## FINANCIAL INFORMATION STATEMENT FOR HEARINGS

Date of marriage / relationship:			
Date of separation:			
Age[s] of child[ren] of this marriag	e / relationship:		
		Age:	
		Age:	
		Age:	
[If there are more than three childre paper. Thank you.]	en, please add them	and their ages on a sepa	arate sheet of
Your occupation:			
Your gross earnings from your primary employment per month			\$
Withholding/FICA	\$		
Insurance	\$		
Retirement	\$		
Other	\$		
[On a separate sheet of pa Thank you.]	per, please describ	be your "Other" deduct	ions, if any.
Total deductions	\$		
Your net income from your primary employment per month	У		\$
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			\$

[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

## NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

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]:

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

[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.]

## NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

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

12.

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	\$
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	\$
Prepa	red on, 20	_, by