

Circuit Court for _____ Case No _____

Name

Name

Street Address

V.

Street Address

City State Zip Telephone

City State Zip Telephone

Plaintiff

Defendant

FINANCIAL STATEMENT OF

Name

LONG FORM

Children	Birth Date

Children	Birth Date

MONTHLY EXPENSES

ITEM	SELF	CHILDREN	TOTAL	Foot-note
A. PRIMARY RESIDENCE				
Mortgage				
Insurance (homeowners)				
Rent/Ground Rent				
Taxes				
Gas & Electric				
Electric Only				
Heat (Oil)				
Telephone				
Trash Removal				
Water Bill				

Cell Phone/Pager				
Repairs				
Lawn & Yard Care (snow removal)				
Replacement Furnishings/Appliances				
Condo Fee (not included elsewhere)				
Painting/Wallpapering				
Carpet Cleaning				
Domestic Assistance/Housekeeper				
Pool				
Other:				
SUBTOTAL				
B. SECONDARY RESIDENCE (i.e. Summer Home/Rental)				
Mortgage				
Insurance (homeowners)				
Rent/Ground Rent				
Taxes				
Gas & Electric				
Electric Only				
Heat (Oil)				
Telephone				
Trash Removal				
Water Bill				
Cell Phone/Pager				
Repairs				
Lawn & Yard Care (snow removal)				
Replacement Furnishings/Appliances				

Condo Fee (not included elsewhere)				
Painting/Wallpapering				
Carpet Cleaning				
Domestic Assistance/Housekeeper				
Pool				
Other:				
SUBTOTAL				
C. OTHER HOUSEHOLD NECESSITIES				
Food				
Drug Store Items				
Household Supplies				
Other:				
SUBTOTAL				
D. MEDICAL/DENTAL				
Health Insurance				
Therapist/Counselor				
Extraordinary Medical				
Dental/Orthodontia				
Ophthalmologist/Glasses				
Other:				
SUBTOTAL				
E. SCHOOL EXPENSES				
Tuition/Books				
School Lunch				
Extracurricular Activities				

Clothing/Uniforms				
Room & Board				
Daycare/Nursery School				
Other:				
SUBTOTAL				
F. RECREATION & ENTERTAINMENT				
Vacations				
Videos/Theater				
Dining Out				
Cable TV/Internet				
Allowance				
Camp				
Memberships				
Dance/Music Lessons etc.				
Sports				
Other:				
SUBTOTAL				
G. TRANSPORTATION EXPENSE				
Automobile Payment				
Automobile Repairs				
Maintenance/Tags/Tires/etc.				
Oil/Gas				
Automobile Insurance				
Parking Fees				
Bus/Taxi				
Other:				

SUBTOTAL				
H. GIFTS				
Holiday Gifts				
Birthdays				
Gifts to Others				
Charities				
SUBTOTAL				
I. CREDIT CARDS				
1.				
2.				
3.				
4.				
5.				
6.				
SUBTOTAL				
J. CLOTHING				
Purchasing				
Laundry				
Alterations/Dry Cleaning				
Other:				
SUBTOTAL				
K. INCIDENTALS				
Books & Magazines				
Newspapers				

Stamps/Stationary				
Banking Expense				
Other:				
SUBTOTAL				
L. MISCELLANEOUS/OTHER				
Alimony/Child Support (from a previous Order)				
Religious Contributions				
Hairdresser/Haircuts				
Manicure/Pedicure				
Pets/Boarding				
Life Insurance				
Other:				
SUBTOTAL				
TOTAL MONTHLY EXPENSES:				

Number of Dependent Children _____

INCOME STATEMENT

GROSS MONTHLY WAGES		\$	Foot-note
Deductions:			
Federal	\$		
State	\$		
Medicare	\$		
F.I.C.A.	\$		
Retirement	\$		
Other:	\$		
Other:	\$		
Total Deductions:		\$	
NET INCOME FROM WAGES:		\$	
OTHER GROSS INCOME: (alimony, part-time job, rentals, etc.)		\$	
Deductions:			
a.	\$		
b.	\$		
c.	\$		
Total deductions from Other Income:		\$	
NET OTHER INCOME:		\$	
TOTAL MONTHLY INCOME:		\$	

ASSETS & LIABILITIES

ASSETS:			Foot- note
Real Estate	\$		
Furniture (in the marital home)	\$		
Bank Accounts/Savings	\$		
U.S. Bonds	\$		
Stocks/Investments	\$		
Personal Property	\$		
Jewelry	\$		
Automobiles	\$		
Boats	\$		
Other:	\$		
TOTAL ASSETS:		\$	
LIABILITIES:			
Mortgage	\$		
Automobiles	\$		
Notes Payable to Relatives	\$		
Bank Loans	\$		
Accrued Taxes	\$		
Balance of Credit Card Accounts			
a.	\$		
b.	\$		
c.	\$		
d.	\$		

Other:	\$		
TOTAL LIABILITIES:		\$	
TOTAL NET WORTH:			
SUMMARY			
TOTAL INCOME:			
TOTAL EXPENSES:			
EXCESS OR DEFICIT:			

I solemnly affirm under the penalties of perjury that the contents of the foregoing Financial Statement, Monthly Expense List and Assets and Liabilities Statement are true to the best of my knowledge, information and belief.

Date

Signature

Footnotes:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____