

FINANCIAL INFORMATION STATEMENT

No. _____

Petitioner

Respondent

Attorney for Petitioner

Attorney for Respondent

1. Date of Marriage: _____ Separation: _____
2. Ages of children of this marriage: _____
3. _____

A. Necessary Monthly

Expenses:

House Payment/rent	\$ _____	SUBTOTAL FORWARD	\$ _____
Utilities including telephone	_____	Clothing	_____
Food	_____	Cleaning and Laundry	_____
Doctor/Dentist/Drugs	_____	Legal fees	_____
Insurance Premiums	_____	Gifts	_____
Car Payments	_____	Church Support	_____
Gasoline /oil/parking	_____	Entertainment/Activities	_____
Child Care/School Tuition	_____	Miscellaneous	_____
Lunches/School Supplies	_____	_____	_____
Haircuts	_____	_____	_____

SUBTOTAL	\$ _____	GRAND TOTAL	\$ _____
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B. Debts (other than house & car) AMOUNT MONTHLY PAYMENT

_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

GRAND TOTAL (Monthly expenses and debts)

4. Are you working: (Yes) (No) Kind of Work: _____
5. I am Paid: () Weekly, () Every two weeks, () Twice a month, () once a month.
I will get my next check _____
My hourly rate is \$ _____
6. Gross Income (If available, attach last three pay stubs):

	EACH PAY PERIOD	MONTHLY
	\$ _____	_____
Deductions:	\$ _____	
Withholding tax	\$ _____	
FICA	\$ _____	
Retirement	\$ _____	
_____	\$ _____	
_____	\$ _____	
TOTAL DEDUCTIONS	\$ _____	
NET INCOME	\$ _____	