

SANTUCCI

FAMILY LAW



EXPENSE SHEET

1. List all persons living in your home whose expenses are included in your monthly expenses:

Name	Age	Relationship	Gross Monthly Income

- List all persons living in your home whose expenses are NOT included in your monthly expenses:

Name	Age	Relationship	Gross Monthly Income

MONTHLY EXPENSES

2. Calculate your usual or average monthly expenditures for each item. If expenses occur periodically throughout the year (*rather than monthly*), please amortize them. If a third party pays certain expenses indicated below, please indicate next to the expense the third party's portion.

Estimated

Actual

Proposed needs

a. **RESIDENTIAL**

- (1) Mortgage or rent _____
 - (2) If mortgage, include:
 - Average Principal _____
 - Average Interest _____
 - Impound for real property taxes _____
 - Impound for homeowner's ins. _____
 - (3) Real Property taxes (*if not included in #2*) _____
 - (4) Homeowner's or renter's insurance (*if not included in #2*) _____
 - (5) Maintenance:
 - Gardener, supplies, plants _____
 - Sprinkler system _____
 - Tree trimming _____
 - Hillside maintenance _____
 - House cleaning staff _____
 - Security system or patrol _____
 - Pool service _____
 - Exterminator _____
 - Minor home repairs & maint. _____
- TOTAL** _____

b. **UNREIMBURSED MEDICAL AND DENTAL EXPENSES**

- Medical insurance premiums
(*if not deducted from your earnings*) _____
 - Initial deductible/co-pays _____
 - Unreimbursed medical expenses for:
 - Internist _____
 - Gynecologist _____
 - Ophthalmologist _____
 - Eye glasses/contacts _____
 - Dermatologist _____
 - Dentist _____
 - Mammogram _____
 - Prescription & non-prescription drugs _____
 - Psychotherapist _____
 - Chiropractor/physical therapist _____
- TOTAL** _____

c. **CHILD CARE**

Preschool _____
Daycare _____
Nanny _____
Babysitting _____
Summer camp _____

TOTAL _____

d. **GROCERIES AND HOUSEHOLD SUPPLIES**

e. **FOOD EATING OUT**

f. **UTILITIES**

Gas _____
Electricity _____
Water _____
Garbage _____
Cable _____
Internet _____

TOTAL _____

g. **TELEPHONE/CELL PHONE**

h. **LAUNDRY AND DRY CLEANING**

i. **CLOTHING/SHOES/ACCESSORIES**

Wardrobe _____
Jewelry _____
Shoes, shoe repair _____
Alterations _____

TOTAL _____

j. **EDUCATION**

Tuition _____
Job training, seminars _____
Books, supplies _____
Transportation costs _____
Parking permits, etc. _____

TOTAL _____

k.	<u>ENTERTAINMENT/GIFTS/VACATION</u>		
	Tickets: opera, ballet, symphony, theater, concerts, sports events, movies, movie rentals	_____	
	Travel (<i>incl. visits to family members</i>)	_____	
	Gifts (<i>incl. holiday</i>)	_____	
	TOTAL		_____
l.	<u>TRANSPORTATION AND AUTO EXPENSES</u>		
	Automobile insurance	_____	
	Registration	_____	
	Smog inspection	_____	
	AAA	_____	
	Gasoline & oil change	_____	
	Servicing, repairs, tires	_____	
	Car wash, detail	_____	
	Parking	_____	
	TOTAL		_____
m.	<u>SAVINGS AND INVESTMENTS</u>		
	Retirement savings	_____	
	Non-retirement savings	_____	
	TOTAL		_____
n.	<u>CHARITABLE CONTRIBUTIONS</u>		_____
o.	<u>OTHER</u>		
	Hair care, mani/pedi, facial massage	_____	
	Personal care/drug store items (<i>cosmetics, lotions, toothpaste, deodorant, etc.</i>)	_____	
	Subscriptions (<i>magazines, newspapers, online subscriptions</i>)	_____	
	Books	_____	
	Stationery, cards, postage	_____	
	Hobbies	_____	
	Gym membership	_____	
	Computer/supplies	_____	
	Pets (<i>food, medical, dog walking, grooming</i>)	_____	
	Accountant	_____	
	Bank/credit card charges	_____	
	TOTAL		_____

3. **ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS**

Creditor's Name	Payment for	Monthly Payment	Balance	Date of Last Payment

4. **ATTORNEY'S FEES**

Please indicate the source of the funds used by you to pay your attorney's fees (*i.e., earnings, savings, loan, etc.*):
