**HISTORY OF THE MARRIAGE/RELATIONSHIP**

To assist us in advising you we ask that you write a detailed history of the marriage/relationship covering the following aspects:

1. The financial contribution you made directly or indirectly to the acquisition conservation or improvement of any of the property of the parties, regardless of whether you still hold the assets.

**History of Acquisition of Real Estate from Commencement of Cohabitation to Current Date**

| **Property Address** | **Purchase Date** | **Purchase Price** | **Sale Date** | **Sale Price** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. The initial contributions of each of us at commencement were as follows:
	1. My contribution:

**Assets**

|  |  |  |
| --- | --- | --- |
| **No.** | **Item** | **Value ($)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** | **$** |

**Liabilities**

|  |  |  |
| --- | --- | --- |
| **No.** | **Item** | **Value ($)** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** | **$** |

 **Approximate Nett Assets $**

* 1. Other party’s contribution:

**Assets**

| **No.** | **Item** | **Value ($)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** | **$** |

**Liabilities**

|  |  |  |
| --- | --- | --- |
| **No.** | **Item** | **Value ($)** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** | **$** |

 **Approximate Nett Assets $**

1. My work history during the marriage/relationship was as follows:

| **Year** | **Employment** | **Part Time/****Full Time** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. The other party’s work history during the marriage/relationship was as follows:

| **Year** | **Employment** | **Part Time/****Full Time** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. The income earned by each of us during the marriage/relationship was as follows:

|  |  |  |
| --- | --- | --- |
| **Financial Year Ending** | **My Taxable Income** | **Other Party’s Taxable Income** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Contributions made by third parties on my behalf or on behalf of the other party, e.g. inheritances, free accommodation, interest free loans, sale of property under market value, lottery winnings, provision of free labour or material for example to renovate a property:

|  |  |  |
| --- | --- | --- |
| **Date** | **Description of Contribution** | **Who Provided the Contribution** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. The contribution (other than financial contribution) that you made directly or indirectly to the acquisition, conservation or improvement of any of the properties of the parties including property that you may not now hold.

1. The contribution that you have made to the welfare of the family including any contribution made in the capacity of homemaker or parent. In this category you would set out what household work you did and what you have done for the children in relation to their care, entertainment and support. **Give actual examples and if your children had particular needs, set these out in detail, e.g. if they were high performance sports people, what did you do to support and assist them to develop their talents.**

1. Any income, property and financial resources that you may have, e.g. pending inheritances, long service leave, taxation losses carried forward.

1. What you envisage as your future standard of living and where and how you intend to reside or hope to reside.

1. How the duration of the marriage/relationship has affected your earning capacity if you consider that it has done so.

1. Any other fact or circumstances which you consider relevant to the history and future of the family.

1. A commentary of the parties’ state of health during the marriage/relationship and since.

|  |
| --- |
| **MEDICAL STATUS** |
| **YOU** |
| When was the last time you consulted a doctor?  |  |
| Doctor's name:  |  |
| For what condition were you treated at that time?  |  |
| For what conditions have you been treated by a doctor or dentist within the last three years?  |  |
| Your major health problems during marriage/relationship:  |  |
| Date of last hospitalisation for a condition other than childbirth:  |  |
| For what condition? |  |
| Your present condition of health: |  |
| **OTHER PARTY** |
| When was the last time the other party consulted a doctor?  |  |
| Doctor's name:  |  |
| For what condition was the other party treated at that time?  |  |
| For what conditions has the other party been treated by a doctor or dentist within the last three years?  |  |
| Other party’s major health problems during marriage/relationship:  |  |
| Date of last hospitalisation for a condition other than childbirth:  |  |
| For what condition?  |  |
| Other party’s present condition of health: |  |

