

FINANCIAL INFORMATION STATEMENT

Cause No: _____

Name of Party: _____

MONTHLY INCOME

INCOME SOURCE/DEDUCTION	HUSBAND	WIFE
Wages/Salary		
Other Sources of Income		
Child Support		
Social Security	< >	< >
Medicare	< >	< >
Income Tax	< >	< >
Health Insurance	< >	< >
Retirement/401k	< >	< >
401k and Other Loans Payroll deducted	< >	< >
TOTAL NET MONTHLY INCOME		

MONTHLY EXPENSES

EXPENSE	HUSBAND	WIFE
Mortgage/Rent		
Taxes/Insurance for Home		
Utilities		
Cable/Internet		
Telephone: Home/Cellular		
Lawn/Pool/Home Maintenance		
Groceries		
School/Work Lunches		
Automobile Loan Payments		
Automobile Insurance		
Gasoline/Automobile Maintenance		
Child Care		
Laundry		
Clothing		
Life Insurance		
Medical Expenses		
Monthly Credit Card Expenses		
Miscellaneous Expense:		
Miscellaneous Expense:		
Miscellaneous Expense:		
TOTAL MONTHLY EXPENSES		

DISCRETIONARY FUNDS AVAILABLE EACH MONTH

OVERAGE/DEFICIT EACH MONTH	HUSBAND	WIFE

Exhibit _____