



## DIVORCE MEDIATION BUDGET

\_\_\_\_ Present expenses, entire family (number of persons \_\_\_\_)  
 \_\_\_\_ Post-separation Expenses (for \_\_ self or \_\_\_\_ self and children)

(All expenses to be listed on a monthly basis. If any items are paid on a weekly basis, multiply by 4.33 to obtain monthly cost. Annual expenses should be divided by 12, etc.)

- (a) Housing: List separately for each residence
- |   |          |          |
|---|----------|----------|
| 1. Mortgage payment (first mortgage) . . . . .        | _____    | _____    |
| 2. Home Equity Loan (second mortgage) . . . . .       | _____    | _____    |
| 3. Condominium/cooperative charges . . . . .          | _____    | _____    |
| 4. Taxes, if paid separately from mortgage . . . . .  | _____    | _____    |
| 5. Homeowners Insurance, if paid separately . . . . . | _____    | _____    |
| 6. Rent; Rent Stabilized? _____ . . . . .             | _____    | _____    |
| 7. Parking (where you live) . . . . .                 | _____    | _____    |
| TOTAL (a) . . . . .                                   | \$ _____ | \$ _____ |

- (b) Utilities: List separately for each residence
- |   |          |          |
|---|----------|----------|
| 1. Gas/Electric (check here __ if "budget" plan). _____ | _____    | _____    |
| 2. Regular Home Telephone . . . . .                     | _____    | _____    |
| 3. Cell Phone . . . . .                                 | _____    | _____    |
| 4. Cable TV/satellite . . . . .                         | _____    | _____    |
| 5. DSL line . . . . .                                   | _____    | _____    |
| 6. Internet Service . . . . .                           | _____    | _____    |
| 7. Security/Alarm . . . . .                             | _____    | _____    |
| 8. Pest Control (if monthly) . . . . .                  | _____    | _____    |
| 9. Heating Oil/Propane. . . . .                         | _____    | _____    |
| 10. Water/Sewer. . . . .                                | _____    | _____    |
| 11. Garbage . . . . .                                   | _____    | _____    |
| 12. Gardening/lawn mowing/pool/sprinkler system _____   | _____    | _____    |
| 13. Snow plowing/Firewood. . . . .                      | _____    | _____    |
| 14. Other (indicate) . . . . .                          | _____    | _____    |
| TOTAL (b). . . . .                                      | \$ _____ | \$ _____ |

FIXED MONTHLY HOUSING EXPENSES (a plus b) . . \$ \_\_\_\_\_ . . \$ \_\_\_\_\_

(c) Household maintenance:

- 1. Ongoing repairs (carpenters, electricians, plumbers, etc) . . \_\_\_\_\_ . . \_\_\_\_\_
- 2. Replacement of furniture, linens, etc. (not new purchases) . \_\_\_\_\_ . . \_\_\_\_\_
- 3. Maintenance of appliances (service contract?\_\_\_\_) . . . . . \_\_\_\_\_ . . \_\_\_\_\_
- 4. Replacement of major appliances (heating, AC, TV, etc). . \_\_\_\_\_ . . \_\_\_\_\_
- 5. Painting (outside & inside, calculated monthly amount). . \_\_\_\_\_ . . \_\_\_\_\_
- 6. Pest Control (if not included above as monthly cost). . . . . \_\_\_\_\_ . . \_\_\_\_\_
- 7. House Cleaning (regular ongoing service) . . . . . \_\_\_\_\_ . . \_\_\_\_\_
- 8. Heavy duty periodic cleaning including window washing . \_\_\_\_\_ . . \_\_\_\_\_
- 9. Carpet and Furniture cleaning . . . . . \_\_\_\_\_ . . \_\_\_\_\_
- 10. Maintenance of furnace/chimney. . . . . \_\_\_\_\_ . . \_\_\_\_\_
- TOTAL (c) . . . . . \$ \_\_\_\_\_ . . \$ \_\_\_\_\_

(d) Food:

