

FINANCIAL INFORMATION STATEMENT
(REQUIRED IN ALL FINANCIAL HEARINGS)

MONTHLY EXPENSES:			MONTHLY EXPENSES (con't)		
	PRIOR ORDER	PRESENT		PRIOR ORDER	PRESENT
<u>HOUSING</u>			<u>YOUR CHILDREN</u>		
House Mortgage/Rent	_____	_____	Child Care	_____	_____
Utilities (Gas, water, etc)	_____	_____	School Tuition, Fees	_____	_____
Maintenance & Repair	_____	_____	Lunches	_____	_____
Other _____	_____	_____	Supplies	_____	_____
<u>TRANSPORTATION</u>			Medical Expenses (not covered by ins)	_____	_____
Car Payment/Lease	_____	_____	Drugs	_____	_____
Gas, Oil, Maintenance	_____	_____	Doctors, Dentists	_____	_____
Parking & Tolls	_____	_____	Grooming	_____	_____
<u>INSURANCE</u>			Entertainment	_____	_____
Auto(s)	_____	_____	Sports, Lessons, etc.	_____	_____
Life	_____	_____	Other: _____	_____	_____
Medical	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
<u>GROCERIES</u>			TOTAL EXPENSES:	=====	=====
Food & Household Supplies	_____	_____	<u>INCOME:</u> (attach current pay stubs)		
<u>YOUR PERSONAL</u>			[] paid monthly [] paid semimonthly		
Work Expenses:			[] paid weekly [] paid every two weeks		
Lunches, etc.	_____	_____	GROSS INCOME		
Dues, Fees, etc.	_____	_____	_____		
Medical Expenses (not paid by ins):			DEDUCTIONS		
Drugs	_____	_____	Withholding Tax		
Doctors, Dentists	_____	_____	FICA		
Clothing	_____	_____	Mandatory Retirement		
Cleaning, Laundry	_____	_____	Medical Insurance		
Grooming	_____	_____	Children		
Entertainment	_____	_____	Other Family		
Current Child Support	_____	_____	Life Insurance		
Other:	_____	_____	Other:		
_____	_____	_____	OTHER INCOME		
_____	_____	_____	_____		
<u>CREDIT CARD/DEBTS</u>			NET INCOME		
_____	_____	_____	=====		
_____	_____	_____	LIQUID ASSETS:		
_____	_____	_____	_____		
Monthly Attorney Fees	_____	_____	I hereby certify that the answers to the above questions as listed are true and correct.		

_____ Date _____ Signed