

TRIAL MEMORANDUM

FORM DR6C

FAMILY PROFILE

Plaintiff  Defendant

Full Name. . . . . Marianne P Jones Birth Date: 11/20/1973 Age: 31  
 Present Address. . 40 Winding Way  
Providence, RI 02903  
 Phone. . . . . 610-333-2222  
 Education. . . . . Masters Social Security Number: 222-33-4444  
 Occupation. . . . . Marketing consultant  
 Present Employer. Advertising Inc Length of Employment: 5 years  
 Employer Address. 1 Sabin St  
Providence, RI 02903  
 Present Health. . . Good

Date of Marriage. . . . . 3/7/1995 Place of Marriage. . . . . Providence  
 Date of Final Separation. . . . . 4/17/2005 Duration of Marriage. . . . . 10 years

Full Name of Children	Birth Date	Age	Health	Custody of
<u>Tiffany A. Jones</u>	<u>4/5/1998</u>	<u>7</u>	<u>Fair</u>	<u>Marianne</u>
<u>Amber B. Jones</u>	<u>12/2/2000</u>	<u>4</u>	<u>Good</u>	<u>Marianne</u>

Describe briefly the standard of living enjoyed by the parties while living together:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain any problems, considerations, or expenses related to the children:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Set forth plan for children, if custody or visitation is an issue:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If either party is not employed, explain and attach the party's plans for employment. If any, state name, address and dates of last employment:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This form is to be filed in duplicate by each party not later than seven (7) days prior to the trial date.

TRIAL MEMORANDUM

FORM DR6D

PLANS

Medical Insurance Plans

Description	Insurer	Insured	Annual Premium
1. Blue Cross Group Medical Plan Number: 1212-988			

Dental Insurance Plans

Description	Insurer	Insured	Annual Premium
1.			

Life Insurance Plans

No Life Insurance

Defined Contribution Plans - IRA, 401(k) etc.

Description	Plan Number	Current Owner	Value
1. Vanguard IRA	231231-231	Harold	12,555

Pension / Retirement Plans

Description	Total Contribution		Total Value
	Employee	Employer	
1. AMFAC Teacher's Assn Plan Number: 32-1231 Beneficiary: Marianne Commencement Date: 4/5/1998 Termination Date: 4/17/2005	12,000	11,207	23,207

Set forth all relevant plan information and state the realizable monetary value to the party of the plan. If available, attach copy of the plan summary

## ACCOUNTS

**Cash / Safe Deposits**

No Cash / Safe Deposits

**Checking Accounts**

Name of Institution	Account Number	Highest Balance Last 6 Months	Current Balance
1. First Union	1234567	2,000	1,875

**Savings Accounts**

No Savings Accounts

**Credit Union Accounts**

No Credit Union Accounts

**Other Accounts**

Name of Institution	Account Number	Highest Balance Last 6 Months	Current Balance
1. Florida Condo		53,000	45,000

## TRIAL MEMORANDUM

FORM DR6F

## OTHER PROPERTY

**Stocks / Bonds**

Description	Date Acquired	Original Price / Value	Highest Value Last 6 Months	Current Value
1. Vanguard Index 500 Account Number. .		4,000		12,755

**Tangible Property Valued over \$1,000**

Property	Source of Funds	Date Acquired	Original Price / Value	Current Value
1. Jewelry				1,500

**Real Estate / Property**

Property	Date Acquired	Original Price / Value	1st Mortgage Balance	2nd Mortgage Balance	Current Value
1. 40 Winding Way Source of Funds:	1/1/1970	200,000	320,000		130,000
2. Vacation Home Source of Funds:	5/3/2003	50,000	18,750		81,250

## MARITAL ASSETS

**Businesses**

Description	Date Acquired	Original Price / Value	Cash Flow	Current Value
1. Mary Kay franchise	2/3/1980	1,500	2,000	1,000

Set forth all assets claimed to be eligible for equitable distribution which are not specifically provided for in other schedules.

Values should be established by fair market appraisal or equivalent as of the date of filing of complaint or such other date as may be proper under governing law.

MARITAL DEBTS AND LIABILITIES

Marital Debts and Liabilites

Description	Date Incurred	Original Amount	Current Balance	Monthly Payment
1. MasterCard Bank Two Debtor. . . Creditor. . .	1/2/2000	5,000	3,456	75.00
2. VISA Country Card Debtor. . . Creditor. . .	3/23/2001	1,000	775	120.00

Include all debts of spouses but do not include any debts on this page which have been included in other schedules.

The amount of current debt should be as of the date of execution, or such other date as may be proper under governing law.