- 1. Usual supermarket expenses, food and non-food items . . . . . \_\_\_\_\_
- 2. Food brought in (take-out) . . . . . \_\_\_\_\_
- 3. Wine & liquor . . . . . \_\_\_\_\_
- 4. Extra cost if any for Holiday meals . . . . . \_\_\_\_\_
- 5. Pet food if purchased separately . . . . . \_\_\_\_\_
- TOTAL (d) . . . . . \$ \_\_\_\_\_

(e) Clothing:

- 1. Self . . . . . \_\_\_\_\_
- 2. Children . . . . . \_\_\_\_\_
- 3. Outside laundry . . . . . \_\_\_\_\_
- 4. Dry cleaning . . . . . \_\_\_\_\_
- TOTAL (e). . . . . \_\_\_\_\_

(f) Automobiles: (list data for each automobile separately)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Lease ? \_\_\_\_\_ Payments End \_\_\_\_\_

- 1. Monthly payments . . . . . \_\_\_\_\_
- 2. Gas . . . . . \_\_\_\_\_
- 3. Maintenance & Repairs; Service Contract? \_\_\_\_\_ . . . . . \_\_\_\_\_
- 4. Insurance . . . . . \_\_\_\_\_
- 5. Registration fees, taxes, road service (AAA), etc . . . . . \_\_\_\_\_
- 6. Garage/Parking (non-resident) . . . . . \_\_\_\_\_
- 7. Tolls/E-Z Pass; tickets, car wash . . . . . \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Lease ? \_\_\_\_\_ Payments End \_\_\_\_\_

1. Monthly payments . . . . . \_\_\_\_\_
2. Gas . . . . . \_\_\_\_\_
3. Maintenance & Repairs; Service contract? \_\_\_\_\_ . . . . . \_\_\_\_\_
4. Insurance . . . . . \_\_\_\_\_
5. Registration fees, taxes, road service, (AAA), etc. . . . . \_\_\_\_\_
6. Garage/Parking (non-resident) . . . . . \_\_\_\_\_
7. Tolls/E-Z Pass, tickets, car wash . . . . . \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Lease ? \_\_\_\_\_ Payments End \_\_\_\_\_

1. Monthly payments . . . . . \_\_\_\_\_
2. Gas . . . . . \_\_\_\_\_
3. Maintenance & Repairs; Service Contract? \_\_\_\_\_ . . . . . \_\_\_\_\_
4. Insurance . . . . . \_\_\_\_\_
5. Registration fees, taxes, road service (AAA), etc. . . . . \_\_\_\_\_
6. Garage/Parking (non-resident) . . . . . \_\_\_\_\_
7. Tolls/E-Z Pass, tickets, car wash . . . . . \_\_\_\_\_
- TOTAL (f) . . . . . \$ \_\_\_\_\_

(g) Health: Plan \_\_\_\_\_

1. Insurance premium (may be different going forward) . . . . . \_\_\_\_\_
2. Co-insurance cost (# of monthly visits x co-payment) . . . . . \_\_\_\_\_
3. Unreimbursed or uncovered medical . . . . . \_\_\_\_\_
4. Unreimbursed dental . . . . . \_\_\_\_\_
5. Unreimbursed orthodontics; Balance owed \$ \_\_\_\_\_ . . . . . \_\_\_\_\_
6. Optical (exam plus costs of glasses or contacts) . . . . . \_\_\_\_\_
7. Medicine/drugs ( # prescriptions x co-payment) . . . . . \_\_\_\_\_
8. Non-prescription medicines, etc. if not already included . . . . . \_\_\_\_\_
9. Psychotherapy (after reimbursement-assume 46 weeks/year). . . . . \_\_\_\_\_
10. Other (indicate) . . . . . \_\_\_\_\_
- TOTAL (g) . . . . . \$ \_\_\_\_\_

(h) Insurance (non-health) and Professional Services:

1. Life Insurance through employment-indicate monthly costs . . . . . \_\_\_\_\_
2. Life Insurance: Face amount \$ \_\_\_\_\_ and monthly cost . . . . . \_\_\_\_\_
3. Disability- indicate benefit \$ \_\_\_\_\_ and monthly cost. . . . . \_\_\_\_\_
4. Umbrella Policy (separate and in addition to homeowners) . . . . . \_\_\_\_\_
  
