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

		th District Court			
TT	IONER		RESPONDENT		
. 1	IONER		KESPONDENI		
ΣR	NEY		ATTORNEY		
1	Date of Marriage:		Date of Sepa	ration:	
	Ages of Children: () () (()	() ()	() () (_)
	GROSS MONTHLY RESOURCES:		WIFE	HUSE	BAND
	Wages/Salary	\$		\$	
	Overtime	\$		\$	
	Bonus	\$		\$	
	Commissions/Tips	\$		\$	
	Interest on Savings	\$		\$	
	Dividends	\$		\$	
	Royalty Income	\$		<u></u>	
	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	\$		<u> </u>	
	Other Income	\$		\$	
	TOTAL RESOURCES:	\$		<u>\$</u>	
	DEDUCTIONS:				
	Withholding Tax			(\$	
	Flex Spending			(\$	
	Retirement	-		(\$	
	Union Dues			(\$	
	Health Insurance	(\$)	(\$	
	Health Insurance for Children	(1		(\$	
	Miscellaneous (child support)			(\$	
	Miscerianeous (enrice suppore)			(\(\psi \)	
	TOTAL DEDUCTIONS:			(\$	
	NET MONTHLY INCOME:	\$		<u>\$</u>	
	EMPLOYMENT:				
	WIFE:				
	HUSBAND:				
	MIDD IO DATE DADA	_	_	_	
			weeks \square bimont weeks \square bimont	=	
	Date Next Check is Received: WI	FE	Н	JSBAND	
	QUICK ASSETS:		WIFE	HUS	SBAND
	QUICK ASSETS: Cash/Undeposited Checks	\$	WIFE	<u>HUS</u> \$	SBAND .
		\$	WIFE	\$	<u>SBAND</u>
	Cash/Undeposited Checks		WIFE	\$	SBAND

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/	\$				
	Car Maintenance	\$	Activities for	<u> </u>				
	car nameenance	<u> </u>	children					
	Child Care/School	\$	Miscellaneous:	\$				
	Tuition	\$		\$				
	Lunches/Supplies	\$	<u> </u>	\$				
	Haircuts	\$		\$				
	SUBTOTAL:	\$	TOTAL:	\$				
9.	DEBTS (OTHER THAN	LISTED IN NUMBER 8 AMOUNT \$	MONTHLY PAYMENT	<u>. </u>				
		\$	<u> </u>					
		\$	<u> </u>	<u></u>				
		\$	<u> </u>	<u></u>				
		\$	<u> </u>	<u></u>				
		\$	<u>\$</u>	<u></u>				
	TOTAL MONTHLY:		\$	<u> \$ </u>				
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: EACH PAY PERIOD MONTHLY							
	a. For tempo:	rary alimony	\$	\$				
	b. For child		+	+				
12.	Total lines 11a and		Ś	\$	_			
13.			+					
14.	•		s	\$	_			
15.	Payor's Net Income		s ·	 \$				
16.		innort (line 12)	(
17.	-	duction of child sup	pport \$					
18.	-	J ANTICIPATE PAYING	SUPPORT)	·	_			
	•		o pay weekly or monthly w	rould be:				
		rary alimony	\$	\$				
	b. For child	= =	+	+	_			
19.			\$	 \$	_			
1).	TOTAL TIMES TOO ON	1 100	¥	Y	_			
DATE	3:		FE'S SIGNATURE					
DATE	E:		SBAND'S SIGNATURE					

^{*}Initial retainer paid to attorney in this case; not a monthly charge