

FINANCIAL STATEMENT - EXPENSE

CAUSE NO. _____

DATE OF INFORMATION: _____

() Petitioner () Movant () Respondent

Attorney

1. HOUSING:
 - a. House Payment \$ _____
 - b. Insurance (Homeowner or Tenant) \$ _____
 - c. Electric Utility \$ _____
 - d. Natural Gas \$ _____
 - e. Water Utility \$ _____
 - f. Telephone \$ _____
 - g. Maintenance and Repair \$ _____
2. VEHICLE AND TRANSPORTATION:
 - a. Vehicle Loan or Lease Payments \$ _____
 - b. Vehicle Insurance \$ _____
 - c. Gasoline \$ _____
 - d. Maintenance and Repair \$ _____
 - e. Other Transportation \$ _____
3. PERSONAL INSURANCE:
 - a. Medical, Dental & Health \$ _____
 - b. Life Insurance \$ _____
 - c. Other Insurance \$ _____
4. FOOD, CLOTHING AND PERSONAL:
 - a. Groceries \$ _____
 - b. Restaurant/ other expenses \$ _____
 - c. School supplies, Fees & Other Costs \$ _____
 - d. Clothing \$ _____
 - e. Grooming (Barber, Stylist, Etc.) \$ _____
 - f. Cleaning and Laundry \$ _____
 - g. Work Uniforms \$ _____
 - h. Dues (Union, Professional, Etc.) \$ _____
 - i. Entertainment \$ _____
5. HEALTH CARE: (Not Paid by Insurance)
 - a. Physicians and Hospitals \$ _____
 - b. Dentists \$ _____
 - c. Prescription Drugs \$ _____
6. CHILD CARE \$ _____
7. CHARGE ACCTS. AND OTHER PAYMENTS
 - a. \$ _____
 - b. \$ _____
 - c. \$ _____
 - d. \$ _____
 - e. \$ _____
 - f. \$ _____

TOTAL MONTHLY EXPENSES \$ _____