




FINANCIAL INFORMATION STATEMENT		
OF _____		
Information Current as of _____ (date)		
INCOME		
Annual Gross for preceeding two years: 200__ : \$ _____ 200__ : \$ _____		
<i>(Enter whole numbers only. Round off to nearest dollar.)</i>		
MONTHLY INCOME:		
1	Gross salary or wages	
2	Bonuses, commissions, allowances, overtime, tips, and similar payments	
3	Business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts. (Gross receipts minus ordinary and necessary expenses required to produce income).	
4	Disability benefits/SSI	
5	Workers' Compensation	
6	Unemployment Compensation.	
7	Pension, retirement, or annuity payments	
8	Social Security benefits	
9	Alimony actually received: a. From this case \$ _____; b. From another case \$ _____	
10	Interest and dividends	
11	Rental income (gross receipts minus ordinary and necessary expenses required to produce income).	
12	Income from royalties, trusts and estates	
13	Gains derived from dealing in property (not including nonrecurring gains)	
14	Reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses	
15	Other income	
16	MONTHLY GROSS INCOME: (Add lines 1-15)	\$0
MONTHLY DEDUCTIONS:		
17	Federal, state, and local income tax	
18	FICA or self-employment taxes	
19	Medicare payments	
20	Mandatory union dues	
21	Mandatory retirement payments	
22	Health insurance payments (including dental insurance)	
23	a. For employee only	
24	b. For a spouse, if in addition to employee's coverage	
25	c. For the child(ren) of this marriage, if in addition to adult coverage	
26	d. For the child(ren) of another relationship, if in addition to child(ren) of marriage	
27	Court-ordered child support actually withheld for child(ren) of another relationship	
28	Court-ordered alimony actually withheld: a. From this case \$ _____ b. From another case \$ _____	
29	Other deductions from pay check	
30	TOTAL DEDUCTIONS: (Add lines 17 through 29)	\$0

31	CURRENT NET INCOME	(Subtract line 30 from line 16)	\$0
	EXPENSES		
	Information Current as of _____ (date)		
		Category Subtotals	Category Totals
	Monthly Expense Item -- Household Expense Items		
1	Mortgage or rent payments		
2	Property taxes (if not included in mortgage)		
3	Insurance on residence (if not included in mortgage)		
4	Condominium maintenance fees and homeowner's association fees		
5	Electricity		
6	Fuel oil or natural gas		
7	Water, garbage and sewer		
8	Telephone (land line, including long distance)		
9	Cellular phone		
10	Repairs and maintenance		
11	Lawn care		
12	Pool maintenance		
13	Pest control		
14	Food and home supplies		
15	Meals outside home		
16	Cable t.v. or dish service and internet charges		
17	Security service		
18	Service contracts on appliances		
19	Maid service		
20	Storage unit(s)		
21	Expenses related to other real estate		
22	Misc. household		
23			
24			
25	SUBTOTAL (add lines 1 through 24)		\$0
		Monthly Average	Category Totals
	Monthly Expense Item -- Transportation		
26	Gasoline and oil		
27	Repairs		
28	Auto tags, inspections and emission testing		
29	Insurance		
30	Payments (lease or financing)		
31	Rental/replacements		
32	Alternative transportation (bus, rail, car pool, etc.)		
33	Tolls and parking		
34	Car washes		
35	SUBTOTAL (add lines 26 through 34)		\$0

		Monthly Average	Category Totals
Monthly Expense Item -- Child(ren) Common to Both Parties			
36	Nursery, babysitting, or day care		/
37	School tuition		
38	School supplies, school photos, books and fees		
39	After school and extracurricular activities		
40	Lunch money		
41	Private lessons or tutoring		
42	Allowances		
43	Clothing and uniforms		
44	Entertainment (movies, parties, etc.)		
45	Health insurance		
46	Medical, dental, optical, prescriptions (nonreimbursed only)		
47	Psychiatric/psychological/counseling		
48	Orthodontic		
49	Diapers and formula		
50	Grooming		
51	Nonprescription medication and vitamins		
52	Cosmetics, toiletries, and sundries		
53	Gifts from child(ren) to others (other child(ren), relatives, teachers, etc.)		
54	Camp or summer activities		
55	Clubs (Boy/Girl Scouts, etc.)		
56	Access expenses (for nonresidential parent)		
57	Miscellaneous		
58	SUBTOTAL (add lines 36 through 57)		\$0
		Monthly Average	Category Totals
Monthly Expense Item - Child(ren) from Another Relationship			
59	Nursery, babysitting, or day care		/
60	School tuition		
61	School supplies, school photographs, books and fees		
62	After school and extracurricular activities		
63	Lunch money		
64	Private lessons or tutoring		
65	Allowances		
66	Clothing and uniforms		
67	Entertainment (movies, parties, etc.)		
68	Health insurance		
69	Medical, dental, optical, prescriptions (nonreimbursed only)		
70	Psychiatric/psychological/counseling		
71	Orthodontic		
72	Diapers and formula		
73	Grooming		
74	Nonprescription medication and vitamins		
75	Cosmetics, toiletries, and sundries		
76	Gifts from child(ren) to others (other child(ren), relatives, teachers, etc.)		

