

3.A. AFFIANTS GROSS MONTHLY INCOME

(complete this section or attach Child Support Schedule A)(All income must be entered based on monthly average regardless of date of receipt.)

Salary or Wages \$ _____
ATTACH COPIES OF 2 MOST RECENT WAGE S
STATEMENTS

Commissions, Fees, Tips \$ _____

Income from self-employment, partnership, close corporations,
And independent contracts (gross receipts minus ordinary and
Necessary expenses required to produce income)
ATTACH SHEET ITEMIZING YOUR CALCULATIONS \$ _____

Rental Income (gross receipts minus ordinary and necessary
Expenses required to produce income)
ATTACH SHEET ITEMIZING YOUR CALCULATIONS \$ _____

Bonuses \$ _____

Overtime Payments \$ _____

Severance Pay \$ _____

Recurring Income from Pensions or Retirement Plans \$ _____

Interest and Dividends \$ _____

Trust Income \$ _____

Income and Annuities \$ _____

Capital Gains \$ _____

Social Security Disability or Retirement Benefits \$ _____

Workers' Compensation Benefits \$ _____

Unemployment Benefits \$ _____

Judgments from Personal Injury or Other Civil Cases \$ _____

Gifts (cash or other gifts that can be converted to cash) \$ _____

Prizes/Lottery Winnings \$ _____

Alimony and maintenance from persons not in this case \$ _____

Assets which are used for support of family \$ _____

Fringe Benefits (if significantly reduce living expenses) \$ _____

Any other income (do NOT include means-tested Public Assistance, such as TANF or food stamps) \$ _____

GROSS MONTHLY INCOME \$ _____

B. Affiant's Net Monthly Income from employment (deducting Only state and federal taxes and FICA) \$ _____

Affiant's pay period (i.e., weekly, monthly, etc.) _____

Number of exemptions claimed _____

4. ASSETS

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis; pre-marital, gift, inheritance, source of funds, etc.).

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	\$ _____	_____	_____	_____
Stocks, bonds	\$ _____	_____	_____	_____
CD's/Money Market Accounts	\$ _____	_____	_____	_____
Bank Accounts (list each account):				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Retirement Pension 401(K), IRA, or Profit Sharing	\$ _____	_____	_____	_____
Money owed to you:	\$ _____	_____	_____	_____
Tax Refund Owed to you:	\$ _____	_____	_____	_____
Real Estate:				
Home:	\$ _____	_____	_____	_____
Debt owed:	\$ _____	_____	_____	_____

Other:	\$ _____	_____	_____	_____
Debt owed:	\$ _____	_____	_____	_____
Automobile/Vehicles:				
Vehicle 1:	\$ _____	_____	_____	_____
Debt owed:	\$ _____	_____	_____	_____
Vehicle2:	\$ _____	_____	_____	_____
Debt owed:	\$ _____	_____	_____	_____
Life Insurance				
(net cash value):	\$ _____	_____	_____	_____
Furniture/				
Furnishings:	\$ _____	_____	_____	_____
Jewelry:	\$ _____	_____	_____	_____
Collectibles:	\$ _____	_____	_____	_____
Other Assets:				
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
Total Assets:	\$ _____	_____	_____	_____

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD

Mortgage or rent payments	\$ _____	Cable TV	\$ _____
Property taxes	\$ _____	Misc. household and grocery Items	\$ _____
Homeowner/Renter Insurance	\$ _____	Meal outside the home	\$ _____
Electricity	\$ _____	Other	\$ _____
Water	\$ _____	AUTOMOBILE	
Garbage and Sewer	\$ _____	Gasoline and oil	\$ _____
Telephone:		Repairs	\$ _____
Residential line:	\$ _____	Auto tags and license	\$ _____
Cellular telephone:	\$ _____	Insurance	\$ _____

Gas \$ _____

Repairs and maintenance: \$ _____

Lawn Care \$ _____

Pest Control \$ _____

CHILDREN’S EXPENSES

Child care (total monthly cost) \$ _____

School tuition \$ _____

Tutoring \$ _____

Private lessons (e.g., music, dance) \$ _____

School supplies/expenses \$ _____

Lunch Money \$ _____

Other Educational Expenses (list)

_____ \$ _____

_____ \$ _____

Allowance \$ _____

Clothing \$ _____

Diapers \$ _____

Medical, dental, prescription (out of pocket/uncovered expenses) \$ _____

Grooming, hygiene \$ _____

Gifts from children to others \$ _____

Entertainment \$ _____

Activities (including extra-curricular, School, religious, cultural, etc.) \$ _____

OTHER VEHICLES (boats, trailers, RVs, ect.)

Gasoline and oil \$ _____

Repairs \$ _____

Tags and license \$ _____

Insurance \$ _____

AFFITANT’S OTHER EXPENSES

Dry cleaning/laundry \$ _____

Clothing \$ _____

Medical, dental, prescription (out of pocket/uncovered expenses) \$ _____

Affiant’s gifts (special holidays) \$ _____

Entertainment \$ _____

Recreational Expenses (e.g. Fitness) \$ _____

Vacations \$ _____

Travel Expenses for Visitation \$ _____

Publications \$ _____

Dues, clubs \$ _____

Religious and charities \$ _____

Pet expenses \$ _____

Alimony paid to former spouse \$ _____

Child support paid for other Children \$ _____

Date of initial order _____

Other (attach sheet) \$ _____

OTHER INSURANCE

Health \$ _____
 Child(ren)'s portion: \$ _____
 Dental \$ _____
 Child(ren)'s portion: \$ _____
 Vision \$ _____
 Child(ren)'s portion: \$ _____
 Life \$ _____
 Relationship of Beneficiary: _____
 Disability \$ _____
 Other(specify): \$ _____

TOTAL ABOVE EXPENSES \$ _____

B. PAYMENTS TO CREDITORS

(please check one)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

C. TOTAL MONTHLY EXPENSES: \$ _____

This _____ day of _____, _____.

Sworn to and subscribed
before me this _____
day of _____, _____.

Notary Public

Affiant