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| | |
|--|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: EXPENSE INFORMATION OF (name): | CASE NUMBER: |
|--|--------------|

| | | | | |
|---|-------------------------------------|------------|---------------------|-----------------------------|
| 1. a. List all persons living in your home whose expenses are included below and their income: <input type="checkbox"/> Continued on Attachment 1a. | <u>name</u> 1. 2. 3. 4. | <u>age</u> | <u>relationship</u> | <u>gross monthly income</u> |
| b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b. | 1. 2. 3. | | | |

2. MONTHLY EXPENSES

| | |
|---|--|
| <p>a. Residence payments</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____</p> <p>(2) If mortgage, include: Average principal \$ _____ Average interest \$ _____ Impound for real property taxes \$ _____ Impound for home-owner's insurance \$ _____</p> <p>(3) Real property taxes (if not included in (item 2)) \$ _____</p> <p>(4) Homeowner's or renter's insurance (if not included in item 2)) \$ _____</p> <p>(5) Maintenance \$ _____</p> <p>b. Unreimbursed medical and dental expenses \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Children's education \$ _____</p> | <p>e. Food at home and household supplies . . \$ _____</p> <p>f. Food eating out \$ _____</p> <p>g. Utilities \$ _____</p> <p>h. Telephone \$ _____</p> <p>i. Laundry and cleaning \$ _____</p> <p>j. Clothing \$ _____</p> <p>k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) \$ _____</p> <p>l. Education (specify): \$ _____</p> <p>m. Entertainment \$ _____</p> <p>n. Transportation and auto expenses (insurance, gas, oil, repair) \$ _____</p> <p>o. Installment payments (insert total and itemize below in item 3) \$ _____</p> <p>p. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>q. TOTAL EXPENSES (a-p) \$ _____ (do not include amounts in a(2))</p> </div> |
|---|--|

3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS Continued on Attachment 3.

| CREDITOR'S NAME | PAYMENT FOR | MONTHLY PAYMENT | BALANCE | DATE LAST PAYMENT MADE |
|-----------------|-------------|-----------------|---------|------------------------|
| | | | | |

4. ATTORNEY FEES

a. To date I have paid my attorney for fees and costs: \$ The source of this money was:

b. I owe to date the following fees and costs over the amount paid:

c. My arrangement for attorney fees and costs is:

I confirm this information and fee arrangement.

_____ (SIGNATURE OF ATTORNEY)

..... (TYPE OR PRINT NAME OF ATTORNEY)