

## **INSTRUCTIONS:**

1. This form requires only YOUR present and anticipated monthly expenses. Don't include expenses you are asking for the other party to pay or that you think the other party should be paying. This is merely to see what expenses you anticipate you would be paying if you had no assistance from the other side. If you are paying something quarterly, then divide it by 4 and put the monthly amount in the form.
2. Mark any inapplicable category as "N/A".
3. Add any category not reflected on the form that reflects an expense you are regularly incurring.
4. Either calculate all expenses into a "Monthly Expense" total or specifically indicate that the expense is otherwise incurred, i.e. yearly, bi-monthly, etc. and we will calculate what it would then cost on a monthly basis.

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

**FINANCIAL INFORMATION STATEMENT**

\_\_\_\_\_  
Petitioner

Respondent/Counterpetitioner:

\_\_\_\_\_  
Attorney for Petitioner

Attorney for Respondent

MONTHLY EXPENSES	
CATEGORY	MONTHLY EXPENSE
HOUSEHOLD EXPENSES	
Mortgage/Rent	
Homeowner's/Renter's Insurance	
Property Taxes	
Utilities (water/electric/gas)	
Cable/Satellite TV	
Home Telephone	
Internet Service	
Housekeeper	
Lawn Service	
Pool Service	
Alarm System	
<b>Total:</b>	
FOOD/GROCERIES/SUPPLIES	
Food/Groceries – Party & Children	
Household Supplies	
Work Lunches – Party	
School Lunches - Children	
<b>Total:</b>	
TRANSPORTATION	
Car Payment – Party only	
Car Maintenance	
Car Repairs	
Gasoline/Parking/Tolls	
Car Insurance	
License and Inspection	
Car Washes	
Parking Fees	
<b>Total:</b>	

CLOTHING/LAUNDRY	
Clothing and shoes – Party	
Clothing and shoes – Children	
Dry Cleaning	
Alterations	
<b>Total:</b>	
PERSONAL GROOMING	
Cosmetics	
Hair/Nail Care – Party	
Hair/Nail Care – Children	
Skin Care – Children	
Toiletries	
<b>Total:</b>	
MISCELLANEOUS	
Entertainment – Party only	
Entertainment – Children only	
Cellular Expense – Children only	
Tuition	
Extracurricular Expense – Children only	
Pet Food/Veterinary Expense	
Sirius, Pandora, iTunes, CDs, Videos, Movies	
Childcare, After school care	
Allowance – Children	
Summer Camp – Children	
Lessons – Children	
Tutors- Children	
Tax Preparation	
Non-reimbursed Business Expense	
Vacation Expense	
Membership Dues	
Gifts	
<b>Total:</b>	

**HEALTH RELATED ITEMS**

Non-Prescription Medicines	
Prescription Medicines	
Health/Dental/Vision Insurance - Party and Children	
Life Insurance	
Doctor	
Dentist	
Orthodontist	
Ophthalmologist	
Vitamins	
Counselor/Therapist - Party	
Counselor/Therapist – Children	
Other:	
<b>Total:</b>	

**LOANS/OBLIGATIONS**

Credit Cards (List)	<i>Minimum Monthly Payment:</i>
<b>Total:</b>	

**TOTAL KNOWN MONTHLY EXPENSES**



INCOME INFORMATION FOR OTHER PARTY	
Employed:	Employer:
My Spouse is Paid:	My Spouse's Next Check Will Be On:
WITHHOLDINGS FROM PAY	
PER PAY PERIOD	MONTHLY
Gross:	Gross:
Deductions:	Deductions:
Taxes: SS & Fed.:	Taxes: SS & Fed.:
Health Insurance: approx. \$	Health Insurance: approx. \$
Total Deductions:	Total Deductions:
Net Income:	Net Income:
Other Income:	Other Income:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature