

Total monthly expenses and payments
to creditors (item 5C)

\$ _____

3. A. AFFIANT'S GROSS MONTHLY INCOME (complete this section or attach Child Support Schedule A) (All income must be entered based on monthly average, regardless of date of receipt.)

Salary or Wages
ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS \$ _____

Commissions, Fees, Tips \$ _____

Income from self-employment, partnership, close corporations, and
independent contracts (gross receipts minus ordinary and necessary expenses
required to produce income ATTACH SHEET ITEMIZING YOUR
CALCULATIONS \$ _____

Rental Income (gross receipts minus ordinary and necessary expenses required
to produce income) ATTACH SHEET ITEMIZING YOUR CALCULATIONS \$ _____

Bonuses \$ _____

Overtime Payments \$ _____

Severance Pay \$ _____

Recurring Income from Pensions or Retirement Plans \$ _____

Interest and Dividends \$ _____

Trust Income \$ _____

Income from Annuities \$ _____

Capital Gains \$ _____

Social Security Disability or Retirement Benefits \$ _____

Workers' Compensation Benefits \$ _____

Unemployment Benefits \$ _____

Judgments from Personal Injury or Other Civil Cases \$ _____

Gifts (cash or other gifts that can be converted to cash) \$ _____

Prizes/Lottery Winnings \$ _____

Alimony and maintenance from persons not in this case \$ _____

Assets which are used for support of family \$ _____

Fringe Benefits (if significantly reduce living expenses) \$ _____

Any other income (do NOT include means-tested Public assistance, such as
TANF or food stamps) \$ _____

GROSS MONTHLY INCOME \$ _____

B. Affiant's Net Monthly Income from employment
 (deducting only state and federal taxes and FICA) \$ _____

Affiant's pay period (i.e., weekly, monthly, etc.) _____

Number of exemptions claimed _____

4. ASSETS

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc..)

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Retirement Pensions, 401K, IRA, or Profit Sharing	\$ _____	_____	_____	_____
Money owed you:	\$ _____	_____	_____	_____
Tax Refund owed you:	\$ _____	_____	_____	_____
Real Estate:				
home:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____
other:	\$ _____	_____	_____	_____
debt owed:	\$ _____	_____	_____	_____

Automobiles/Vehicles:

Vehicle 1: \$ _____
debt owed: \$ _____

Vehicle 2: \$ _____
debt owed: \$ _____

Life Insurance (net cash value): \$ _____

Furniture/furnishings: \$ _____

Jewelry: \$ _____

Collectibles: \$ _____

Other Assets: \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Assets: \$ _____

5. A. AVERAGE MONTHLY EXPENSES

Household

Mortgage or rent payments \$ _____ Cable TV \$ _____

Property taxes \$ _____ Misc. household and grocery Items \$ _____

Homeowner/Renter Insurance \$ _____ Meals outside the home \$ _____

Electricity \$ _____ Other \$ _____

Water \$ _____ **AUTOMOBILE**

Garbage and Sewer \$ _____ Gasoline and oil \$ _____

Telephone: Repairs \$ _____

residential line: \$ _____ Auto tags and license \$ _____

cellular telephone: \$ _____ Insurance \$ _____

Gas \$ _____ **OTHER VEHICLES (boats, trailers, RVs, etc.)**

Repairs and maintenance: \$ _____ Gasoline and oil \$ _____

Lawn Care \$ _____ Repairs \$ _____

Pest Control \$ _____ Tags and license \$ _____

CHILDREN’S EXPENSES Insurance \$ _____

Child care (total monthly cost) \$ _____ **AFFIANT’S OTHER EXPENSES**

School tuition \$ _____ Dry cleaning/laundry \$ _____

Tutoring \$ _____ Clothing \$ _____

Private lessons (e.g. music dance) \$ _____ Medical, dental, prescription \$ _____

School supplies/expenses \$ _____ (out of pocket/uncovereds) \$ _____

Affiant’s gifts (special holidays) \$ _____

Lunch Money \$ _____
Other Educational Expenses (list)
 _____ \$ _____
 _____ \$ _____
 Allowance \$ _____
 Clothing \$ _____
 Diapers \$ _____
 Medical, dental, prescription
 (out of pocket/uncovered expenses) \$ _____
 Grooming, hygiene \$ _____
 Gifts from children to others \$ _____
 Entertainment \$ _____
Activities (including extra-curricular,
 school, religious, cultural, etc.) \$ _____
Summer Camps \$ _____

OTHER INSURANCE

Health \$ _____
 Child(ren)'s portion: \$ _____
Dental \$ _____
 Child(ren)'s portion: \$ _____
Vision \$ _____
 Child(ren)'s portion: \$ _____
 Life \$ _____
 Relationship of Beneficiary: _____
 Disability \$ _____
 Other(specify): \$ _____

Entertainment \$ _____
Recreational Expenses (e.g., fitness) \$ _____
 Vacations \$ _____
Travel Expenses for Visitation \$ _____
 Publications \$ _____
 Dues, clubs \$ _____
 Religious and charities \$ _____
Pet expenses \$ _____
 Alimony paid to former spouse \$ _____
 Child support paid for other children \$ _____
 Date of initial order: _____
 Other (attach sheet) \$ _____

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

This _____ day of _____, 20_____.

_____ Affiant

Sworn to and subscribed before me,
 this _____ day of _____, 20_____.

 Notary Public
 (SEAL)