

# DIVORCE FINANCIAL ORGANIZER

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#### CONGRATULATIONS!

You have taken an important next step in preparing yourself for the financial conversations of divorce. My hope is that this tool helps prepare for the process.

Best wishes to you!

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Jessica M García MBA CDFA CDC Mediator

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# Suggested Steps

- 1. Get a binder and sheet covers to organize the financial documents
- 2. You will need a calculator and a pen or pencil.
- 3. Print the organizer pages you wish to use and create a plan for the first 120-days, with important next steps for yourself.
- 4. Use the daily check-in as you wish.
- 5. Go through the document checklist and gather the documents, organize them in the binder by income, expenses, assets, debts. Create a section for information as you gather it
- 6. Go through each page and complete the details. Make note of questions, reminders, information pending, or conversations you will have as part of the process.
- 7. You will want to establish monthly numbers for income, expenses, and debts.
- 8. Pre and post separation numbers are important so you can determine married lifestyle to negotiate settlement but also be responsive with how the numbers may look post-divorce.
- 9. As children's expenses can vary, use one sheet per child.
- 10. Once you have gathered and organized your financial information, you can use this with your attorney. They will determine whether more information is needed based on your case.
- 11. Prepare your facts, questions, and anything you deem important in your case for each meeting with your attorney. Focus on the business of divorce during your meetings.
- 12. If you need more help than this tool provides, let's talk. Schedule a consultation.

#### FINANCIAL DOCUMENTS LIST\*

Your financial picture is made up of 4 parts:

#### • INCOME

Payroll stubs for Client and Spouse - 3 most recent Tax returns for the last 3 years (for business also, if applicable) Other sources of income may be relevant, be sure to note that and get verification (paystubs, etc.) as possible.

#### EXPENSES

Monthly housing and personal expenses (for you and minor children). Be sure to use monthly numbers or a monthly average of these expenses.

#### • ASSETS

Retirement Account Statements for both spouses from all accounts. Primary Residence and Other Real Estate address, mortgage statements. Checking Account Bank Statements a Client's and Spouse's Joint, Business, Partnership, for the last 6 months Savings Account Statements for Client's and Spouse's Joint, Partnership, and Corporate Accounts for the last 3 years Investment, Money Market Account Statements.

#### • DEBTS

Loan and Credit Card Statements for Client, Spouse, Joint, Business, and Corporate Accounts. Credit Report

\*Some or all may apply in your case, for more complex cases additional documents may be necessary

#### DAILY CHECK-IN



#### Current Mood:

Overwhelmed | Focused | Numb | Hopeful | Tired | Clear | Anxious | Empowered

#### Mental & Emotional Check-In

- I. What thoughts are taking up the most space in your mind right now?
- 2. What are you feeling about your financial situation today?
- 3. Are you feeling supported in this process? What kind of support do you need more of? How will you find it?

#### Self-Care Reflection

- I. In the past week, what have you done just for you (even if it was small)?
- 2. Are you sleeping, moving, eating, and resting in ways that support you? If not, where is there space for gentle improvement?
- 3. What's one small thing you could do this week to restore your energy or sense of self?



M O N T H \_\_\_\_\_

:

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     |     |
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# INCOME

## DESCRIBE SOURCES OF INCOME

### MONTHLY INCOME

| DATE | EMPLOYER/SOURCE | BEFORE TAXES | AFTER TAXES |
|------|-----------------|--------------|-------------|
|      |                 | \$           | \$          |
|      |                 | \$           | \$          |
|      |                 | \$           | \$          |
|      | TOTAL           | \$           | \$          |

