiff/Defendant) \_\_\_\_\_, marks on the list below those items applicable to the case at bar and itemizes the assets of the following pages. IF AN ITEM HAS BEEN APPRAISED, A COPY OF THE APPRAISAL REPORT IS ATTACHED.

- 1. Real Property
- 2. Motor Vehicles
- 3. Stocks, bonds, securities, and options
- 4. Certificates of deposit
- 5. Checking accounts, cash
- 6. Savings accounts, money markets, and savings certificates
- 7. Contents of safety deposit boxes
- 8. Trusts
- 9. Life Insurance policies (Indicate face value, case surrender value, and current beneficiaries)
- 10. Annuities
- 11. Gifts
- 12. Inheritances
- 13. Patents, copyrights, inventions, royalties
- 14. Personal property outside the home
- 15. Business (list all owners, including percentage of ownership, and officer/director positions held by a party with company)
- 16. Employment termination benefits – severance pay, workers compensation claim/award
- 17. Profit sharing plans
- 18. Pension plan (indicate employee contribution and date plan vests)
- 19. Retirement plans, Individual Retirement Accounts.
- 20. Disability payments
- 21. Litigation claims (matured and unmatured)
- 22. Military/V.A. benefits.
- 23. Education benefits
- 24. Debts due, including loans, mortgages held
- 25. Household furnishings and personalty include as a total category and attach itemized list if Distributed of such asset is in dispute.
- 26. Other

MARITAL PROPERTY

(Plaintiff/Defendant) lists all marital property in which either or both spouse have a legal or equitable interest individually or with other person as of the date of this action was commenced:

Item Number	Description of Property	Names of All Owners	Date of Acquisition

Item Number	Cost or Value As of Date of Acquisition	Value As of Appraisal Date	Appraisal Date

NON-MARITAL PROPERTY

(Plaintiff/Defendant) lists all property in which a spouse has a legal or equitable interest which is claimed to be excluded from marital property:

Item Number	Description of Property	Names of All Owners	Date of Acquisition	Date of Transfer

Item Number	Cost or Value of Date of Acquisition	Value as of Appraisal Date	Appraisal Date

Item Number	Basis for Exclusion From Marital Property

PROPERTY TRANSFERRED

(Plaintiff/Defendant) lists all property in which either or both spouses had a legal or equitable interest individually or with any other person and which has been transferred within the preceding three years.

Item Number	Description Of Property	Names of All Owners	Date of Acquisition	Date of Transfer

Item Number	Cost or Value As of Date of Acquisition	Net Value As of Date of Acquisition	Net Value As of Date of Transfer

Item Number	Nature of Any Lien At Date Of Transfer	Effective Date Of Lien	Holder of Lien

LIABILITIES OF PARTIES

(Plaintiff/Defendant) marks on the list below those items applicable to the case at bar and itemizes the liabilities on the following pages:

Secured

- 1. Mortgages
- 2. Judgments
- 3. Liens
- 4. Other secured liabilities

Unsecured

- 5. Credit card balances
- 6. Purchases
- 7. Loan payments
- 8. Notes payable
- 9. Other unsecured liabilities

Contingent or Deferred

- 10. Contract
- 11. Promissory
- 12. Lawsuits
- 13. Options
- 14. Taxes
- 15. Other contingent or deferred liabilities

LIABILITIES

(Plaintiff/Defendant) lists all liabilities of either or both spouses along with or any person as of the date this action was commenced.

Item Number	Description of Liability	Names of All	
		Creditors	Debtors

Item Number	Date Liability Was Incurred	Property Securing The Loan	Amount of Liability on Date Incurred and Action Commenced

Item Number	Date Balance Is Due	Period Payment and Amount

AFFIDAVIT

Before me, the undersigned authority appeared \_\_\_\_\_, who being duly sworn according to law deposes and says that the facts set forth in the foregoing All Counts Conference forms and attachments, consisting of Page 1 through Page \_\_\_\_ are true and correct to the best of (his/her) knowledge, information, and belief.

\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

CERTIFICATE OF SERVICE

I hereby certify that the foregoing Addendum A of Plaintiff/Defendant has been served by mailing a true and correct copy hereof to \_\_\_\_\_, attorney of record for Plaintiff/Defendant, by first class mail, postage prepaid on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By: \_\_\_\_\_  
Attorney for Plaintiff/Defendant

MARITAL ASSET AND LIABILITY SUMMARY

Case Caption: \_\_\_\_\_  
Docket Number: \_\_\_\_\_  
Plaintiff's Counsel: \_\_\_\_\_  
Defendant's Counsel: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_  
Date of Separation: \_\_\_\_\_  
Date of Divorce: \_\_\_\_\_

	<u>Description of Property</u>	<u>Husband's Value</u>	<u>Wife's Value</u>	<u>Lien</u>	<u>Comment</u>
1.					
2.					
3.					
4.					
	TOTAL				