



3. A. AFFIANT'S GROSS MONTHLY INCOME

|   |          |
|---|----------|
| Salary or Wages<br>(Attach copies of 2 most recent wage statements)   | \$ _____ |
| Commissions, Fees, Tips   | \$ _____ |
| Income from self-employment, partnership, close<br>Corporations, and independent contracts (gross receipts<br>Minus ordinary and necessary expenses required to<br>Produce income) Attach sheet itemizing your calculations | \$ _____ |
| Rental income (gross receipts minus ordinary and<br>Necessary expenses required to produce income)<br>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 claims \_\_\_\_\_

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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<br>(List each acct.)                |       |                               |                            |                    |
| Checking  | \$    |                               |                            |                    |
| Savings   | \$    |                               |                            |                    |
|   | \$    |                               |                            |                    |
| Retirement, Pensions, 401K, IRA or Profit Sharing |       |                               |                            |                    |
| Money owed to you                                 | \$    |                               |                            |                    |
| Tax Refund owed you                               | \$    |                               |                            |                    |
| Real Estate:                                      |       |                               |                            |                    |
| Home  | \$    |                               |                            |                    |
| Debt owed:  | \$    |                               |                            |                    |
| Other   | \$    |                               |                            |                    |
| Debt owed:  | \$    |                               |                            |                    |
| Automobiles:                                      |       |                               |                            |                    |
| Vehicle 1   | \$    |                               |                            |                    |
| Debt owed:  | \$    |                               |                            |                    |
| Vehicle 2   | \$    |                               |                            |                    |
| Debt owed:  | \$    |                               |                            |                    |
| Life insurance:<br>Net cash value                 | \$    |                               |                            |                    |
| Furniture/Furnishings                             | \$    |                               |                            |                    |
| Jewelry   | \$    |                               |                            |                    |
| Collectibles:                                     | \$    |                               |                            |                    |
| Other Assets                                      | \$    |                               |                            |                    |
|   | \$    |                               |                            |                    |
|   | \$    |                               |                            |                    |
|   | \$    |                               |                            |                    |
| <b>TOTAL ASSETS</b>                               | \$    |                               |                            |                    |

5. A. AVERAGE MONTHLY EXPENSES  
**HOUSEHOLD**

Mortgage or rent payments \$ \_\_\_\_\_

Property taxes \$ \_\_\_\_\_

Homeowner/Renter Insurance \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Garbage & sewer \$ \_\_\_\_\_

Telephone:

    Residential Line \$ \_\_\_\_\_

    Cellular Telephone \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Repairs & maintenance \$ \_\_\_\_\_

Lawn care \$ \_\_\_\_\_

Pest control \$ \_\_\_\_\_

Cable TV \$ \_\_\_\_\_

Miscellaneous household and grocery items \$ \_\_\_\_\_

Meals outside home \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**AUTOMOBILE**

Gasoline and oil \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Auto tags and license \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

**OTHER VEHICLES**

(boats, trailers, RV's, etc.)

Gasoline and oil \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Tags and License \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

**CHILDREN'S EXPENSES**

Child care (total monthly cost) \$ \_\_\_\_\_

School tuition \$ \_\_\_\_\_

Tutoring \$ \_\_\_\_\_

Private Lessons (e.g., music, dance) \$ \_\_\_\_\_

School supplies/expenses \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

**INSURANCE**

Health \$ \_\_\_\_\_  
    Children's Portion \$ \_\_\_\_\_  
Dental \$ \_\_\_\_\_  
    Children's Portion \$ \_\_\_\_\_  
Vision \$ \_\_\_\_\_  
    Children's Portion \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
    Relationship of Beneficiary \_\_\_\_\_ N/A  
Disability \$ \_\_\_\_\_  
Other (specify) \$ \_\_\_\_\_

**AFFIANT'S OTHER EXPENSES**

Dry cleaning and laundry \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Medical, dental, prescription  
(out of pocket/uncovered expenses) \$ \_\_\_\_\_  
Affiant's gifts (special holidays) \$ \_\_\_\_\_  
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 \_\_\_\_\_ N/A \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL ABOVE EXPENSES \$ \_\_\_\_\_

PAYMENTS TO CREDITORS

(CHECK ONE)

| To Whom: | Balance Due: | Monthly Payment | Joint | Plaintiff | Defendant |
|----------|--------------|-----------------|-------|-----------|-----------|
|          |              |                 |       |           |           |
|          |              |                 |       |           |           |
|          |              |                 |       |           |           |
|          |              |                 |       |           |           |
|          |              |                 |       |           |           |

Total Monthly Payments to Creditors \$ \_\_\_\_\_

C. TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_