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**