1. A commentary of education and employment skills.

|  |
| --- |
| **EDUCATION, EMPLOYMENT SKILLS** |
| What level of education does each party currently have? | You:  |  |
| Other party:  |  |
| What level of education did each party have at the time the parties were married? | You:  |  |
| Other party:  |  |
| Did either party help finance the other's education? If so, who helped, how did they help and to what extent? | Who: |  |
| How: |  |
| How much: |  |
| If you are unemployed: | Date of last employment: |  |
| Salary: | $ |
| Employer: |  |
| Occupation: |  |
| Describe your employment skills or job training: |  |
| If other party is unemployed: | Date of last employment: |  |
| Salary: | $ |
| Employer: |  |
| Occupation: |  |
| Describe other party’s employment skills or job training: |  |
| Do you wish to pursue an education or job training? If so, in what field or study program, how long will it take to complete and what is the estimated expense to complete it? | Yes/No: |  |
| What field? |  |
| How long? |  |
| Cost? |  |
| Employment/occupational status: (*list last three addresses of employment, name of employer, dates of employment*) | You |  |
|  |
|  |
| Other party |  |
|  |
|  |
| What kind of work has each person done during most of working life, including kind of business or industry? | You |  |
| Other party |  |
| Current occupation? | You |  |
| Other party |  |
| Date of Commencement? | You |  |
| Other party |  |

1. Any other fact or circumstances which you consider relevant to the history and future of the family, e.g. history of domestic violence and how this impacted adversely on your contributions financially or non-financially to the marriage or relationship. You need to be able to identify each incident and be able to describe it and its impact.

**CURRENT ASSETS AND LIABILITIES**

|  |
| --- |
| **ASSETS** |
| **Item** | **VALUE Owned or Controlled by** **YOU** | **VALUE Owned or Controlled by** **OTHER PARTY** |
| Real estate |  |  |
| Bank accounts |  |  |
| Cars |  |  |
| Household contents |  |  |
| Business interests |  |  |
| Superannuation |  |  |
| Shares |  |  |
| Miscellaneous assets |  |  |
| **Total** | **$** | **$** |

|  |
| --- |
| **LIABILITIES** |
| **Item** | **VALUE Owned or Controlled by** **YOU** | **VALUE Owned or Controlled by** **OTHER PARTY** |
| Mortgages |  |  |
| Other loans |  |  |
| Credit cards |  |  |
| Hire purchase/leases |  |  |
| Income tax liabilities |  |  |
| Miscellaneous liabilities |  |  |
| **Total** | **$** | **$** |

**CHILDREN’S EXPENSES**

These are expenses incurred by you which relate solely to the following children who are presently predominantly in your care [ ]  or other party’s care [ ] :

Children’s names:

|  |  |  |
| --- | --- | --- |
|  | **For the Last YEAR Ended 30 June** | **Current WEEKLY** |
| Medical, dental, hospital *(not covered by insurance)*  |  |  |
| Pharmaceutical |  |  |
| Pocket Money  |  |  |
| Shoes *(including football boots, ballet shoes, etc)* |  |  |
| Clothing *(For each child think about the clothes bought during the past 12 months for the following activities)* | Play clothes |  |  |
| School clothes |  |  |
| Sports clothes |  |  |
| Special clothing *(eg ballet clothes, cub-scout uniforms, girl guides etc)* |  |  |
| Hairdressing — children |  |  |
| Child care and education |  |  |
| School fees |  |  |
| School books |  |  |
| School activities and excursions |  |  |
| Other activities *(eg ballet classes, girl guides, music lessons, soccer/football club registration and match fees, tennis lessons, netball etc)*  |  |  |
| Kindergarten/preschool fees |  |  |
| Babysitting/child minding |  |  |
| Sports and other activity goods *(e.g. tennis racquets, musical instruments)* |  |  |
| Outings *(movies, shows, bowling, McDonalds, etc)* |  |  |
| Presents for birthday parties attended by children |  |  |
| **TOTAL CHILDREN'S EXPENSES** | **$***(previous tax year)* | **$***(current weekly)* |

**PROPOSED CARE ARRANGEMENTS FOR THE CHILDREN**

Signed:

Dated: