hvDIVORCE.com
EXPERT FINANCIAL SOLUTIONS

Please complete all pages, sign and date on Page 5 and bring with to your initial consultation or mail/fax prior to phone conference.

Date ____________________

	YOU	SPOUSE
Name	____________________	____________________
Mailing Address	____________________	____________________
City, State, Zip	____________________	____________________
Physical Address, if different	____________________	____________________
Home Phone ☐ Preferred	____________________	____________________
Work Phone ☐ Preferred	____________________	____________________
Mobile Phone ☐ Preferred	____________________	____________________
Fax ☐ Home ☐ Work	____________________	____________________
E-mail (kept private)	____________________	____________________
Date of Birth & Current Age	____/_____/______ Age______	_____/_____/______ Age______
Date of Marriage	____________________	____________________
Date Separated, if applicable	____________________	____________________
U.S. Citizen? If no, list country.	☐ Yes ☐ No ________________	☐ Yes ☐ No __________________
Health Status	☐ Exc ☐ Good ☐ Fair ☐ Poor	☐ Exc ☐ Good ☐ Fair ☐ Poor
Education Level	☐ HS ☐ Assoc. ☐ Bach. ☐ Mast.	☐ HS ☐ Assoc. ☐ Bach. ☐ Mast.
If college, date degree earned	____________________	____________________
Employer	____________________	____________________
Position/Job Title/Business	____________________	____________________
Years at Employer	____________________	____________________
Retirement Date (List Year)	____________________	____________________
Pension Plan Participant	If yes, $_________mo. @ age______	If yes, $_________mo. @ age______
Current Income:	**Please list current income received from all sources.**	
Gross Wages/Salary	$_________ per ☐ month ☐ year	$_________ per ☐ month ☐ year
Bonus/Commissions	$_________ per ☐ month ☐ year	$_________ per ☐ month ☐ year
Business/Self-Emp. Income	$_________ per ☐ month ☐ year	$_________ per ☐ month ☐ year
Rental Income	$_________ per ☐ month ☐ year	$_________ per ☐ month ☐ year
Other Income_____________	$_________ per ☐ month ☐ year	$_________ per ☐ month ☐ year
Social Security	$_________ per ☐ month ☐ year	$_________ per ☐ month ☐ year
SS Disability (SSDI)	$_________ per ☐ month ☐ year	$_________ per ☐ month ☐ year
Pension Income	$_________ per ☐ month ☐ year	$_________ per ☐ month ☐ year
Total Current Income	$_________ per ☐ month ☐ year	$_________ per ☐ month ☐ year

Assets *(attach other sheet, if necessary)*	*Market Value*	*Date Acquired*	*Purchase Price*	*Title Owner*
Residence	________	________	________	________
Real Estate ☐2nd Home ☐Land	________	________	________	________
☐Business or ☐Rental Property	________	________	________	________
Personal & Household Property	________	________	________	________
Antiques, Collectibles, Etc.	________	________	________	________
Auto 1 Year_____ Make________	________	________	________	Mileage__________
Auto 2 Year_____ Make________	________	________	________	Mileage__________

	Market Value	*Monthly Additions*	*Cost Basis*	*Title Owner*
CDs or US Treasury Securities	________	________	________	________
Money Market	________	________	________	________
Savings Account	________	________	________	________
Checking Account	________	________	________	________
Mutual Funds	________	________	________	________
Brokerage Account	________	________	________	________
IRA ☐Roth ☐Traditional	________	________	________	________
IRA ☐Roth ☐Traditional	________	________	________	________
☐401(k) OR ☐403(b)	________	________	________	________
☐401(k) OR ☐403(b)	________	________	________	________
Stock Purchase Plan	________	________	________	________

