

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: EXPENSE INFORMATION OF (name):	CASE NUMBER:
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1. a. List all persons living in your home <b>whose expenses are included below</b> and their income: <input type="checkbox"/> Continued on Attachment 1a.	<u>name</u> 1. 2. 3. 4.	<u>age</u>	<u>relationship</u>	<u>gross monthly income</u>
b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b.	1. 2. 3.			

**2. MONTHLY EXPENSES**

<p>a. Residence payments</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage ..... \$ _____</p> <p>(2) If mortgage, include:          Average principal ..... \$ _____          Average interest ..... \$ _____          Impound for real property taxes ..... \$ _____          Impound for home-owner's insurance ..... \$ _____</p> <p>(3) Real property taxes (if not included in (item (2))) ..... \$ _____</p> <p>(4) Homeowner's or renter's insurance (if not included in item (2)) ..... \$ _____</p> <p>(5) Maintenance ..... \$ _____</p> <p>b. Unreimbursed medical and dental expenses ..... \$ _____</p> <p>c. Child care ..... \$ _____</p> <p>d. Children's education ..... \$ _____</p>	<p>e. Food at home and household supplies . . \$ _____</p> <p>f. Food eating out ..... \$ _____</p> <p>g. Utilities ..... \$ _____</p> <p>h. Telephone ..... \$ _____</p> <p>i. Laundry and cleaning ..... \$ _____</p> <p>j. Clothing ..... \$ _____</p> <p>k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) \$ _____</p> <p>l. Education (specify): ..... \$ _____</p> <p>m. Entertainment ..... \$ _____</p> <p>n. Transportation and auto expenses (insurance, gas, oil, repair) ..... \$ _____</p> <p>o. Installment payments (insert total and itemize below in item 3) ..... \$ _____</p> <p>p. Other (specify): ..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>q. TOTAL EXPENSES (a-p) ..... \$ _____          (do not include amounts in a(2))</p> </div>
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**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)