77	Camp or summer activities		
78	Clubs (Boy/Girl Scouts, etc.)		
79	Access expenses (for nonresidential parent)		
80	Miscellaneous		
81	Child support paid for child(ren) from another relationship		
82	SUBTOTAL (add lines 59 through 81)		\$0
		Monthly Average	Category Totals
	Monthly Expense Item - Insurance		
83	Health insurance premiums not deducted from a party's pay check		
84	Health insurance for any minor child(ren) not of this relationship and not covered by another parent		
85	Dental insurance premiums not deducted from a party's pay check		
86	Dental insurance premiums for any minor child(ren) not of this relationship and not covered by another parent		
87	Life Insurance		
88			
89	SUBTOTAL (add lines 83 through 88)		\$0
		Monthly Average	Category Totals
	Monthly Expense Item - Personal		
90	Dry cleaning and laundry		
91	Clothing		
92	Medical, dental, and prescription (unreimbursed only)		
93	Psychiatric, psychological, or counseling (unreimbursed only)		
94	Non-prescription medications, cosmetics, toiletries, and sundries		
95	Grooming		
96	Gifts		
97	Pet expenses		
98	Club dues and membership		
99	Sports and hobbies		
100	Entertainment		
101	Periodicals/newspapers/books/tapes/CD's		
102	Vacations		
103	Charitable and/or religious contributions		
104	Bank charges/credit card fees		
105	Education expenses and expenses related to career development		
106	Financial planning and investment expense		
107	Postage		
108	Safe deposit box(es)		
109	Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)		
110			
111	SUBTOTAL (add lines 90 through 110)		\$0

		TOTAL OWED	MONTHLY PAYMENTS
	Monthly Expense Item		
	MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)		
	NAME OF CREDITOR(s):		
112			
113			
114			
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			
126			
127			
128			
129			
130			
131	SUBTOTAL (add lines 112 through 130 - both columns)	\$0	\$0
132	TOTAL MONTHLY EXPENSES: (add lines 25, 35, 58, 82, 89, 111 and 131)		\$0
133	INCOME LESS EXPENSES: (Line 31 - Line 132)		\$0
		Date Due	Amount Due
	Lump Sum Payments Due Within Next 6 Months (prorated above):		
134	Property and/or flood insurance		
135	Car insurance		
136	Property taxes		
137	Income tax liability for year(s) _____		
138	School tuition		
139	Safe deposit box(es)		
140	Camp or summer activities for child(ren)		
141	TOTAL LUMP SUM PAYMENTS DUE WITHIN 6 MONTHS (add lines 134-140)		\$0
LIQUID ASSETS OF BOTH PARTIES			
	Cash (on hand)		
	Cash (in banks or credit unions)		
	Name of Institution & Acct. #		
	Name of Institution & Acct. #		
	Name of Institution & Acct. #		
	Name of Institution & Acct. #		
	Name of Institution & Acct. #		

Name of Institution & Acct. #		
Stocks and Bonds		
Name of Institution & Acct. #		
Name of Institution & Acct. #		
Name of Institution & Acct. #		
Name of Institution & Acct. #		
Name of Institution & Acct. #		
Life Insurance (Cash Surrender Values)		
Other Quick Assets		
Name of Company _____ & Policy No. _____		
Name of Company _____ & Policy No. _____		
Name of Company _____ & Policy No. _____		
Other Liquid Assets		
TOTAL LIQUID ASSETS		\$0