

FINANCIAL INFORMATION SHEET  
 CAUSE NO. \_\_\_\_\_-DR

\_\_\_\_\_, Petitioner \_\_\_\_\_ Respondent

\_\_\_\_\_, Attorney for Petitioner \_\_\_\_\_, Attorney for Respondent

MONTHLY EXPENSES

			<u>TOTAL</u>
HOUSING:	1.	Rent/House payment.....	\$ _____
	2.	Insurance (Homeowner or Tenant).	\$ _____
	3.	Maintenance, repair & Service...	\$ _____
	4.	Utilities (gas, water, electric)	\$ _____
	5.	Home telephone	\$ _____
AUTO/ TRANS-	1.	Car payment.....	\$ _____
	2.	Insurance.....	\$ _____
	3.	Gasoline, oil, maintenance and repair..	\$ _____
	4.	Other transportation.....	\$ _____
INSURANCE:	1.	Life.....	\$ _____
	2.	Health or hospitalization).	\$ _____
	3.	Other (liability).\$.....	_____
FOOD:	1.	Groceries.....	\$ _____
	2.	School and work lunches.....	\$ _____
MEDICAL:	1.	Doctors.....\$.....	_____
	2.	Dentists.....	\$ _____
	3.	Drugs.....	\$ _____
EDUCATION:	1.	School supplies and other costs for kids	\$ _____
PERSONAL:	1.	Grooming (Barber, Hairdresser)..	\$ _____
	2.	Clothing.....	\$ _____
	3.	Cleaning and laundry.....	\$ _____
	4.	Uniforms for work.....	\$ _____
CHILD CARE:		Day Care.....	\$ _____
ENTERTAINMENT:		.....	\$ _____
OTHER:	1.	_____	\$ _____
TOTAL MONTHLY EXPENSES.....			\$ _____
Net Monthly Income			\$ _____
Child Support .....			\$ _____
OTHER INCOME			\$ _____

\_\_\_\_\_  
 Signature of Party