5. Long Term Care Insurance . . . . . \_\_\_\_\_
6. Accountant, Financial Planner, Attorney, etc. . . . . \_\_\_\_\_
7. Office Supplies, computer supplies, postage, etc. . . . . \_\_\_\_\_
8. Other (indicate) . . . . . \_\_\_\_\_
- TOTAL (h) . . . . . \_\_\_\_\_



- 12. School lunches and snacks . . . . . \_\_\_\_\_
- 13. School extras – supplies, photos, trips, etc. . . . . \_\_\_\_\_
- 14. Trips & vacations taken without parents. . . . . \_\_\_\_\_
- 15. Gifts for children’s friends (birthdays etc.) . . . . . \_\_\_\_\_
- 16. Allowance . . . . . \_\_\_\_\_
- 17. Other (indicate) . . . . . \_\_\_\_\_
- TOTAL (k) . . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_

(l) Recreation/Entertainment (separate amounts for self & children):

- |   | <u>Self</u> | <u>Children</u> |
|---|-------------|-----------------|
| 1. Eating out . . . . .                             | _____       | _____           |
| 2. Movies . . . . .                                 | _____       | _____           |
| 3. Theater and concerts . . . . .                   | _____       | _____           |
| 4. Spectator sports . . . . .                       | _____       | _____           |
| 5. Weekend Vacations, family events, etc... . . . . | _____       | _____           |
| 6. Annual Vacations(winter, spring, summer). . . .  | _____       | _____           |
| 7. Hobbies . . . . .                                | _____       | _____           |
| 8. Video rentals . . . . .                          | _____       | _____           |
| 9. Purchase of books, CD’s, DVD’s, videos, etc..    | _____       | _____           |
| 10. Club/Gym memberships, tennis, etc. . . . .      | _____       | _____           |
| 11. Personal Trainer . . . . .                      | _____       | _____           |
| 12. Other (indicate) . . . . .                      | _____       | _____           |
| TOTAL (l) . . . . .                                 | \$ _____    | \$ _____        |

(m) Personal care:

- 1. Beauty parlor/barber . . . . . \_\_\_\_\_
- 2. Manicure, pedicure, etc. . . . . \_\_\_\_\_
- 3. Cosmetics & toiletries (if not already included) . . . . . \_\_\_\_\_
- 4. Other (indicate) . . . . . \_\_\_\_\_
- TOTAL (m) . . . . . \$ \_\_\_\_\_

(n) Miscellaneous:

- 1. Magazines, newspaper, etc. (subscriptions + daily) . . . . . \_\_\_\_\_
- 2. Museum memberships, etc. . . . . \_\_\_\_\_
- 3. Union and organization dues . . . . . \_\_\_\_\_
- 4. Gifts (holidays, birthdays, etc.) . . . . . \_\_\_\_\_
- 5. Holiday expenses (Christmas tree, gifts for doormen, etc.). . . . . \_\_\_\_\_
- 6. Pet expenses (if not already included) . . . . . \_\_\_\_\_
- 7. Church or Synagogue dues . . . . . \_\_\_\_\_
- 8. Charitable contributions . . . . . \_\_\_\_\_
- 9. Car service, taxicabs . . . . . \_\_\_\_\_
- 10. Commutation and transportation costs (Metrocard). . . . . \_\_\_\_\_
- 11. Spending Money – lunch, snacks, cigarettes, etc. . . . . \_\_\_\_\_
- 12. Alimony/maintenance (prior marriage plus any child support). . . . . \_\_\_\_\_
- 13. Savings including college savings plans, 401K contributions, etc.. . . . . \_\_\_\_\_
- TOTAL (n) . . . . . \$ \_\_\_\_\_

TOTALS

A \_\_\_\_\_

H \_\_\_\_\_

B \_\_\_\_\_

I \_\_\_\_\_

C \_\_\_\_\_

J \_\_\_\_\_

D \_\_\_\_\_

K \_\_\_\_\_

E \_\_\_\_\_

L \_\_\_\_\_

F \_\_\_\_\_

M \_\_\_\_\_

G \_\_\_\_\_

N \_\_\_\_\_

TOTAL (a-n) \$ \_\_\_\_\_

Adjustments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adjustments Total \$ \_\_\_\_\_

New Total . . . . . \$ \_\_\_\_\_