Liabilities *(attach other sheet, if nec.)*	*Outstanding balance*	*Monthly Payment*	*Interest rate*	*Payoff date*
Mortgage Orig. Amount__________	________	________	________	________
Real Estate Taxes (annual)	________	Are taxes escrowed?	☐ Yes ☐ No	
Home Equity ☐Loan ☐Line of Credit	________	________	________	________
Other Loan -Type____________	________	________	________	________
Credit Card________________	________	________	________	________
Credit Card________________	________	________	________	________
Auto 1 Loan-start date______	________	________	________	________
Auto 2 Loan-start date______	________	________	________	________
Education Loan -Who?________	________	________	________	________

Insurance *(attach other sheet, if nec.)*

Health ☐Group ☐Ind ☐ HMO ☐ PPO Whose Plan? ☐You ☐Spouse Premium $_____________mo/yr

Disability You: ☐Group ☐Ind ☐Short-Term ☐Long-Term Spouse: ☐Group ☐Ind ☐Short-Term ☐Long-Term

Homeowners/Renters Premium $_____________mo/yr Umbrella Policy Prem. $_______________mo/yr

Automobile Auto #1 Premium $_____________mo/yr Auto #2 Premium $_____________mo/yr

Long Term Care – You Per Day Benefit______ Inflation Adj. ☐Yes ☐No Premium $_________mo/yr

Long Term Care – Spouse Per Day Benefit______ Inflation Adj. ☐Yes ☐No Premium $_________mo/yr

Life ☐Group ☐Ind ☐Term ☐Whole Life ☐Other Death Ben. $________ Cash Value_______ Premium $_______mo/yr

Life ☐Group ☐Ind ☐Term ☐Whole Life ☐Other Death Ben. $________ Cash Value_______ Premium $_______mo/yr

Family Members (Please list children and all others dependent upon you for financial resources or support.)

Name	Relationship	CTM*	Birth Date	Dependent Y/N (for tax purposes)	Lives w/You? (Yes or No)	Amount Saved (for college)
____________	____________	☐	____________	____________	____________	____________
____________	____________	☐	____________	____________	____________	____________
____________	____________	☐	____________	____________	____________	____________
____________	____________	☐	____________	____________	____________	____________

*Check CTM box if Child is of this marriage.

Do you work with any of the following professionals? If yes, please list**.**

	Name	Firm Name	Phone
Financial Planner			
Stockbroker			
Accountant/Tax Preparer			
Insurance Agent			

Other General Information:

Who prepares your tax return? ☐ Self-prepared by ☐ You ☐ Spouse ☐ Tax Preparer ☐ CPA ☐Accountant

Whom should I contact during normal business hours? You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Have you received a copy of your credit report? You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Have you received your Social Security Benefits Estimate? You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Do you have a written monthly spending plan or budget? You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Have you received gifts of property or money or inheritance? You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Were any of the listed assets owned prior to the marriage? ☐ Yes ☐ No Which________________________

How should I send financial evaluations & recommendations? ☐ U.S. Mail ☐ E-Mail ☐ Both

<u>We are using</u>: ☐Mediation ☐Collaborative Divorce ☐Litigation

Mediator Name: ________________________________

Attorney Name: You: ____________________________ Spouse: ______________________________

Date Action Filed: _____________ In what County Court? __________ Who filed? ☐ You ☐ Spouse

Have Statements of Net Worth been completed?: You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Please describe the services or advice you are seeking. Check all that apply.

☐ Pre-Divorce financial analysis to see where I stand if my spouse and I separate and/or divorce

☐ Preparation of joint financial statements and/or Statement of Net Worth ☐ QDRO Preparation

☐ Equitable Distribution Summary ☐ Child Support Calculations ☐ Pre & Post Divorce Cash Flow Reports

☐ Tax Impacts of Maintenance ☐ Expert Witness/Court Testimony ☐ Pension Plan Valuation

☐ Advanced Degree Valuation ☐ Litigation Support for Attorney ☐ Post Divorce Net Worth

Additional Information: ____

____

Please indicate your preferred meeting location and days and times that work best for you.

Appointments are scheduled Monday through Friday beginning at 8:30 a.m. with the last appointment at 4:30 p.m. Generally, you should allow up to two weeks lead time to get an appointment.

