

Circuit Court for _____ **Case No.** _____
City or County

Name _____
 Street Address _____ Apt. # _____
 _____ () _____
City State Zip Code Area Code Telephone

VS.

Name _____
 Street Address _____ Apt. # _____
 _____ () _____
City State Zip Code Area Code Telephone

Plaintiff

Defendant

FINANCIAL STATEMENT OF _____
(Name)
(Long)
(DOM REL 31)

Children	Age

MONTHLY EXPENSES

ITEM	SELF	CHILDREN	TOTAL
A. PRIMARY RESIDENCE			
Mortgage			
Insurance (homeowners)			
Rent/Ground Rent			
Taxes			
Gas & Electric			
Electric Only			
Heat (Oil)			
Telephone			
Trash Removal			
Water Bill			

Cell Phone/Pager			
Repairs			
Lawn & Yard Care (snow removal)			
Replacement Furnishings/Appliances			
Condo Fee (not included elsewhere)			
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			
Gas & Electric			
Electric Only			
Heat (Oil)			
Telephone			
Trash Removal			
Water Bill			
Cell Phone/Pager			
Repairs			
Lawn & Yard Care (snow removal)			
Replacement Furnishings/Appliances			

Condo 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			
J. CLOTHING			
Purchasing			
Laundry			
Alterations/Dry Cleaning			
Other:			
SUB TOTAL			
K. INCIDENTALS			
Books & Magazines			
Newspapers			
Stamps/Stationary			
Banking Expense			
Other:			
SUB TOTAL			
L. 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	\$	
U.S. Bonds	\$	
Stocks/Investments	\$	
Personal Property	\$	
Jewelry	\$	
Automobiles	\$	
Boats	\$	
Other:	\$	
TOTAL ASSETS:		\$
LIABILITIES:		
Mortgage	\$	
Automobiles	\$	
Notes Payable to Relatives	\$	
Bank Loans	\$	
Accrued Taxes	\$	
Balance of Credit Card Accounts	\$	
a.		
b.		

c.		
Other:		
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