

FINANCIAL INFORMATION STATEMENT

of
Cause No.

HUSBAND / FATHER

WIFE / MOTHER

weekly semi-monthly monthly

Employer
Paid

weekly semi-monthly monthly

**Monthly Net Pay
Other Income
Child Support
Spousal Support**

\$ 0.00	Total Net Income	\$ 0.00
----------------	-------------------------	----------------

HUSBAND / FATHER		WIFE / MOTHER
	Housing for Husband	
	Housing for Wife	
	Escrow	
	Homeowner's Insurance	
	Flood Insurance	
	Windstorm Insurance	
	Electricity	
	Nat. Gas	
	Water	
	Cable TV	
	Telephone	
	Lawn Service	
	Food/Groceries	
	Entertainment-for Adult	
	Entertainment-Child	
	Haircuts	
	Laundry	
	Housekeeper	
	Health Insurance	
	Dental	
	Car Insurance	
	Auto Loans	
	Gas/Oil	
	Life Insurance	
	Child Support	
	Private School	
	Lunches/School Supplies	
	Clothes-Adult	
	Clothes-Child	
	Cell Phone	
	Pets	
	Subscriptions	
	Internet Service	
	Memberships	
	Credit Card(s)	
	Misc.	
\$ 0.00	Total Expenses	\$ 0.00

List each credit card	
<u>Card</u>	<u>Monthly Payment</u>

\$ 0.00	Monthly Cash Flow	\$ 0.00
----------------	--------------------------	----------------

Signature: X _____