IN THE \_\_\_\_\_ DISTRICT COURT/COUNTY COURT AT LAW FIVE

EL PASO COUNTY, TEXAS

IN THE MATTER OF THE MARRIAGE OF: §

 §

 §

 PETITIONER, §

 §

v. § CAUSE NO:

 §

 §

 RESPONDENT, §

 §

IN THE INTEREST OF: §

 §

 CHIL(DREN). §

# FINANCIAL INFORMATION 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 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dues, fees $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Medical (Not covered by insurance)

 Physicians/Dentists $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Prescription Drugs $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER DEBTS: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL MONTHLY EXPENSES:**  **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I CERTIFY THAT THE INCOME INCLUDED HEREIN IS TRUE AND CORRECT.**

DATE:

**Petitioner Respondent**