

Health Insurance for Children _____
Miscellaneous _____

TOTAL DEDUCTIONS: _____

NET MONTHLY INCOME _____

EMPLOYMENT:

PETITIONER _____

RESPONDENT _____

PETITIONER IS PAID EVERY: week two weeks bimonthly month

RESPONDENT IS PAID EVERY: week two weeks bimonthly month

Date Next Check is Received: PETITIONER _____ RESPONDENT _____

QUICK ASSETS:

	<u>PETITIONER</u>	<u>RESPONDENT</u>
Cash/Undeposited Checks	_____	_____
Financial Institutions	_____	_____
Stocks/Bonds	_____	_____
Other	_____	_____

I can borrow \$ _____ on my signature.

NECESSARY MONTHLY EXPENSES

House Payment/Rent	_____	Haircuts	_____
Utilities including mobile phone	_____	Clothing	_____
Food	_____	Cleaning/Laundry	_____
Doctor/Dentist/Precriptions	_____	Legal Fees	_____
Automobile Insurance	_____	Gifts	_____
Life Insurance Premiums	_____	Church Support	_____
Car Payments	_____	Entertainment/Activities	_____
Gas/Oil/Parking/Toll Cost	_____	Miscellaneous	_____
Car Repair/Maintenance	_____		_____
Childcare	_____		_____
School Tuition	_____		_____
Lunches/School Supplies	_____		_____
Haircuts	_____		_____
		TOTAL:	_____

DEBTS (OTHER THAN LISTED ABOVE):

ITEM	BALANCE DUE	MONTHLY PAYMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEBTS MONTHLY TOTAL: _____

GRAND TOTAL MONTHLY EXPENSES: _____

I feel that the following sums are reasonably necessary or within the ability of the other party to pay, and it will be fair and equitable to require the following:

MONTHLY

a. For Alimony/Spousal Support		_____
b. For Child Support		_____
	Total a and b	_____
Payee's Net Income		_____
	Subtotal	_____
Payor's Net Income		_____
Less Alimony/Spousal Support and Child Support		_____
Net Payor		_____

I feel that a reasonable sum for me to pay monthly would be:

a. For Alimony/Spousal Support		_____
b. For Child Support		_____
	Total a and b	_____
Payor's Net Income		_____
Net Payor		_____

DATE: _____

PETITIONER'S SIGNATURE: _____

DATE: _____

RESPONDENT'S SIGNATURE: _____