

**Financial Information Statement Instructions:**

Please fill out either the wife or husband information whichever one applies. If you are not married then wife is mother and husband is father.

Remember this is for MONTHLY expenses.

Start on number 6 and work your way down.

In section 8 (doctor/dentist/etc) means any monthly prescriptions you pay for, Insurance payment is car insurance, car maintenance is oil changes, alignments, etc. (if you do these every three months make sure you divide the total by three), and under Miscellaneous please state any Health Insurance that you pay for that is not offered by your job, life insurance, lawn service, pest control, cell phone, child support, alarm service, dental insurance and vision insurance (again that are not provided at work).

In section 9 please name all the creditors you owe for example; Conns, visa, sears, loans. The amount is what is owed and monthly payment is what you pay monthly.

If you have any questions please feel free to call.

Don't forget to provide us over your last 3 check stubs. I would appreciate having this back along with the checks stubs as soon as possible.

**NOTICE:** This form is to be completed and a copy furnished to opposing counsel and to the Clerk of the Court prior to the hearing. All columns must be totaled. Provide past 2 years IRS returns and 2 most recent payroll stubs and if none, provide W-2 forms.

**FINANCIAL INFORMATION STATEMENT**

NO. \_\_\_\_\_ District Court

PETITIONER \_\_\_\_\_ RESPONDENT \_\_\_\_\_

ATTORNEY \_\_\_\_\_ ATTORNEY \_\_\_\_\_

1. Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

2. Ages of Children: ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

3. GROSS MONTHLY RESOURCES: \_\_\_\_\_ WIFE \_\_\_\_\_ HUSBAND

- Wages/Salary \$ \_\_\_\_\_
- Overtime \_\_\_\_\_
- Bonus \_\_\_\_\_
- Commissions/Tips \_\_\_\_\_
- Interest on Savings \_\_\_\_\_
- Dividends \_\_\_\_\_
- Royalty Income \_\_\_\_\_
- Trust Income \_\_\_\_\_
- Net Rental Income \_\_\_\_\_
- Retirement/Pension Income \_\_\_\_\_
- Annuities \_\_\_\_\_
- Capital Gains \_\_\_\_\_
- Social Security Benefits \_\_\_\_\_
- Unemployment Benefits \_\_\_\_\_
- Disability/Workman's Comp. \_\_\_\_\_
- Interest on Notes \_\_\_\_\_
- Accounts Receivable \_\_\_\_\_
- Spousal Support/Alimony \_\_\_\_\_
- Other Income \_\_\_\_\_

4. TOTAL RESOURCES: \$ \_\_\_\_\_

4. DEDUCTIONS: \$ \_\_\_\_\_

- Withholding Tax (\$ \_\_\_\_\_)
- FICA (\$ \_\_\_\_\_)
- Retirement ( \_\_\_\_\_ )
- Union Dues ( \_\_\_\_\_ )
- Health Insurance ( \_\_\_\_\_ )
- Health Insurance for Children ( \_\_\_\_\_ )
- Miscellaneous ( \_\_\_\_\_ )

5. TOTAL DEDUCTIONS: (\$ \_\_\_\_\_)

5. NET MONTHLY INCOME: \$ \_\_\_\_\_

6. EMPLOYMENT: \$ \_\_\_\_\_

WIFE \_\_\_\_\_

HUSBAND \_\_\_\_\_

WIFE IS PAID EVERY:  week  two weeks  bimonthly  month

HUSBAND IS PAID EVERY:  week  two weeks  bimonthly  month

Date Next Check is Received: WIFE \_\_\_\_\_ HUSBAND \_\_\_\_\_

7. QUICK ASSETS: \_\_\_\_\_ WIFE \_\_\_\_\_ HUSBAND

- Cash/Undeposited Checks \$ \_\_\_\_\_
- Financial Institutions \_\_\_\_\_
- Stocks/Bonds \_\_\_\_\_
- Other \_\_\_\_\_
- I can borrow \$ \_\_\_\_\_ on my signature.

8. NECESSARY MONTHLY EXPENSES:

- |                     |          |                   |          |
|---------------------|----------|-------------------|----------|
| House Payment/Rent  | \$ _____ | SUBTOTAL FORWARDS | \$ _____ |
| Utilities           | _____    | Clothing          | _____    |
| Food                | _____    | Cleaning/Laundry  | _____    |
| Doctor/Dentist/etc. | _____    | Legal Fees        | _____    |
| Insurance Payment   | _____    | Gifts             | _____    |

Car Payments \_\_\_\_\_  
 Gas/Oil/Parking \_\_\_\_\_  
 Car Maintenance \_\_\_\_\_  
 Child Care/School \_\_\_\_\_  
 Tuition \_\_\_\_\_  
 Lunches/Supplies \_\_\_\_\_  
 Haircuts \_\_\_\_\_  
 SUBTOTAL: \$ \_\_\_\_\_

Church Support \_\_\_\_\_  
 Entertainment/Activities \_\_\_\_\_  
 for children \_\_\_\_\_  
 Miscellaneous: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 TOTAL: \$ \_\_\_\_\_

9. DEBTS (OTHER THAN LISTED IN NUMBER 8 ABOVE):

	AMOUNT
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

	MONTHLY PAYMENT
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL MONTHLY:	\$ _____

10. GRAND TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_  
 11. (ANSWER ONLY IF YOU ANTICIPATE RECEIVING SUPPORT) I feel that the following sums are reasonably necessary or within the ability of my spouse to pay, and it will be fair and equitable to require the following: \$ \_\_\_\_\_

	EACH PAY PERIOD	MONTHLY
a. For temporary alimony	\$ _____	\$ _____
b. For child support	\$ _____	\$ _____
12. Total lines 11a and 11b	+	+
13. Payee's Net Resources	\$ _____	\$ _____
14. Total lines 12 and 13	+	+
15. Payor's Net Income	\$ _____	\$ _____
16. Less Alimony and Support (line 12)	\$ _____	\$ _____
17. Net Payor after deduction of child support and alimony	( _____ )	( _____ )

18. (ANSWER ONLY IF YOU ANTICIPATE PAYING SUPPORT) I feel that a reasonable sum for me to pay weekly or monthly would be:

a. For temporary alimony	\$ _____	\$ _____
b. For child support	+	+
19. Total lines 18a and 18b	\$ _____	\$ _____

DATE: \_\_\_\_\_

\_\_\_\_\_  
 WIFE'S SIGNATURE

DATE: \_\_\_\_\_

\_\_\_\_\_  
 HUSBAND'S SIGNATURE