

NOTICE: This form is to be completed and a copy furnished to opposing counsel and to the Clerk of the Court prior to the hearing. All columns must be totaled. Provide past 2 years IRS returns and 2 most recent payroll stubs and if none, provide W-2 forms.

FINANCIAL INFORMATION STATEMENT

NO. _____ District Court

PETITIONER

RESPONDENT

ATTORNEY

ATTORNEY

1. Date of Marriage: _____ Date of Separation: _____

2. Ages of Children: (____) (____) (____) (____) (____) (____) (____) (____) (____)

3. GROSS MONTHLY RESOURCES: WIFE HUSBAND

Wages/Salary	\$ _____	_____
Overtime	_____	_____
Bonus	_____	_____
Commissions/Tips	_____	_____
Interest on Savings	_____	_____
Dividends	_____	_____
Royalty Income	_____	_____
Trust Income	_____	_____
Net Rental Income	_____	_____
Retirement/Pension Income	_____	_____
Annuities	_____	_____
Capital Gains	_____	_____
Social Security Benefits	_____	_____
Unemployment Benefits	_____	_____
Disability/Workman's Comp.	_____	_____
Interest on Notes	_____	_____
Accounts Receivable	_____	_____
Spousal Support/Alimony	_____	_____
Other Income	_____	_____

TOTAL RESOURCES: \$ _____ \$ _____

4. DEDUCTIONS:

Withholding Tax	(\$ _____)	(\$ _____)
FICA	(_____)	(_____)
Retirement	(_____)	(_____)
Union Dues	(_____)	(_____)
Health Insurance	(_____)	(_____)
Health Insurance for Children	(_____)	(_____)
Miscellaneous	(_____)	(_____)

TOTAL DEDUCTIONS: (\$ _____) (\$ _____)

5. NET MONTHLY INCOME: \$ _____ \$ _____

6. EMPLOYMENT:

WIFE _____

HUSBAND _____

WIFE IS PAID EVERY: week two weeks bimonthly month
HUSBAND IS PAID EVERY: week two weeks bimonthly month

Date Next Check is Received: WIFE _____ HUSBAND _____

7. QUICK ASSETS: WIFE HUSBAND

Cash/Undeposited Checks	\$ _____	\$ _____
Financial Institutions	_____	_____
Stocks/Bonds	_____	_____
Other	_____	_____

I can borrow \$ _____ on my signature.

8. NECESSARY MONTHLY EXPENSES:

House Payment/Rent	\$ _____	SUBTOTAL FORWARD	_____ \$
Utilities	_____	Clothing	_____
Food	_____	Cleaning/Laundry	_____
Doctor/Dentist/etc.	_____	Legal Fees	_____
Insurance Payment	_____	Gifts	_____
Car Payments	_____	Church Support	_____
Gas/Oil/Parking	_____	Entertainment/Activities	_____
Car Maintenance	_____	for children	_____
Child Care/School	_____	Miscellaneous:	_____
Tuition	_____	_____	_____
Lunches/Supplies	_____	_____	_____
Haircuts	_____	_____	_____
 SUBTOTAL:	 \$ _____	 TOTAL:	 \$ _____

9. DEBTS (OTHER THAN LISTED IN NUMBER 8 ABOVE):

	<u>AMOUNT</u>	<u>MONTHLY PAYMENT</u>
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
 TOTAL MONTHLY:	 \$ _____	 +\$ _____

10. GRAND TOTAL MONTHLY EXPENSES: _____ \$

11. **(ANSWER ONLY IF YOU ANTICIPATE RECEIVING SUPPORT)** I feel that the following sums are reasonably necessary or within the ability of my spouse to pay, and it will be fair and equitable to require the following:

	<u>EACH PAY PERIOD</u>	<u>MONTHLY</u>
a. For temporary alimony	\$ _____	\$ _____
b. For child support	+ _____	+ _____
12. Total lines 11a and 11b	\$ _____	\$ _____
13. Payee's Net Resources	+ _____	+ _____
14. Total lines 12 and 13	\$ _____	\$ _____
15. Payor's Net Income	\$ _____	\$ _____
16. Less Alimony and Support (line 12)	(_____)	(_____)
17. Net Payor after deduction of child support and alimony	\$ _____	\$ _____

18. **(ANSWER ONLY IF YOU ANTICIPATE PAYING SUPPORT)** I feel that a reasonable sum for me to pay weekly or monthly would be:

a. For temporary alimony	\$ _____	\$ _____
b. For child support	+ _____	+ _____
19. Total lines 18a and 18b	\$ _____	\$ _____

DATE: _____

WIFE 'S SIGNATURE

DATE: _____

HUSBAND'S SIGNATURE