### NOTES



# PRE-SEPARATION MONTHLY HOUSEHOLD EXPENSES

| DESCRIPTION                       | AMOUNT |
|-----------------------------------|--------|
| MORTGAGE/RENT                     | \$     |
| REAL ESTATE TAXES                 | \$     |
| HOMEOWNER'S OR RENTER'S INSURANCE | \$     |
| HOME REPAIRS AND MAINTENANCE      | \$     |
| HOA DUES                          | \$     |
| ELECTRICITY                       | \$     |
| NATURAL GAS/PROPANE               | \$     |
| WATER                             | \$     |
| TRASH PICKUP                      | \$     |
| INTERNET/CABLE                    | \$     |
| LAWN MAINTENANCE                  | \$     |
| TERMITE/PEST CONTROL              | \$     |
| AUTO MAINTENANCE                  | \$     |
| GASOLINE                          | \$     |
| GROCERIES AND HOUSEHOLD SUPPLIES  | \$     |
| PETS                              | \$     |
|                                   | \$     |
| TOTAL                             | \$     |



# POST-SEPARATION/PROJECTED MONTHLY HOUSEHOLD EXPENSES

| DESCRIPTION                       | AMOUNT |
|-----------------------------------|--------|
| MORTGAGE/RENT                     | \$     |
| REAL ESTATE TAXES                 | \$     |
| HOMEOWNER'S OR RENTER'S INSURANCE | \$     |
| HOME REPAIRS AND MAINTENANCE      | \$     |
| HOA DUES                          | \$     |
| ELECTRICITY                       | \$     |
| NATURAL GAS/PROPANE               | \$     |
| WATER                             | \$     |
| TRASH PICKUP                      | \$     |
| INTERNET/CABLE                    | \$     |
| LAWN MAINTENANCE                  | \$     |
| TERMITE/PEST CONTROL              | \$     |
| AUTO MAINTENANCE                  | \$     |
| GASOLINE                          | \$     |
| GROCERIES AND HOUSEHOLD SUPPLIES  | \$     |
| PETS                              | \$     |
|                                   | \$     |
| TOTAL                             | \$     |



# MONTHLY PERSONAL EXPENSES

| DESCRIPTION                            | AMOUNT |
|--|--------|
| HEALTH INSURANCE (NOT IN YOUR PAYROLL) | \$     |
| DENTAL INSURANCE (NOT IN YOUR PAYROLL) | \$     |
| DEDUCTIBLE (AVERAGE)                   | \$     |
| CO-PAYS                                | \$     |
| OVER THE COUNTER MEDICINE/SUPPLIES     | \$     |
| VISION INSURANCE AND EXPENSES          | \$     |
| EATING OUT                             | \$     |
| RECREATION/ENTERTAINMENT               | \$     |
| PERSONAL CARE                          | \$     |
| PERSONAL CLOTHING, ETC.                | \$     |
| TRAVEL/VACATION                        | \$     |
| GIFTS (FROM YOU TO FAMILY AND FRIENDS) | \$     |
| DONATIONS                              | \$     |
|  | \$     |
|  | \$     |
|  | \$     |
|  | \$     |
| TOTAL                                  | \$     |



# CHILDREN'S MONTHLY PERSONAL EXPENSES

| DESCRIPTION                             | AMOUNT |
|---|--------|
| HEALTH INSURANCE - Break out per child  | \$     |
| DENTAL INSURANCE - Break out per child  | \$     |
| DEDUCTIBLE (AVERAGE)                    | \$     |
| UNREIMBURSED CO-PAYS                    | \$     |
| OVER THE COUNTER MEDICINE/SUPPLIES      | \$     |
| VISION INSURANCE AND EXPENSES           | \$     |
| EATING OUT                              | \$     |
| RECREATION/ENTERTAINMENT                | \$     |
| PERSONAL CARE                           | \$     |
| PERSONAL CLOTHING, ETC.                 | \$     |
| TRAVEL/VACATION                         | \$     |
| GIFTS (FROM THEM TO FAMILY AND FRIENDS) | \$     |
| DONATIONS                               | \$     |
| TUITION/SCHOOL SUPPLIES                 | \$     |
| AFTER-SCHOOL ACTIVITIES                 | \$     |
| SCHOOL LUNCHES                          | \$     |
| AFTER-SCHOOL CARE                       | \$     |
| TOTAL                                   | \$     |



