FINANCIAL STATEMENT OF _____
(Name)

(General)

CHILDREN	AGE

MONTHLY EXPENSES

Item	SELF	CHILDREN	TOTAL
A. PRIMARY RESIDENCE			
Mortgage			
Insurance (homeowners)			
Rent/Ground Rent			
Taxes			
Gas & Electric			
Heat (oil)			
Telephone/			
Trash Removal			
Water Bill/Sewer			
Cell Phone/Pager			
Repairs			
Lawn & Yard Care (snow removal)			
Replacement Furnishings/Appliances			
Painting/Wallpapering			
Carpet Cleaning			
Domestic Assistance/Housekeeper			
Pool			
Other:			
SUB TOTAL			
B. SECONDARY RESIDENCE (i.e. Summer Home/Rental)			
Mortgage			
Insurance (homeowners)			
Rent/Ground Rent			
Taxes			
Gas & Electric			
Heat (oil)			

Telephone			
Trash Removal			
Water Bill			
Cell Phone/Pager			
Repairs			
Lawn & Yard Care (snow removal)			
Replacement Furnishings/Appliances			
Condominium Fee (not included elsewhere)			
Painting/Wallpapering			
Carpet Cleaning			
Domestic Assistance/Housekeeper			
Pool			
Other:			
SUB TOTAL			

C. OTHER HOUSEHOLD NECESSITIES

Food			
Drug Store Items			
Household Supplies			
Other:			
SUB TOTAL			

D. MEDICAL/DENTAL

Health Insurance			
Therapist/Counselor			
Extraordinary Medical			
Dental/Orthodontia			
Ophthalmologist/Glasses			
Other:			
SUB TOTAL			

E. SCHOOL EXPENSES

Tuition/Books			
School lunch			
Extracurricular activities			
Clothing/Uniforms			
Room & Board			
Daycare/Nursery School			
Other:			
SUB TOTAL			

F. RECREATION & ENTERTAINMENT

Vacations			
Videos/Theater			
Dining Out			

Cable TV/Internet			
Allowance			
Camp			
Memberships			
Dance/Music Lessons etc.			
Horseback Riding			
Other:			
SUB TOTAL			

G. TRANSPORTATION EXPENSE			
Automobile Payment			
Automobile Repairs			
Maintenance/Tags/Tires/etc.			
Oil/Gas			
Automobile Insurance			
Parking Fees			
Bus/Taxi			
Other:			
SUB TOTAL			

H. GIFTS			
Holiday Gifts			
Birthdays			
Gifts to Others			
Charities			
SUB TOTAL			

I. CLOTHING			
Purchasing			
Laundry			
Alterations/Dry Cleaning			
Other:			
SUB TOTAL			

J. INCIDENTALS			
Books & Magazines			
Newspapers			
Stamps/Stationary			
Banking Expense			
Other:			
SUB TOTAL			

K. MISCELLANEOUS/OTHER			
Alimony/Child Support (from a previous Order)			

Religious Contributions	_____	_____	_____
Hairdresser/Haircuts	_____	_____	_____
Manicure/Pedicure	_____	_____	_____
Pets/Boarding	_____	_____	_____
Life Insurance	_____	_____	_____
Other:	_____	_____	_____
SUB TOTAL	_____	_____	_____
TOTAL MONTHLY EXPENSES:	_____	_____	_____

Number of Dependent Children _____

INCOME STATEMENT

GROSS MONTHLY WAGES: $_____

Deductions:

Federal $_____
State $_____
Medicare $_____
F.I.C.A. $_____
Retirement $_____

Total Deductions: $_____
NET INCOME FROM WAGES: $_____

OTHER GROSS INCOME: (alimony, part-time job, rentals, etc.) $_____

Deductions:

a. _____ _____
b. _____ _____
c. _____ _____

Total Deductions from Other income: $_____

NET OTHER INCOME: $_____

TOTAL MONTHLY INCOME $_____

ASSETS & LIABILITIES

ASSETS:

Real Estate $_____
Furniture (in the marital home) $_____
Bank Accounts/Savings $_____
Money Markets $_____
Mutual Funds $_____
Personal Property $_____

Jewelry $_____
Automobiles $_____
Boats $_____
Other: $_____
Retirement Account $_____
TOTAL ASSETS: $_____

LIABILITIES:
Mortgage $_____
Automobiles $_____
Notes payable to Relatives $_____
Bank Loans $_____
Accrued Taxes $_____
Balance of Credit Card Accounts $_____
a. _____ _____
b. _____ _____
c. _____ _____
d. _____ _____

TOTAL LIABILITIES: $_____

TOTAL NET WORTH: $_____

SUMMARY:

TOTAL INCOME: $_____
TOTAL EXPENSES: $_____
EXCESS OR DEFICIT: $_____

I solemnly affirm under the penalties of perjury that the contents of the foregoing Financial Statement, Monthly Expense List, and Assets and Liabilities Statement are true to the best of my knowledge, information, and belief.

_____ _____
Date Signature