

Cause Number: \_\_\_\_\_

**FINANCIAL INFORMATION STATEMENT**

Date of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Ages of Children: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**GROSS MONTHLY RESOURCES:**

	Husband	Wife
Wages/Salary		
Overtime		
Bonus		
Commissions		
Spousal Support/Alimony		
All Other Income		
TOTAL		

**DEDUCTIONS**

	Husband	Wife
Federal Tax		
Social Security		
Medicare		
Retirement		
Health Insurance		
Other Mandatory		
TOTAL		

**NET MONTHLY INCOME**

	Husband	Wife
Net Monthly Income		

**MONTHLY EXPENSES - NECESSARIES**

	Husband	Wife
House Payment/Rent		
Utilities		
Car Payment		
Insurance		
Child Care/Tuition		
Credit Card Min Pmts		
TOTAL		

**LIQUID ASSETS**

	Husband	Wife
Cash		
Bank Accounts		
Stocks/Bonds/Retirement		
Available on Credit Cards		
Other		

*Attach additional sheets if necessary*