

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

NO. _____

**IN THE MATTER OF
THE MARRIAGE OF**

§
§
§
§
§
§
§
§
§
§

IN THE DISTRICT COURT

AND

____ th **JUDICIAL DISTRICT**

AND IN THE INTEREST OF

_____ **COUNTY, TEXAS**

MINOR CHILDREN

**FINANCIAL INFORMATION STATEMENT
TEMPORARY ORDERS/FINAL ORDERS (circle one)**

This statement is submitted by _____.

1. Date of marriage: _____ Date of separation: _____

2. Children of parties (if applicable) names and ages:

3. Gross earnings from primary employment per month \$ _____

Self Employed (Yes/No) _____

Withholding \$ _____

FICA \$ _____

Mandatory Retirement \$ _____

Voluntary Retirement \$ _____

Deferred Compensation \$ _____

Life Insurance \$ _____

Credit Union Savings \$ _____

Health Insurance \$ _____

Other \$ _____

Total deductions \$ _____

Client's net income from primary employment per month \$ _____

Client's average income from other sources per month \$ _____

Other Income (*itemized below*) \$ _____

CLIENT'S TOTAL NET INCOME PER MONTH \$ _____

(Please attach applicable 1040s, W-2s or most recent pay stub.)

5. Funds and assets readily convertible into cash in control of Client:

Accounts in financial institutions \$ _____
(banks, savings and loans, credit unions,
certificates of deposit)

Stocks and bonds \$ _____

6. **NECESSARY MONTHLY LIVING EXPENSES:**

a. House mortgage payment or rent \$ _____
(*include second mortgage, insurance, taxes,
condominium assessments if included with mortgage payment*)

b. Real Property Taxes (*if not included with mortgage payment*) \$ _____

c. Renters Ins. Or Fire Insurance \$ _____

d. Maintenance of residence (repairs, yard work, etc.) \$ _____

e. Utilities – (gas, water, electric, garbage, sewer, etc) \$ _____

f. Telephone \$ _____

g. Groceries \$ _____

h. Dining out \$ _____

- i. School Lunches \$ _____
- j. Uninsured doctor expenses \$ _____
- k. Uninsured prescription and pharmaceutical expenses \$ _____
- l. Uninsured routine dental care \$ _____
- m. Uninsured orthodontic care \$ _____
- n. Health and Hospitalization insurance
(if not paid by employer or deducted from wages) \$ _____
- o. Life Insurance *(if not paid by employer or deducted from wages)* \$ _____
- p. Clothing Purchases \$ _____
- q. Laundry and/or Dry Cleaning \$ _____
- r. Car payments \$ _____
- s. Car insurance \$ _____
- t. Gasoline \$ _____
- u. Parking, Bus Fares, Tolls \$ _____
- v. Car Repair and Maintenance \$ _____
- w. School Tuition \$ _____
- x. School Supplies \$ _____
- y. Children's Extracurricular Activities \$ _____
- z. Childcare *(while at work)* \$ _____
- aa. Childcare *(at other times)* \$ _____
- ab. Entertainment \$ _____
- ac. Hairstyling, barber \$ _____
- ad. Donations – *(regular/monthly)* \$ _____
- ae. Dues \$ _____

af. Subscriptions \$ _____

ag. Prior Obligations for Child Support or Spousal Maintenance \$ _____

ah. Attorney's fees (*if paid monthly*) \$ _____

7. Debts (exclude all items listed above:

<u>Creditor</u>	<u>Balance of Debt</u>	<u>Minimum Monthly Payment</u>

TOTAL MONTHLY PAYMENTS TO CREDITORS \$ _____
 (Number 7 itemized above)

GRAND TOTAL MONTHLY EXPENSES \$ _____

NET INCOME \$ _____
 (*After Deducting All Monthly Payments*)

SIGNED on _____.

 SIGNATURE OF CLIENT