

Name					Name						
Street Address			Apt. #		vs. Street Address					Apt. #	
()					()						
City	State	Zip Code	Area Code	Telephone	City	State	Zip Code	Area Code	Telephone		
<i>Plaintiff</i>					<i>Defendant</i>						

**FINANCIAL STATEMENT
 (Alimony or Child Support)
 (Dom.Rel. 31)**

The following is a list of my income, expenses, assets, and liabilities:

MONTHLY INCOME	MONTHLY EXPENSES <i>(See below*)</i>	Expenses Now Myself Children Paid by Opposing Party
Gross: \$ _____	Rent _____	_____
Less Deductions:	House Payment _____	_____
Federal tax _____	Utilities: Heat, Gas, & Light _____	_____
State tax _____	Telephone _____	_____
FICA or _____	Food _____	_____
Retirement _____	Clothing _____	_____
All other deductions: _____	Medical, Dental _____	_____
	Transportation _____	_____
	Insurance: Life _____	_____
Net Income \$ _____	Health _____	_____
Income from property _____	Auto _____	_____
Income from all other sources _____	Other _____	_____
Tax Refund _____	Child Care Expenses _____	_____
Monies from opposing party _____	Recreation _____	_____
Total Monies Received \$ _____	Incidentals _____	_____
	Periodic Pymtnsn. <i>(attach list)</i> : _____	_____
	Total Expenses: _____	_____

ASSETS (What I own either by myself or with someone else):

LIABILITIES (What I owe):

_____	\$	_____	\$	_____
_____		_____		_____
_____		_____		_____
_____		_____		_____
TOTAL ASSETS:	\$	_____		TOTAL LIABILITIES \$ _____

**Expenses should include expenses for children if they are residing with you. To figure the monthly amount of expenses, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 12. If you do not pay the same amount each month for any of the categories listed, figure what your average monthly expense is.*

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true the best of my knowledge, information, and belief.

_____ Date

_____ Name

Total Monthly Income Include income from all sources including self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintenance received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or AFDC.

Extraordinary Medical Expenses Uninsured expenses over \$100 for a single illness or condition including orthodontia, dental treatment, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

Child Care Expenses Actual child care expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

School and Transportation Expenses Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child or expenses for transportation of the child between the homes of the parents.