

IN RE THE MATTER OF:

CASE NUMBER:

INCOME INFORMATION OF

- 1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. \$ _____
- 2. All other money received during the last 12 months **except welfare, TANF,** Specify sources below:
 - SSI, spousal support from this marriage, or any child support.** _____ 2a. \$ _____
 - Include *pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities.* _____ 2b. \$ _____
 - Include income from a business, rental properties, and reimbursement of job-related expenses _____ 2c. \$ _____
 - Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property _____ 2d. \$ _____
- 3. Add lines 1 through 2d..... 3 \$ _____
Divide line 3 by 12 and place result online 4a.

	Average last 12 months	Last month:
4. Gross income	4a. \$ _____	4b. \$ _____
5. State income tax	5a. \$ _____	5b. \$ _____
6. Federal income tax	6a. \$ _____	6b. \$ _____
7. Social Security and Hospital Tax ('FICA' and "MEDI" or self-employment tax, or the amount used to secure retirement or disability benefits.....	7a. \$ _____	7b. \$ _____
8. Health insurance for you and any children you are required to support ..	8a. \$ _____	8b. \$ _____
9. State disability insurance	9a. \$ _____	9b. \$ _____
10. Mandatory union dues.....	10a. \$ _____	10b. \$ _____
11. Mandatory retirement and pension fund contributions	11a. \$ _____	11b. \$ _____
Do not include any deduction claimed in item 7.		
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, actually being paid for a relationship other than that involved in this proceeding:	12a. \$ _____	12b. \$ _____
	13a. \$ _____	13b. \$ _____
14 Hardship deduction (Line 4d on Page 4)	14a. \$ _____	14b. \$ _____
15. Add lines 5 through 14..... Total monthly deductions:	15a. \$ _____	15b. \$ _____
16. Subtract line 15 from line 4. Net monthly disposable income:	16a. \$ _____	16b. \$ _____

- 17. TANF, welfare, spousal support from this marriage, and child support from other relationships each month:..... 17. \$ _____
- 18. Cash and checking accounts:..... 18. \$ _____
- 19. Savings, credit union, certificates of deposit, and money market accounts:..... 19. \$ _____
- 20. Stocks, bonds, and other liquid assets:..... 20. \$ _____
- 21. All other property, real or personal (*specify below*):..... 21. \$ _____

Attach a copy of your three most recent pay stubs.

IN RE THE MATTER OF:

EXPENSE INFORMATION OF (name):

	name	age	relationship	gross monthly income
a. List all persons living in your home whose expenses are included below and their income: Continued on Attachment I a.	1.			
	2.			
	3.			
	4.			
b. List all other persons living in your home and their income: Continued on Attachment 1 b.	1.			
	2.			
	3.			

2. MONTHLY EXPENSES

- a. Residence payments
 (1) Rent or mortgage \$ _____
 (2) If mortgage, include:
 Average principal \$ _____
 Average interest \$ _____
 Impound for real property taxes \$ _____
 Impound for home-owner's insurance \$ _____
 (3) Real property taxes (if not included in item (2)) \$ _____
 (4) Homeowner's or renters insurance (if not included in item (2)) \$ _____
 (5) Maintenance \$ _____
 b. Unreimbursed medical and dental expenses \$ _____
 c. Child care \$ _____
 d. Children's education \$ _____

- e. Food at home and household supplies \$ _____
 f. Food eating out \$ _____
 g. Utilities \$ _____
 h. Telephone \$ _____
 i. Laundry and cleaning \$ _____
 j. Clothing \$ _____
 k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) \$ _____
 l. Education (specify): \$ _____
 m. Entertainment \$ _____
 n. Transportation and auto expenses (insurance, gas, oil, repair) \$ _____
 o. Installment payments (insert total and itemize below in item 3) \$ _____
 p. Other (specify): \$ _____
 q. TOTAL EXPENSES (a-p) \$ _____
 (do not include amounts in a(2))

3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS Continued on Attachment 3.

CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE

4. ATTORNEY FEES

- a. To date I have paid my attorney for fees and costs: \$ _____ The source of this money was:
 b. I owe to date the following fees and costs over the amount paid:
 c. My arrangement for attorney fees and costs is:

I confirm this information and fee arrangement.

 (SIGNATURE OF ATTORNEY)

 (TYPE OR PRINT NAME OF ATTORNEY)

IN RE THE MATTER OF:

CASE

CHILD SUPPORT INFORMATION OF (name):

THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.

1. Health insurance for my children is is not available through my employer.
 - a. Monthly cost paid by me or on my behalf for the children *only* is: \$ _____
Do not include the amount paid or payable by your employer.
 - b. Name of carrier:
 - c. Address of carrier:

 - d. Policy or group policy number:

2. Approximate percentage of time each parent has primary physical responsibility for the children:
Mother % Father %

3. The court is requested to order the following as additional child support:
 - a. Child care costs related to employment or to reasonably necessary education or training for employment skills
 - (1) Monthly amount currently paid by mother: \$
 - (2) Monthly amount currently paid by father: \$
 - b. Uninsured health care costs for the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

 - c. Educational or other special needs of the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

 - d. Travel expense for visitation
 - (1) Monthly amount currently paid by mother: \$
 - (2) Monthly amount currently paid by father: \$

4. The court is requested to allow the deductions identified below, which are justifiable expenses that have caused an extreme financial hardship.

	Amount paid Per month	How many months will you need to make these payments
a. <input type="checkbox"/> Extraordinary health care expenses (<i>specify and attach any supporting documents</i>):	\$ _____	_____
b. <input type="checkbox"/> Uninsured catastrophic losses (<i>specify and attach supporting documents</i>):	\$ _____	_____
c. <input type="checkbox"/> Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (<i>specify names and ages of these children</i>):	\$ _____	_____
d. <input type="checkbox"/> Total hardship deductions requested (<i>add lines a-c</i>):	\$ _____	_____