



ITEMIZED MONTHLY DEDUCTIONS:

- |                             |          |
|-----------------------------|----------|
| 1. State Income Taxes       | 1. _____ |
| 2. Federal Income Taxes     | 2. _____ |
| 3. Social Security          | 3. _____ |
| 4. Mandatory Insurance      | 4. _____ |
| 5. Mandatory Retirement     | 5. _____ |
| 6. Union or other dues      | 6. _____ |
| 7. Other: _____             | 7. _____ |
| 8. Other: _____             | 8. _____ |
| 9. TOTAL MONTHLY DEDUCTIONS | 9. _____ |
| 10. NUMBER OF EXEMPTIONS:   | _____    |
| 11. NET MONTHLY PAY         | _____    |

III. EXPENSE STATEMENT

A. LIVING EXPENSES	AS OF _____		AS OF _____	
	Self	Children	Self	Children
1. Rent/Mortgage (Residence)	_____	_____	_____	_____
2. Real Property Taxes	_____	_____	_____	_____
4. Maintenance (Residence)	_____	_____	_____	_____
5. Food/Household Supplies	_____	_____	_____	_____
6. Water, Sewer, etc.	_____	_____	_____	_____
7. Electricity	_____	_____	_____	_____
8. Gas (Residence)	_____	_____	_____	_____
9. Telephone	_____	_____	_____	_____
10. Laundry & Cleaning	_____	_____	_____	_____
11. Clothing	_____	_____	_____	_____
12. Insurance (Not payroll deducted)	_____	_____	_____	_____
13. Medical	_____	_____	_____	_____
14. Dental	_____	_____	_____	_____
15. Child Care	_____	_____	_____	_____
16. Children's allowance	_____	_____	_____	_____
17. Payment of child support/alimony (prior marriage)	_____	_____	_____	_____
18. School Expenses	_____	_____	_____	_____
19. Entertainment	_____	_____	_____	_____
20. Incidentals & Misc.	_____	_____	_____	_____
21. Transportation other than vehicle	_____	_____	_____	_____
22. Gasoline & Oil (auto)	_____	_____	_____	_____
23. Repair (auto)	_____	_____	_____	_____
24. Insurance (auto)	_____	_____	_____	_____
25. Auto Payments	_____	_____	_____	_____
26. Church donations	_____	_____	_____	_____
27. Charitable donations	_____	_____	_____	_____
28. Newspaper/Magazines	_____	_____	_____	_____
29. Cable TV	_____	_____	_____	_____
30. Pet Expenses	_____	_____	_____	_____
31. Yard Expenses	_____	_____	_____	_____
32. Maid	_____	_____	_____	_____
33. Retirement (IRA etc.)	_____	_____	_____	_____
34. Pest Control	_____	_____	_____	_____

B. TOTAL LIVING EXPENSES:	_____	_____	_____	_____
35. Installment Payments Notes, loans, charge accounts, etc.	_____	_____	_____	_____
36. _____	_____	_____	_____	_____
37. _____	_____	_____	_____	_____
38. _____	_____	_____	_____	_____
39. OTHER EXPENSES:	_____	_____	_____	_____
40. _____	_____	_____	_____	_____
41. _____	_____	_____	_____	_____
TOTAL INSTALLMENT PAYMENTS:	_____	_____	_____	_____
COMBINED TOTAL EXPENSES:	_____	_____	_____	_____

IV. STATEMENT OF ASSETS

A. Real Estate

1. Title in the name of: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Who paid cost: \_\_\_\_\_  
 How cost paid: \_\_\_\_\_

Value (estimate) \_\_\_\_\_  
Mortgage Balance \_\_\_\_\_  
Equity \_\_\_\_\_

2. Title in the name of: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Who paid cost: \_\_\_\_\_  
 How cost paid: \_\_\_\_\_

Value (estimate) \_\_\_\_\_  
Mortgage Balance \_\_\_\_\_  
Equity \_\_\_\_\_

\* List mortgage balance also under liabilities on the next page.  
List the amount of your monthly payment only under LIABILITIES.

B. Motor Vehicles

1. Registered in the name of: \_\_\_\_\_  
 Year: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
 How cost paid: \_\_\_\_\_ How cost paid: \_\_\_\_\_

VALUE \_\_\_\_\_  
- Loan balance \_\_\_\_\_  
= Equity \_\_\_\_\_

2. Registered in the name of: \_\_\_\_\_  
 Year: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
 How cost paid: \_\_\_\_\_ How cost paid: \_\_\_\_\_

VALUE \_\_\_\_\_  
- Loan balance \_\_\_\_\_  
= Equity \_\_\_\_\_

3. Registered in the name of: \_\_\_\_\_  
 Year: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
 How cost paid: \_\_\_\_\_ How cost paid: \_\_\_\_\_

VALUE \_\_\_\_\_  
 - Loan balance \_\_\_\_\_  
 = Equity \_\_\_\_\_

C. Other Personal Property (such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

VALUES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL:	_____

D. Checking/Savings (name of Bank, Account Number and Amount in Account, including CD's, money markets, passbook accounts, etc.)

Name(s) on Account	Bank/Account No.	Type of Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL VALUE

E. Other Investments (IRA's, stock(s), mutual funds, pension plans, etc.)

Bank/Account Number	Type of Investment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Life Insurance (exclude children)

Insured	Company	Face Amount less any loans	Cash	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL CASH VALUE (less loans)			_____	_____

G. All Other Assets

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
TOTAL VALUE \_\_\_\_\_

TOTAL OF ALL ASSETS \$ \_\_\_\_\_

V. STATEMENT OF LIABILITIES

II. LIABILITIES (Include mortgage, car loan, credit cards, personal loans).

(Include also under 35-4 on Page 4 of Exhibit "A")

A. Creditor	Whose Name(s)	Current Balance Due	Monthly Payment	Who Pays
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
B. TOTAL LIABILITIES		_____		

**ACKNOWLEDGMENT OF TRUTHFULNESS**

I declare to the Court that the foregoing Exhibits "A" and "B" including attachments, are true and correct and that this declaration was executed on the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, A.D. 20 \_\_\_\_\_

PARTY'S SIGNATURE \_\_\_\_\_