## EL PASO COUNTY, TEXAS

| IN THE MATTER OF THE MARRIAGE OF:  | <b>§</b>             |
|------------------------------------|----------------------|
|                                    | \$<br>\$<br>\$<br>\$ |
| PETITIONER,                        | 8<br>8               |
| 1211101(2K,                        | 8<br>8               |
| v.                                 | § CAUSE NO:          |
|                                    | §                    |
| DEGRONDENT                         | §<br>§               |
| RESPONDENT,                        | §<br>§               |
| IN THE INTEREST OF:                | 8                    |
|                                    | §<br>§               |
| CHIL(DREN).                        | §                    |
| FINANCIAL INFORM                   | ATION STATEMENT      |
| PRESENT MONTHLY EXPENSES:          |                      |
| HOUSING:                           |                      |
| House Payment/Rent                 | \$                   |
| Utilities (Gas, Water, Etc.)       | \$                   |
| Maintenance, Repair                | \$                   |
| Insurance                          | \$                   |
| TRANSPORTATION:                    |                      |
| Car Payments                       | \$                   |
| Insurance                          | \$                   |
| Gasoline, Oil, Maintenance, etc.   | \$                   |
| Parking, Other                     | \$                   |
| Repairs                            | \$                   |
| INSURANCE:                         |                      |
| Life                               | \$                   |
| Health                             | \$                   |
| Other                              | \$                   |
| FOOD:                              |                      |
| Groceries                          | \$                   |
| Restaurant Meals                   | \$                   |
| PERSONAL:                          |                      |
| Work expenses                      |                      |
| Lunches                            | <b>¢</b>             |
| Dues, fees                         | \$<br>\$             |
| Medical (Not covered by insurance) | Ψ                    |
| Physicians/Dentists                | \$                   |
| Prescription Drugs                 | Ψ                    |

| Clothing                           | \$ |
|------------------------------------|----|
| Cleaning/Laundry                   | \$ |
| Grooming (Barber/Hairdresser)      | \$ |
| Entertainment                      | \$ |
| Other                              | \$ |
|                                    |    |
| CHILDREN:                          |    |
| Child Care                         | \$ |
| School                             |    |
| Tuition                            | \$ |
| Lunches                            | \$ |
| Supplies                           | \$ |
| Medical (Not covered by insurance) | ·  |
| Physicians/Dentist                 | \$ |
| Prescription Drugs                 | \$ |
| Clothing                           | \$ |
| Cleaning/Laundry                   | \$ |
| Grooming (Barber/Hairdresser)      | \$ |
| Entertainment                      | \$ |
| Lessons and Activities             | \$ |
| Allowance                          | \$ |
|                                    | \$ |
| Other                              | \$ |
| MISCELLANEOUS:                     | \$ |
| MISCELLANEOUS.                     |    |
| OTHER DEBTS:                       | \$ |
| OTTER DEDIS.                       |    |
| TOTAL MONTHLY EXPENSES:            | \$ |
|                                    | Ψ  |
|                                    |    |
|                                    |    |
| MONTHLY INCOME:                    |    |
|                                    |    |
| PAY PERIOD:                        |    |
|                                    |    |
| GROSS INCOME                       | \$ |
|                                    |    |
| DEDUCTIONS:                        |    |
| Withholding Tax                    | \$ |
| F.I.C.A.                           | \$ |
| Retirement                         | \$ |
| Health, Hospitalization, Life      | \$ |
| Insurance                          | \$ |
| Other                              | \$ |
|                                    |    |
| NET INCOME:                        | \$ |
|                                    | ·  |
| CURRENT CHILD SUPPORT RECEIVED:    | \$ |
|                                    |    |

| OTHER INCOME:                        | _ \$                              |
|--------------------------------------|-----------------------------------|
| TOTAL MONTHLY INCOME:                | \$                                |
| SPOUSES'S INCOME:                    |                                   |
| PAY PERIOD:                          |                                   |
| GROSS INCOME                         | \$                                |
| DEDUCTIONS:                          |                                   |
| Withholding Tax                      | \$                                |
| F.I.C.A.                             | \$                                |
| Retirement                           | \$                                |
| Health, Hospitalization, Life        | \$                                |
| Insurance                            | \$                                |
| Other                                | \$                                |
| NET INCOME:                          | \$                                |
| CURRENT CHILD SUPPORT RECEIVED:      | \$                                |
| OTHER INCOME:                        | _ \$                              |
| TOTAL MONTHLY INCOME:                | \$                                |
| RTIFY THAT THE INCOME AND EXPENSES I | INCLUDED HEDEIN ADE TOUE AND CODD |
| RITTIMAL THE INCOME AND EALENSEST    | INCLUDED HEREIN ARE TRUE AND CORK |
| DATE:                                |                                   |
|                                      |                                   |
|                                      |                                   |
| Petitioner                           | Respondent                        |