

FINANCIAL STATEMENT FOR TEMPORARY ORDERS

CAUSE NUMBER: _____

PETITIONER

RESPONDENT

ATTORNEY FOR PETITIONER

ATTORNEY FOR RESPONDENT

I CERTIFY THAT THE FOLLOWING ANSWERS TO THE QUESTIONS AS LISTED ARE TRUE AND CORRECT:

MONTHLY EXPENSES

HOUSING

- | | | | |
|----|--|----|-------|
| 1. | Rent/house payment..... | \$ | _____ |
| 2. | Insurance (Homeowners or tenants)..... | \$ | _____ |
| 3. | Maintenance (Repair and service)..... | \$ | _____ |
| 4. | Utilities (gas, water, electric)..... | \$ | _____ |
| 5. | Telephone..... | \$ | _____ |

AUTO AND TRANSPORTATION

- | | | | |
|----|-----------------------------|----|-------|
| 1. | Car payments..... | \$ | _____ |
| 2. | Insurance..... | \$ | _____ |
| 3. | Gasoline and oil..... | \$ | _____ |
| 4. | Maintenance and repair..... | \$ | _____ |
| 5. | Other transportation..... | \$ | _____ |

INSURANCE

- | | | | |
|----|--------------------------------|----|-------|
| 1. | Life..... | \$ | _____ |
| 2. | Health or hospitalization..... | \$ | _____ |
| 3. | Other..... | \$ | _____ |

FOOD

- | | | | |
|----|------------------------------|----|-------|
| 1. | Groceries..... | \$ | _____ |
| 2. | School and work lunches..... | \$ | _____ |

MEDICAL (Not covered by insurance)

- | | | | |
|----|---------------|----|-------|
| 1. | Doctors..... | \$ | _____ |
| 2. | Dentists..... | \$ | _____ |
| 3. | Drugs..... | \$ | _____ |

EDUCATION

- | | | | |
|----|---|----|-------|
| 1. | School supplies, fees, and other costs..... | \$ | _____ |
|----|---|----|-------|

CHILD CARE..... \$ _____

ENTERTAINMENT..... \$ _____

PERSONAL

1. Grooming..... \$ _____

2. Clothing..... \$ _____

3. Cleaning and laundry..... \$ _____

4. Uniforms for work..... \$ _____

DUES (Union, Profession, etc)..... \$ _____

OTHER PAYMENTS (Specify)

1. \$ _____

2. \$ _____

3. \$ _____

4. \$ _____

ATTORNEY'S FEES

1. Retainer Amount \$ _____

2. Average Monthly Payment \$ _____

TOTAL EXPENSES \$ _____

WEEKLY/MONTHLY INCOME

GROSS..... \$ _____

1. Withholding/FICA..... \$ _____

2. Insurance..... \$ _____

3. Retirement..... \$ _____

4. Other (specify)..... \$ _____

NET PAY \$ _____

OTHER INCOME..... \$ _____

TOTAL INCOME \$ _____

SIGNATURE OF PARTY