

Income and Expenses:

Case _____

As of _____

Personal Information

Name: _____

Address: _____

Telephone No.: _____ Date of Birth: _____

Date of Dissolution of Marriage: *(if applicable)* _____

Date of Marriage: _____ Parties reside in the same household: Yes No

Minor and/or Dependent Children of this Marriage or Parentage

Full Names

Age

DOB

Residing with

<i>Full Names</i>	<i>Age</i>	<i>DOB</i>	<i>Residing with</i>

Employment Information

Current Employer: _____ Address: _____

Self Employment: _____ Address: _____

Other Employment: _____ Address: _____

Check if unemployed

Number of Paychecks per year *(Please Circle)* 12 24 26 52

Number of Exemptions claimed: _____ Number of Dependents claimed: _____

Gross income from all sources last year: _____

Gross income from all sources this year through: _____

Statement of Income:

Case _____

As of _____

Gross Monthly Income

Salary/wages/base pay \$ _____
Overtime/commission _____
Bonus _____
Draw _____
Pension and retirement benefits _____
Annuity _____
Interest income _____
Dividend income _____
Trust income _____
Social Security _____
Unemployment benefits _____
Disability payment _____
Worker's compensation _____
Public Aid/ Food stamps _____
Investment income _____
Rental income _____
Business income _____
Partnership income _____
Royalty income _____
Fellowship/stipends _____
Other income (specify): _____

TOTAL GROSS MONTHLY INCOME \$ _____

Required Monthly Deductions

Federal Tax (based on _____ exemptions) \$ _____
State Tax (based on _____ exemptions) _____
FICA (or social security equivalent) _____
Medicare Tax _____
Mandatory retirement contributions required by law or as condition of employment _____
Union Dues (Name of Union: _____) _____
Health/Hospitalization Premiums _____
Prior obligation(s) of support actually paid pursuant to Court order _____
Expenditures for repayment of debts that represent reasonable and necessary expenses for the production of income (identify and itemize on a separate sheet) _____
Medical expenditures for the benefit of the child and the other parent exclusive of gifts (for non-custodial parent only) (identify and itemize on a separate sheet) _____

TOTAL REQUIRED DEDUCTIONS FROM INCOME \$ _____

NET MONTHLY INCOME \$ _____

Statement of Monthly Living Expenses:

Case _____

As of _____

1. Household

- a. Mortgage or rent (*specify*): _____ \$ _____
- b. Home equity payment _____
- c. Real estate taxes, assessments _____
- d. Homeowners or renters insurance _____
- e. Heat/fuel _____
- f. Electricity _____
- g. Telephone (*include long distance/cellular/fax or modem lines*) _____
- h. Water and Sewer _____
- i. Refuse removal _____
- j. Laundry/dry cleaning _____
- k. Maid/cleaning service _____
- l. Furniture and appliance repair/replacement _____
- m. Repairs and maintenance to dwelling _____
- n. Lawn and garden/snow removal _____
- o. Food (*groceries, household supplies, etc.*) _____
- p. Liquor, beer, wine, etc. _____
- q. Cable/Satellite TV _____
- r. Internet Service Provider _____
- s. Other (*specify*): _____ \$ _____

SUBTOTAL HOUSEHOLD EXPENSES:

\$ _____

2. Transportation

- a. Gasoline \$ _____
- b. Repairs and Maintenance _____
- c. Insurance/license/city stickers _____
- d. Payments/replacement _____
- e. Alternative transportation _____
- f. Parking _____
- g. Other (*specify*): _____ \$ _____

SUBTOTAL TRANSPORTATION EXPENSES

\$ _____

3. Personal

- a. Clothing \$ _____
- b. Grooming _____
- c. Medical (*after insurance proceeds/reimbursement*)
 - (1) Doctor _____
 - (2) Dentist _____
 - (3) Optical _____
 - (4) Medication _____

Statement of Monthly Living Expenses continued...

Case _____

As of _____

3. Personal continued...

d. Insurance

- (1) Life (*term*)
- (2) Life (*whole or annuity*)
- (3) Medical/Hospitalization
- (4) Dental/Optical

e. Other (*specify*): _____

\$ _____

SUBTOTAL PERSONAL EXPENSES

\$ _____

4. Miscellaneous

- a. Clubs/social obligations/entertainment (*including dining out*)
- b. Newspapers, magazines, books
- c. Gifts
- d. Donations, church or religious affiliation
- e. Vacations (*not including children*)
- f. Computer/Supplies/Software
- g. Other (*specify*): _____

\$ _____

SUBTOTAL MISCELLANEOUS EXPENSES:

\$ _____

5. Minor and/or Dependent children

- a. Clothing
- b. Grooming
- c. Education
 - (1) Tuition
 - (2) Books/Fees
 - (3) Lunches
 - (4) Transportation
 - (5) School-sponsored activities
- d. Medical (*after insurance proceeds*):
 - (1) Doctor
 - (2) Dentist
 - (3) Optical
 - (4) Medication
- e. Allowance
- f. Child care/Pre-school care/After-school care (*not included elsewhere*)
- g. Sitters
- h. Lessons/extracurricular activities/supplies
- i. Clubs/Summer Camps
- j. Vacations (*children only*)

\$ _____

Statement of Monthly Living Expenses continued...

Case _____

As of _____

5. Minor and/or Dependent children continued...

k. Other activities

\$ _____

l. Entertainment

m. Other (specify, e.g. gifts children give to others): _____

SUBTOTAL CHILDREN'S EXPENSES:

\$ _____

TOTAL MONTHLY LIVING EXPENSES:

\$ _____

RECAPITULATION

NET MONTHLY INCOME

\$ _____

TOTAL MONTHLY INCOME

DIFFERENCE BETWEEN NET INCOME AND EXPENSES

LESS MONTHLY DEBT SERVICE

INCOME AVAILABLE PER MONTH

CONTINGENT LIABILITIES

Provide potential obligor, claimant, basis of claim, date incurred, amount claimed, who incurred

Have you ever filed for bankruptcy? Yes No

If so, when? Date

Case No.

Additional Cash Flow (monthly) (Identify but do not add to monthly income)

Spousal Support Received

Payments received from prior Judgment or Support orders in other actions:

Case No.

Child Support Received

Payments received pursuant to Court order in this action:

Payments received pursuant to Court order in other actions:

Case No.