# A S S E T S

#### NON-RETIREMENT ACCOUNTS

| BANK | ACCOUNT TYPE | OWNER | BALANCE |
|------|--------------|-------|---------|
|      |              |       | \$      |
|      |              |       | \$      |
|      |              |       | \$      |
|      |              |       | \$      |
|      |              |       | \$      |
|      |              |       | \$      |
|      |              |       | \$      |

#### RETIREMENT ACCOUNTS

| BANK/EMPLOYER | ACCOUNT TYPE | OWNER | BALANCE |
|---------------|--------------|-------|---------|
|               |              |       | \$      |
|               |              |       | \$      |
|               |              |       | \$      |
|               |              |       | \$      |
|               |              |       | \$      |
|               |              |       | \$      |
|               |              |       | \$      |



# REAL ESTATE

| ADDRESS | LENDER | ESTIMATE<br>Value | ESTIMTED<br>Loan<br>Balance | APPROX<br>Equity* |
|---------|--------|-------------------|-----------------------------|-------------------|
|         |        | \$                | \$                          | \$                |
|         |        | \$                | \$                          | \$                |
|         |        | \$                | \$                          | \$                |
|         | TOTAL  | \$                | \$                          | \$                |

\*Approx Equity = Est Value minus Est Loan Balance

| NOTES |  |  |  |
|-------|--|--|--|
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |



# D E B T S

| LENDER | COLLATERAL | MONTHLY<br>PAYMENT | ESTIMTED<br>BALANCE |
|--------|------------|--------------------|---------------------|
|        |            | \$                 | \$                  |
|        |            | \$                 | \$                  |
|        |            | \$                 | \$                  |
|        | TOTAL      | \$                 | \$                  |

# NOTES



# QUESTIONS TO ASK AN ATTORNEY

| FILL IN EACH RESPONSE BELOW THE QUESTION:                    |
|--|
| DO YOU PRACTICE OTHER TYPES OF LAW?                          |
|  |
| HOW LONG HAVE YOU PRACTICED FAMILY LAW?                      |
|  |
| HAVE YOU EVER HAD A CASE LIKE MINE?                          |
|  |
| GIVEN WHAT I HAVE SHARED WHAT SHOULD BE MY NEXT STEP?        |
|  |
| HOW WOULD YOU SOLVE AN IMPASSE IN THE CASE?                  |
|  |
| WHAT IS YOUR METHOD FOR KEEPING ME UPDATED ON MY CASE?       |
|  |
| IF I CALL, HOW QUICKLY CAN I EXPECT A RESPONSE FROM YOU?     |
|  |
| IF I HIRE YOU, WILL MY CASE BE ASSIGNED TO A JUNIOR ATTORNEY |
|  |
| WHAT ARE YOUR FEES?  |
|  |



# DISCUSSIONS POINTS WITH YOUR SPOUSE

# FILL IN EACH RESPONSE BELOW THE QUESTION:

| WHO WILL MOVE OUT?                              |
|---|
|   |
| HOW WILL YOU MANAGE THE ADDED HOUSING EXPENSES? |
|   |
| WILL YOU KEEP A JOINT ACCOUNT OR OPEN NEW ONES? |
|   |
| WHO WILL MANAGE THE HOUSEHOLD BUDGET?           |
|   |
| WILL ONE OF YOU PAY SPOUSAL SUPPORT?            |
|   |
| HOW WILL YOU TELL THE CHILDREN?                 |
|   |
| HOW WILL YOU SHARE TIME WITH THE CHILDREN?      |
|   |
| WHAT DIVORCE PROFESSIONALS DO YOU NEED TO HIRE? |
|   |
| WHAT IS THE BEST OUTCOME FOR YOU BOTH?          |
|   |



# INVENTORY DECISIONS ROOM:

| ITEM | DESCRIPTION/<br>Location | H<br>Keeps | W<br>KEEPS | EST<br>Value |
|------|--------------------------|------------|------------|--------------|
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |
|      |                          |            |            | \$           |

# NOTES