Who will attend our initial meeting? ☐ You ☐ Spouse ☐ Both

Location: ☐ Kingston Office ☐ Mid-Hudson Professional Offices (Highland-extra charge applies)

☐ Phone Conference (This completed, signed form must be received prior to phone conference.)

Preferred Day: _________________ (Mon. – Fri.) Preferred Time: ________________ (8:30 a.m. to 4:30 p.m.)

To save time and your money, please bring the following relevant documents to our initial meeting:

☐Last 3 Years Tax Returns ☐Bank Account & CD Statements ☐Pay Stubs ☐Insurance Annual Policy Stmt.
☐Legal Documents relative to this divorce including correspondence from attorney or mediator
☐Investment Account Statements ☐Retirement Plan Statements ☐Employee Benefit Books
☐Pension Statement ☐IRA Account Statements ☐Credit Reports ☐Mortgage/Home Equity Statements
☐Social Security Benefits Estimates ☐Credit Card Statement(s) ☐Other Loan Statements

How did you hear about Hudson Valley Divorce, LLC?

☐ HVDivorce.com ☐ HudsonValleyDivorce.com ☐Article ☐ Referred by/Other ________________________________

Privacy Policy:

Hudson Valley Divorce, LLC, and its employees including Robin Vaccai Yess, CFP®, CDFA, do not share client information with any other individual or entity unless written client authority is granted. We carefully handle all client information with confidentiality in mind. All employees sign a Non-Disclosure Agreement and all conversations between clients and any employee of Hudson Valley Divorce, LLC, are kept strictly confidential. Client names and client records are not disclosed to any other party unless required by law or court order.

We respect your privacy and will only request your Social Security number when required for document completion or court filings. Client paper files are locked with access granted only to those employees/associates who need to use the information. Computer systems require administrator-granted passwords and are backed up on a regular basis to prevent loss of data. Firewall software is installed and regularly updated on all firm computers to prevent electronic theft of information or data. When client records are no longer needed, the documents are returned or destroyed. Protecting and serving the best interests and privacy of our clients is of paramount importance. Should you have any questions about these policies and procedures, please call our office.

Hourly Rate: $185.00 per hour (Billed in ¼ hour increments of $46.25)

Depending on the scope of services to be provided, new clients may be asked to sign a separate Retainer Agreement. If services to be provided are expected to exceed $500.00, an estimate will be provided and retainer deposit required. Monthly payment plans are available; however, finance charges apply (see #6 below).

Terms & Conditions:

1) By completion of this document, I am (we are) requesting Divorce Financial Consulting services from Hudson Valley Divorce, LLC, (hereinafter HVD). Payment is expected at the completion of each meeting.
2) I (hereinafter includes we) understand that HVD is compensated solely by hourly fees. HVD does not sell any financial products containing sales charges, commissions or asset-based fees and conducts no other financial services business.
3) I understand that I will be billed at the regular hourly rate listed above for services rendered by HVD as requested by me for divorce financial consulting, including requests for advice or information, whether such requests are made in person, via e-mail, regular mail, fax or telephone.
4) I understand that if the hourly rate increases, I will be notified in writing prior to continuation of services performed on my (our) behalf.
5) I understand that I may cancel services pursuant to this agreement at any time in writing including email, and that I will be billed for services rendered up to the date the cancellation is received at HVD's office.
6) I understand that HVD services are due and payable as provided and invoices are due within 15 days of the date of invoice. Overdue balances will be charged interest equal to the prime rate plus 9.99%. (Annual amortization applied monthly.)
7) I understand that if my personal documents provided to HVD are not being used on my behalf after one year of commencement of services, they will be returned to me via U.S. Postal Service Certified Mail (Return Receipt) or via overnight carrier and I will be billed for applicable return charges plus a $15.00 handling fee.
8) I have read the above Terms & Conditions and by signing below I accept and agree to them:

Your Signature	Date	Spouse Signature	Date
Print Name		Print Name	