

FINANCIAL STATEMENT-EXPENSES

Cause No.

DATE OF INFORMATION: _____

() Petitioner () Movant () Respondent

Carole Cross

Attorney

1.	<u>HOUSING:</u>	<u>MONTHLY EXPENSES</u>
a.	House Payment or Rent.....	\$ _____
b.	Insurance (Homeowner or Tenant).....	\$ _____
c.	Electric Utility.....	\$ _____
d.	Natural Gas Utility.....	\$ _____
e.	Water Utility.....	\$ _____
f.	Telephone.....	\$ _____
g.	Maintenance and Repair.....	\$ _____
2.	<u>VEHICLE AND TRANSPORTATION:</u>	
a.	Vehicle Loan or Lease Amount.....	\$ _____
b.	Vehicle Insurance.....	\$ _____
c.	Gasoline.....	\$ _____
d.	Maintenance and Repair.....	\$ _____
e.	Other Transportation/ Tolls.....	\$ _____
3.	<u>PERSONAL INSURANCE</u>	
a.	Medical, Dental, & Health Insurance.....	\$ _____
b.	Life Insurance.....	\$ _____
c.	Other Insurance.....(Long Term Disability).....	\$ _____
4.	<u>FOOD, CLOTHING, AND PERSONAL:</u>	
a.	Groceries.....	\$ _____
b.	Restaurant Meals.....	\$ _____
c.	School Supplies, Fees, & Other Costs.....	\$ _____
d.	Clothing.....	\$ _____
e.	Grooming (Barber, Stylist, Etc.).....	\$ _____
f.	Cleaning and Laundry.....	\$ _____
g.	Work Uniforms.....	\$ _____
h.	Dues (Union, Professional, Etc.).....	\$ _____
i.	Entertainment.....	\$ _____
5.	<u>HEALTH CARE:</u> (Not paid by insurance)	
a.	Physicians and Hospital.....	\$ _____
b.	Dentists.....	\$ _____
c.	Prescription Drugs.....	\$ _____
6.	<u>CHILD CARE:</u>	\$ _____
7.	<u>CHARGE ACCTS, & OTHER PAYMENTS:</u>	
a.	_____.....	\$ _____
b.	_____.....	\$ _____
c.	_____.....	\$ _____
d.	_____.....	\$ _____
e.	_____.....	\$ _____
	<u>TOTAL MONTHLY EXPENSES.....</u>	\$ _____