

**FINANCIAL INFORMATION STATEMENT**

Cause No:

Name of Party:

<b>MONTHLY INCOME</b>		
<b>INCOME SOURCE/DEDUCTION</b>	<b>HUSBAND</b>	<b>WIFE</b>
Wages/Salary		
Other Sources of Income		
Child Support		
Social Security		
Medicare		
Income Tax		
Health Insurance		
Retirement/401K		
401K & Other Loans		
<b>TOTAL NET MONTHLY INCOME</b>		
<b>MONTHLY EXPENSES</b>		
<b>EXPENSE</b>	<b>HUSBAND</b>	<b>WIFE</b>
Mortgage / Rent - Sale Pending		
Utilities - Final Bills & Early Termination costs pending		
Cable / Internet - Final Bills & Early Termination costs pending		
Telephone: Home / Cellular		
Lawn / Pool / Home Maintenance		
Groceries		
School / Work Lunches		
Automobile Loan Payment(s)		
Automobile Insurance		
Child Care		
Laundry		
Clothing		
Life Insurance		
Medical Expenses		
Monthly Credit Card Expenses (Minimum Payments)		
Miscellaneous Expense:		
Miscellaneous Expense:		
Miscellaneous Expense:		
Miscellaneous Expense:		
<b>TOTAL MONTHLY EXPENSES</b>		

