

# 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 | < >     | < >  |
| <b>TOTAL NET MONTHLY INCOME</b>       |         |      |

## 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:          |         |      |
| <b>TOTAL MONTHLY EXPENSES</b>   |         |      |

## DISCRETIONARY FUNDS AVAILABLE EACH MONTH

| OVERAGE/DEFICIT EACH MONTH | HUSBAND | WIFE |
|----------------------------|---------|------|
|                            |         |      |

Exhibit \_\_\_\_\_