

NO. _____

§ IN THE DISTRICT COURT
§
§
§
§ 387TH JUDICIAL DISTRICT
§
§
§ FORT BEND COUNTY, TEXAS
§

**FINANCIAL INFORMATION STATEMENT
TEMPORARY ORDERS/FINAL ORDERS (circle one)**

This statement is submitted by _____.

1. Date of marriage:_____ Date of separation:_____

2. Children of parties (if applicable) names and ages:

3. Gross earnings from primary employment per month \$_____

Self Employed (Yes/No) _____

Withholding \$_____

FICA \$_____

Mandatory Retirement \$_____

Voluntary Retirement \$_____

Deferred Compensation \$_____

Life Insurance \$_____

Credit Union Savings \$_____

Health Insurance \$_____

Other \$_____

Total deductions \$ _____

Client's net income from primary employment per month \$ _____

Client's average income from other sources per month \$ _____

Other Income (*itemized below*) \$ _____

CLIENT'S TOTAL NET INCOME PER MONTH \$ _____

(Please attach applicable 1040s, W-2s or most recent pay stub.)

5. Funds and assets readily convertible into cash in control of Client:

Accounts in financial institutions \$ _____
(banks, savings and loans, credit unions,
certificates of deposit)

Stocks and bonds \$ _____

6. **NECESSARY MONTHLY LIVING EXPENSES:**

a. House mortgage payment or rent \$ _____
(*include second mortgage, insurance, taxes,
condominium assessments if included with mortgage payment*)

b. Real Property Taxes (*if not included with mortgage payment*) \$ _____

c. Renters Ins. Or Fire Insurance \$ _____

d. Maintenance of residence (repairs, yard work, etc.) \$ _____

e. Utilities – (gas, water, electric, garbage, sewer, etc) \$ _____

f. Telephone \$ _____

g. Groceries \$ _____

h. Dining out \$ _____

- i. School Lunches \$ _____
- j. Uninsured doctor expenses \$ _____
- k. Uninsured prescription and pharmaceutical expenses \$ _____
- l. Uninsured routine dental care \$ _____
- m. Uninsured orthodontic care \$ _____
- n. Health and Hospitalization insurance \$ _____
(if not paid by employer or deducted from wages)
- o. Life Insurance *(if not paid by employer or deducted from wages)* \$ _____
- p. Clothing Purchases \$ _____
- q. Laundry and/or Dry Cleaning \$ _____
- r. Car payments \$ _____
- s. Car insurance \$ _____
- t. Gasoline \$ _____
- u. Parking, Bus Fares, Tolls \$ _____
- v. Car Repair and Maintenance \$ _____
- w. School Tuition \$ _____
- x. School Supplies \$ _____
- y. Children's Extracurricular Activities \$ _____
- z. Childcare *(while at work)* \$ _____
- aa. Childcare *(at other times)* \$ _____
- ab. Entertainment \$ _____
- ac. Hairstyling, barber \$ _____
- ad. Donations – *(regular/monthly)* \$ _____
- ae. Dues \$ _____

af. Subscriptions \$ _____

ag. Prior Obligations for Child Support or Spousal Maintenance \$ _____

ah. Attorney's fees (*if paid monthly*) \$ _____

7. Debts (exclude all items listed above:

<u>Creditor</u>	<u>Balance of Debt</u>	<u>Minimum Monthly Payment</u>

TOTAL MONTHLY PAYMENTS TO CREDITORS \$ _____
(Number 7 itemized above)

GRAND TOTAL MONTHLY EXPENSES \$ _____

NET INCOME \$ _____
(After Deducting All Monthly Payments)

SIGNED on _____.

SIGNATURE OF CLIENT