

**FINANCIAL INFORMATION STATEMENT FOR HEARINGS**

1. Date of marriage / relationship: \_\_\_\_\_

2. Date of separation: \_\_\_\_\_

3. Age[s] of child[ren] of this marriage / relationship:

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

[If there are more than three children, please add them and their ages on a separate sheet of paper. Thank you.]

4. Your occupation: \_\_\_\_\_

5. Your gross earnings from your primary employment per month \$ \_\_\_\_\_

Withholding/FICA \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Retirement \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

[On a separate sheet of paper, please describe your "Other" deductions, if any. Thank you.]

Total deductions \$ \_\_\_\_\_

Your net income from your primary employment per month \$ \_\_\_\_\_

Your average income from other sources per month \$ \_\_\_\_\_

[On a separate sheet of paper, please describe your other sources, if any. Thank you.]

Your net income per month \$ \_\_\_\_\_

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.**

[Please be certain to include your 1040's for the past two tax years, including all W-2's and other tax filing related documents, along with your three most recent pay stubs. Thank you.]

6. The opposing party's occupation: \_\_\_\_\_

7. The opposing party's gross earnings from his / her primary employment per month \$\_\_\_\_\_

Withholding/FICA \$\_\_\_\_\_

Insurance \$\_\_\_\_\_

Retirement \$\_\_\_\_\_

Other \$\_\_\_\_\_

[If known, on a separate sheet, please describe his / her "Other" deductions, if any. Thank you.]

Total deductions \$\_\_\_\_\_

The opposing party's net income from his / her primary employment per month \$\_\_\_\_\_

The opposing party's average income from other sources per month \$\_\_\_\_\_

[On a separate sheet of paper, please describe the opposing party's other sources, if any. Thank you.]

The opposing party's net income per month \$\_\_\_\_\_

[If you have any copies, please be certain to include the opposing party's 1040's for the past two tax years, including all W-2's and other tax filing related documents, along with the opposing party's three most recent pay stubs. Thank you.]

8. Your necessary monthly living expenses:

House payment or rent \$\_\_\_\_\_  
[please include second mortgage, if any, insurance, taxes, condominium assessments, if any]

Utilities, including telephone \$\_\_\_\_\_

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Food, including school lunches	\$ _____
Child care	\$ _____
Car payments and auto insurance	\$ _____
Gasoline, oil, parking, bus fares, tolls, repairs	\$ _____
Attorney's fees	\$ _____
Health and life insurance premiums [please exclude company-paid insurance]	\$ _____
Uninsured medical and drug expenses	\$ _____
Uninsured dental and orthodontic expenses	\$ _____
Uninsured mental health care expenses	\$ _____
Clothing and laundry	\$ _____
Personal (entertainment, adult education, etc.)	\$ _____
Total minimum monthly debt service [please see Item No. 9 below]	\$ _____
Monthly Total	\$ _____

9. Debts [please exclude house mortgage and car payments]:

<u>Creditor</u>	<u>Balance of Debt</u>	<u>Minimum</u>	<u>Monthly</u>
		<u>Payment</u>	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	

[If there are more than three creditors, please add them, their balances of debt, and minimum monthly payments on a separate sheet of paper. Thank you.]

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10. Funds and assets readily convertible into cash in your possession, custody, or subject to your control:

Accounts in financial institutions \$ \_\_\_\_\_  
[including banks, savings and loans, credit unions,  
certificates of deposit]

Stocks and bonds \$ \_\_\_\_\_

11. Funds and assets readily convertible into cash in the possession of, custody of, or subject to the control of the opposing party:

Accounts in financial institutions \$ \_\_\_\_\_

Stocks and bonds \$ \_\_\_\_\_

12. Child[ren] presently residing with: \_\_\_\_\_

13. Number of children not before the Court entitled to support from you: \_\_\_\_\_

14. Number of children not before the Court entitled to support from the opposing party:  
\_\_\_\_\_

15. Amount you want to receive as:

Temporary child support \$ \_\_\_\_\_

Temporary alimony \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

16. Amount you want to pay as:

Temporary child support \$ \_\_\_\_\_

Temporary alimony \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Prepared on \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.