

FRIEDMAN ■ FRAMME

■ THRUSH ■

ATTORNEYS AT LAW

Uncontested Divorce Benefit Qualification

Thank you for the opportunity to consult with you regarding your legal matter. As a member of LegalShield, you should never hesitate to contact us when any legal questions or concerns arise. In order to qualify for and utilize your benefits under the Uncontested Divorce benefit provision of your LegalShield contract, you must have been an active member for at least 90 days, and you must provide our Firm with the following:

- A signed and notarized Separation and Property Settlement Agreement dealing completely with all issues that may arise from the marriage. Your matter **will not** be qualified to be uncontested unless you have a complete Separation and Property Settlement Agreement signed by both parties and notarized;
- The current address for your spouse;
- A notarized financial disclosure statement for **each spouse** (see attached) and;
- A notarized affidavit that attests to the following facts:
 - all marital assets, **including your home if you have one**, total no more than \$500,000.00;
 - there are no retirement benefits that need to be divided;
 - all matters between the parties have been **resolved and agreed to** in the Separation and Property Settlement Agreement you are providing. The resolved matters include, but are not limited to, all matters related to child custody, child support, alimony and the division of all marital assets;
 - all of the information contained in the financial disclosure statement is **true, correct and accurate**.
 - neither party is represented by an attorney nor will either party retain an attorney.

If any information is found to be incorrect and/or has been misrepresented by either party, the matter will no longer be considered an "Uncontested Divorce" but will be determined to be a "Contested Divorce" and you will have to pay for any further legal services under the preferred member discount rates.

Finally, you must send a cashier's check, certified check or money order in the appropriate amount (to be set by the Law Firm depending on jurisdiction) to cover filing fees and court costs. Any unused funds will be refunded to you.

INCOME STATEMENT

GROSS MONTHLY INCOME	AMOUNT
1. Salary and Wages, including commissions bonuses, allowance and overtime NOTE: To arrive at a monthly income figure if paid weekly, multiply weekly income by 4.3, if paid biweekly, multiply income by 2.16	\$
2. Pensions and retirements	\$
3. Social Security	\$
4. Disability and unemployment insurance	\$
5. Public Assistance (welfare, AFDC payments, etc.)	\$
6. Dividends and interest	\$
7. Rental Income	\$
8. Other Income	
	\$
	\$
9. TOTAL MONTHLY INCOME	\$

STATEMENT OF ASSETS

A. REAL ESTATE

1. Title in the name of: _____
Address: _____

Who paid cost: _____
How cost paid: _____
Value: _____
Mortgage Balance: _____
Equity: _____

2. Title in the name of: _____
Address: _____

Who paid cost: _____
How cost paid: _____
Value: _____
Mortgage Balance: _____
Equity: _____

3. Title in the name of: _____
Address: _____

Who paid cost: _____
How cost paid: _____
Value: _____
Mortgage Balance: _____
Equity: _____

B. MOTOR VEHICLES

1. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
Who paid cost: _____ How cost paid: _____
Value: _____
Loan Balance: _____
Equity: _____

2. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
Who paid cost: _____ How cost paid: _____
Value: _____
Loan Balance: _____
Equity: _____

3. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
Who paid cost: _____ How cost paid: _____
Value: _____
Loan Balance: _____
Equity: _____

LIFE INSURANCE (EXCLUDE CHILDREN)

INSURED	COMPANY	FACE AMOUNT LESS ANY LOANS	CASH	BENEFICIARY
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
	TOTAL	\$	\$	

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare that the foregoing financial information, including attachments, is true and correct and that this declaration was executed on the _____ day of _____, 20__

Signed: _____

Name: _____

STATE OF _____ :
 : ss.
 COUNTY OF _____ :

I HEREBY CERTIFY, that on this _____ day of _____, 20____, before me, the subscriber, a Notary Public, in and for _____, personally appeared _____, and he made oath in due form of law that the matters and facts stated in the foregoing Disclosure are true and accurate to the best of his/her knowledge, information and belief.

AS WITNESS, my hand and Notarial Seal.

 Notary Public
 My Commission Expires: