

II. Income Statement

GROSS MONTHLY INCOME	AMOUNT
1. Salary and Wages, including commissions bonuses, allowance and overtime NOTE: To	\$
2. Pensions and retirements	\$
3. Social Security	\$
4. Disability and unemployment insurance	\$
5. Public Assistance (welfare, AFDC payments, etc.)	\$
6. Dividends and interest	\$
7. Rental Income	\$
8. Other Income	\$
9. TOTAL MONTHLY INCOME	\$
ITEMIZED MONTHLY DEDUCTIONS:	
1. State Income Tax	\$
2. Federal Income Tax	\$
3. Social Security	\$
4. Mandatory Insurance	\$
5. Mandatory Retirement	\$
6. Union or other dues	\$
7. Other: (Specify)	\$
8. Other:	\$
9. TOTAL MONTHLY DEDUCTIONS	\$
10. NUMBER OF EXEMPTIONS	\$
11. NET MONTHLY PAY	\$

III. Expenses Statement

A. LIVING EXPENSES	SELF	CHILDREN
1. Rent/Mortgage (Residence)		
2. Real Property Taxes		
3. Real Property Insurance		
4. Maintenance (Residence)		
5. Food/household Supplies		
6. Water, Sewer, Etc.		
7. Electricity		
8. Gas (Residence)		
9. Telephone		
10. Laundry and Cleaning		
11. Clothing		
12. Insurance (Not Payroll Deducted)		
13. Medical		
14. Dental		
15. Child Care		
16. Children's Allowance		
17. Payment of Child Support/alimony (Prior Marriage)		
18. School Expenses		
19. Entertainment		
20. Incidentals & Misc.		
21. Transportation Other than Vehicle		
22. Gasoline & Oil (Auto)		
23. Repair (Auto)		
24. Insurance (Auto)		

25. Auto Payments		
26. Church Donations		
27. Charitable Donations		
28. Newspaper/magazine		
29. Cable tv		
30. Pet Expenses		
31. Yard Expenses		
32. Maid		
33. Retirement (Ira, Etc.)		
34. Pest Control		
B. TOTAL LIVING EXPENSES		
35. INSTALLMENT PAYMENTS	SELF	CHILDREN
Notes, Loans, Charge Accounts, Etc.		
36.		
37.		
38.		
39. Other Expenses		
40.		
41.		
42.		
43.		
Total Installments Payments:		
Combined Total Expenses: Total Line 1-43		

EXHIBIT "B"

IV. STATEMENT OF ASSETS

A. REAL ESTATE

1. Title in the name of: _____
Address: _____

Who paid cost: _____

How cost paid: _____

Value: _____

Mortgage Balance: _____.

Equity: _____

2. Title in the name of: _____
Address: _____

Who paid cost: _____

How cost paid: _____

Value: _____

Mortgage Balance: _____.

Equity: _____

3. Title in the name of: _____
Address: _____

Who paid cost: _____

How cost paid: _____

Value: _____

Mortgage Balance: _____

Equity: _____

B. MOTOR VEHICLES

1. Registered in the name of: _____

Year: _____ Model: _____ Mileage: _____

Who paid cost: _____ How cost paid: _____

Value: _____

Loan Balance: _____

Equity: _____

2. Registered in the name of: _____

Year: _____ Model: _____ Mileage: _____

Who paid cost: _____ How cost paid: _____

Value: _____

Loan Balance: _____

Equity: _____

3. Registered in the name of: _____

Year: _____ Model: _____ Mileage: _____

Who paid cost: _____ How cost paid: _____

Value: _____

Loan Balance: _____

Equity: _____

D. CHECKING/SAVINGS

NAMES ON ACCOUNT	BANK NAME	ACCOUNT NUMBER	TYPE OF ACCOUNT	BALANCE
				\$
*****	*****	*****	TOTAL	\$

E. OTHER INVESTMENTS (IRA'S. STOCK(S). MUTUAL FUNDS. PENSION PLANS.ETC.)

BANK/ACCOUNT No:	TYPE OF INVESTMENT	BALANCE
		\$
*****	TOTAL VALUE	\$

F. LIFE INSURANCE (EXCLUDE CHILDREN)

INSURED	COMPANY	FACE AMOUNT LESS ANY LOANS	CASH	BENEFICIARY
		\$	\$	
*****	TOTAL	\$	\$	*****

G. ALL OTHER ASSETS

ITEM	DATE PURCHASED	VALUE (ASSETS)	LIENS	EQUITY
*****	*****	*****	TOTAL	\$

V. STATEMENT OF LIABILITIES

I. LIABILITIES

(Include mortgages, car loans, credit cards, personal loans.)

(Include also under 35-44 of EXHIBIT "A")

CREDITOR	WHOSE NAME	CURRENT BALANCE DUE	MONTHLY	WHO PAYS
*****	TOTAL LIABILITIES	\$	\$	*****

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing financial information, including attachments, is true and correct and that this declaration was executed on the _____ day of _____, 20____.

(Plaintiff or Defendant)

EXHIBIT "C"

CERTIFICATE OF COMPLIANCE

I, Timothy J. Evans, do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED on this the ____ day of _____, 20_.

Attorney for Opposing Party