

## FINANCIAL INFORMATION STATEMENT

Cause No. \_\_\_\_\_

\_\_\_\_\_ District Court

_____ PETITIONER	_____ RESPONDENT
1. Date of Marriage _____	Date of Separation _____
2. Ages of Children Shared by the Parties: ( ) ( ) ( ) ( ) ( ) ( ) ( )	

<b>3. YOUR MONTHLY RESOURCES</b>	
Wages/Salary	
Overtime	
Bonus	
Commission	
Dividends/Interest	
Capital Gains	
Other Income (Tips)	
<b>YOUR TOTAL GROSS MONTHLY INCOME</b>	
<b>4. YOUR DEDUCTIONS</b>	
Federal Withholding Taxes	
Social Security Withholding	
Medicare Withholding	
Retirement/401K	
Credit Union	
Insurance – Health	
Insurance – Health for Children	
Insurance – Life	
<b>YOUR TOTAL DEDUCTIONS:</b>	
<b>5. YOUR NET MONTHLY INCOME:</b>	
<b>6. SPOUSE’S MONTHLY RESOURCES:</b>	
Wages/Salary	
Dividends/Interest	
Capital Gains	
Bonus-paid annually (month avg)	
<b>SPOUSE’S TOTAL GROSS MONTHLY INCOME:</b>	

CAUSE NO. \_\_\_\_\_

**FINANCIAL INFORMATION STATEMENT OF \_\_\_\_\_**

<b>7. SPOUSE'S DEDUCTIONS:</b>	
Federal Withholding Taxes	
Social Security Withholding	
Medicare Withholding	
Retirement/401K	
Credit Union	
Insurance – Health	
Insurance – Health for Children	
Insurance – Life	
<b>SPOUSE'S TOTAL DEDUCTIONS:</b>	
<b>8. SPOUSE'S NET MONTHLY INCOME:</b>	
<b>9. EMPLOYMENT:</b>	
Name of Wife's current employer:	
Name of Husband's current employer:	
WIFE IS PAID EVERY:	weekly                      two weeks                      bimonthly                      monthly <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
HUSBAND IS PAID EVERY:	weekly                      two weeks                      bimonthly                      monthly <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Date Next Check is Received:	Wife _____ Husband _____
<b>10. YOUR AVAILABLE AND LIQUID ASSETS:</b>	
Cash (including uncashed checks)	
Cash in financial institutions	
Stocks, bonds, securities	
Other	
<b>11. SPOUSES AVAILABLE AND LIQUID ASSETS</b>	
Cash (including uncashed checks)	
Cash in financial institutions	
Stocks, bonds, securities	
Other	

CAUSE NO. \_\_\_\_\_

FINANCIAL INFORMATION STATEMENT OF \_\_\_\_\_

<b>12. NECESSARY MONTHLY EXPENSES:</b>	
<b>A. HOUSING EXPENSES:</b>	
1. House Payment: First Mortgage	
Second Mortgage	
Homeowners Association	
Rent	
2. Repair & Upkeep	
3. Housekeeper	
4. Yardwork	
5. Pool	
6. Exterminator	
7. Insurance & taxes not included in house payment	
8. Other (explain)	
<b>B. UTILITIES:</b>	
1. Water and sewer	
2. Electricity	
3. Gas	
4. Telephone	
5. Cable Television	
6. Garbage	
7. Other (explain)	
<b>C. FOOD</b>	
1. Groceries	
2. School Lunches	
3. Meals outside home:	
<b>D. MEDICAL AND DENTAL EXPENSES</b>	
Cost to you after any insurance reimbursement	
1. Doctor	
2. Dentist	
3. Vision	
4. Drugs and medical supplies	
5. Deductible, if any	
<b>E. INSURANCE PAYMENTS</b>	
1. Total cost of health insurance premiums (Answer only if you did not include in item 4)	
2. Total cost of dental insurance premiums (Answer only if you did not include in item 4)	
3. Life insurance (Answer only if you did not include in item 4)	
4. Disability insurance (Answer only if you did not include in item 4)	

CAUSE NO. \_\_\_\_\_

FINANCIAL INFORMATION STATEMENT OF \_\_\_\_\_

<b>F. INSURANCE PAYMENTS</b>	
1. Car insurance	
2. Car payment	
3. Car repair and maintenance	
4. Gas and oil	
5. Bus fare/parking fees (E-Z Toll Tag)	
6. Other (explain)	
<b>G. CHILD CARE/SCHOOL COSTS:</b>	
1. Child Care Cost	
2. Tuition	
3. School activities or fees	
4. Extracurricular activities of children	
5. School lunches and supplies	
<b>H. CLOTHING</b>	
1. For yourself	
2. School uniforms	
3. Children living with you	
4. Laundry and cleaning	
<b>I. MISCELLANEOUS</b>	
1. Haircuts	
2. Pets	
3. Church Contribution	
4. Newspapers, magazines and books	
5. Recreation/entertainment for children	
6. Family gifts	
7. Other	
8. Other	
9. Other (explain)	
<b>TOTAL NECESSARY MONTHLY EXPENSES</b>	
<b>13. DEBTS (Other Than Listed in Number 12 Above)</b>	
CREDITOR	TOTAL AMOUNT OWED
<b>TOTAL OTHER DEBTS</b>	

CAUSE NO. \_\_\_\_\_

FINANCIAL INFORMATION STATEMENT OF \_\_\_\_\_

<b>14. GRAND TOTAL MONTHLY EXPENSES</b>	
(Item 12 and item 13)	
<b>15. CHILD SUPPORT REQUESTED</b>	
<b>DATE:</b> _____	
_____	
<b>SIGNATURE</b>	