

NAME: \_\_\_\_\_

1. What are your necessary monthly expenses, indicating those secured by mortgages:

|    |  |          |    |               |          |
|----|--|----------|----|---------------|----------|
| a. | Rent   | \$ _____ | v. | Furniture     | \$ _____ |
| b. | House payment                                    | \$ _____ | w. | Church        | \$ _____ |
| c. | All utilities                                    | \$ _____ | x. | Gifts         | \$ _____ |
| d. | Homeowners' Insurance<br>(or Renters' Insurance) | \$ _____ | y. | Entertainment | \$ _____ |
| e. | Doctor   | \$ _____ | z. | Credit Cards: |          |
| f. | Dentist<br>(not covered by insurance)            | \$ _____ |    |               | \$ _____ |
| g. | Drugs<br>(not covered by insurance)              | \$ _____ |    |               | \$ _____ |
| h. | Life Insurance                                   | \$ _____ |    |               | \$ _____ |
| i. | Hospitalization                                  | \$ _____ |    |               | \$ _____ |
| j. | Automobile Payment(s)                            | \$ _____ |    |               | \$ _____ |
| k. | Automobile Insurance                             | \$ _____ |    |               | \$ _____ |
| l. | Gasoline and Oil                                 | \$ _____ |    |               | \$ _____ |
| m. | Car repair                                       | \$ _____ |    |               | \$ _____ |
| n. | Other transportation                             | \$ _____ |    |               | \$ _____ |
| o. | Food   | \$ _____ |    |               | \$ _____ |
| p. | Lunches, school                                  | \$ _____ |    |               | \$ _____ |
| q. | Child Care                                       | \$ _____ |    |               | \$ _____ |
| r. | Clothing   | \$ _____ |    |               | \$ _____ |
| s. | Laundry/Cleaners                                 | \$ _____ |    |               | \$ _____ |
| t. | Beauty parlor/Haircuts                           | \$ _____ |    |               | \$ _____ |
| u. | Toiletries                                       | \$ _____ |    | <b>Total</b>  | \$ _____ |

|                   |          |               |                |
|-------------------|----------|---------------|----------------|
| 2. Gross Income   |          | <u>Weekly</u> | <u>Monthly</u> |
|                   |          | \$ _____      | \$ _____       |
| <u>Deductions</u> |          |               |                |
| Withholding tax   | \$ _____ |               |                |
| FICA              | \$ _____ |               |                |
| Retirement        | \$ _____ |               |                |
| TOTAL             |          | \$ _____      | \$ _____       |
| NET INCOME        |          | \$ _____      | \$ _____       |

3. Other Income (Explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is your spouse working? \_\_\_\_\_ Kind of work \_\_\_\_\_

|                   |          |               |                |
|-------------------|----------|---------------|----------------|
| Gross Income      |          | <u>Weekly</u> | <u>Monthly</u> |
|                   |          | \$ _____      | \$ _____       |
| <u>Deductions</u> |          |               |                |
| Withholding tax   | \$ _____ |               |                |
| FICA              | \$ _____ |               |                |
| Retirement        | \$ _____ |               |                |
| TOTAL             |          | \$ _____      | \$ _____       |
| NET INCOME        |          | \$ _____      | \$ _____       |

5. Other Income (Spouse) (Explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. The following sums are reasonably necessary, or within the ability of my spouse to pay, and that it will be fair and equitable to require the following:

|                          | <u>Weekly</u> | <u>Monthly</u> |
|--------------------------|---------------|----------------|
| a. For temporary alimony | \$ _____      | \$ _____       |
| b. For child support     | \$ _____      | \$ _____       |
| TOTAL                    | \$ _____      | \$ _____       |

7. (Answer only if support-paying spouse) I feel that a reasonable sum for me to pay weekly or monthly would be:

|                          | <u>Weekly</u> | <u>Monthly</u> |
|--------------------------|---------------|----------------|
| c. For temporary alimony | \$ _____      | \$ _____       |
| d. For child support     | \$ _____      | \$ _____       |
| TOTAL                    | \$ _____      | \$ _____       |