FINANCIAL INFORMATION STATEMENT

CAUSE NUMBER: _____

_____	_____
PETITIONER	RESPONDENT
_____	_____
ATTORNEY FOR PETITIONER	ATTORNEY FOR RESPONDENT

I CERTIFY THAT THE FOLLOWING ANSWERS TO THE QUESTIONS AS LISTED ARE TRUE AND CORRECT:

MONTHLY EXPENSES

HOUSING

1. Rent/house payment . . . . . $ _____
2. Insurance (Homeowners or tenant) . . . . . _____
3. Maintenance (Repair and service) . . . . . _____
4. Utilities (Gas, water, electric) . . . . . _____
5. Telephone . . . . . _____

AUTO AND TRANSPORTATION

1. Car payments . . . . . _____
2. Insurance . . . . . _____
3. Gasoline and oil . . . . . _____
4. Maintenance and repair . . . . . _____
5. Other transportation . . . . . _____

INSURANCE

1. Life . . . . . _____
2. Health or hospitalization . . . . . _____
3. Other . . . . . _____

FOOD

1. Groceries . . . . . _____
2. School and work lunches . . . . . _____

MEDICAL (Not covered by insurance)

1. Doctors . . . . . _____
2. Dentists . . . . . _____
3. Drugs . . . . . _____

EDUCATION

1. School supplies, fees, and other costs . . . . . _____

CHILD CARE . . . . . _____

ENTERTAINMENT . . . . . _____

PERSONAL

1. Grooming . . . . . _____
2. Clothing . . . . . _____
3. Cleaning and laundry . . . . . _____
4. Uniforms for work . . . . . _____

DUES (Union, Professional, etc.) . . . . . _____

OTHER PAYMENTS

Specify

1. _____ . . . . . _____
2. _____ . . . . . _____
3. _____ . . . . . _____

TOTAL EXPENSES _____

WEEKLY/MONTHLY INCOME

GROSS . . . . . $ _____

1. Withholding/FICA . . . . . _____
2. Insurance . . . . . _____
3. Retirement . . . . . _____
4. Other (specify) . . . . . _____

NET PAY . . . . . $ _____

OTHER INCOME . . . . . $ _____