

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

(a) Gross monthly income (from item 3A) \$ _____

(b) Net monthly income (from item 3B) _____

(c) Average monthly expenses (item 5A) \$ _____

Monthly payments to creditors + _____

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 \$ _____

3. 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 \$ _____

Repairs \$ _____

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

cellular telephone: \$ _____ Insurance \$ _____

Gas \$ _____

**OTHER VEHICLES
(boats, trailers, RVs, etc.)**

Gasoline and oil \$ _____

Repairs and maintenance: \$ _____

Repairs \$ _____

Lawn Care \$ _____

Tags and license \$ _____

Pest Control \$ _____

Insurance \$ _____

CHILDREN'S EXPENSES

AFFIANT'S OTHER EXPENSES

Child care (total monthly cost) \$ _____

Dry cleaning/laundry \$ _____

School tuition \$ _____

Clothing \$ _____

Tutoring \$ _____

Medical, dental, prescription
(out of pocket/uncovered expenses) \$ _____

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

Affiant's gifts (special holidays) \$ _____

School supplies/expenses \$ _____

Entertainment \$ _____

Lunch Money \$ _____

Recreational Expenses
(e.g., fitness) \$ _____

Other Educational Expenses
(list)

Vacations \$ _____

_____ \$ _____

Travel Expenses for Visitation \$ _____

_____ \$ _____

Publications \$ _____

Allowance \$ _____

Dues, clubs \$ _____

Clothing \$ _____ Religious and charities \$ _____

Diapers \$ _____ Pet expenses \$ _____

Medical, dental, prescription (out of pocket/uncovered expenses) \$ _____ Alimony paid to former spouse \$ _____

Grooming, hygiene \$ _____ Child support paid for other children \$ _____

Gifts from children to others \$ _____ Date of initial order: _____

Entertainment \$ _____ Other (attach sheet) \$ _____

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): \$ _____

TOTAL ABOVE EXPENSES

\$ _____



B. PAYMENTS TO CREDITORS

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant
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TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

Sworn and subscribed before me

this _____ day of _____, 20 ____.

Notary Public
[print name]

Affiant
[print name]