APPENDIX "D.1"

Case Name: _____
Cause #:_____
Date: _____

FINANCIAL EXPENSE STATEMENT

Housing
House payment/Rent ..... $_____
Insurance (Homeowner or Tenant) ..... $_____
Electric Utility ..... $_____
Gas Utility ..... $_____
Water Utility ..... $_____
Telephone ..... $_____
Maintenance & Repair ..... $_____

Transportation
Vehicle Payments ..... $_____
Vehicle Insurance ..... $_____
Gasoline ..... $_____
Maintenance & Repair ..... $_____
Other Transportation ..... $_____

Personal Insurance
Medical ..... $_____
Life ..... $_____
Other ..... $_____

Food/Clothing/Personal
Groceries ..... $_____
Restaurant Meals ..... $_____
School lunches/supplies/fees ..... $_____
Clothing ..... $_____
Grooming ..... $_____
Cleaning & Laundry ..... $_____
Work Uniforms ..... $_____
Dues (Union/Professional) ..... $_____
Entertainment ..... $_____

Health Care (Not covered by insurance)
Physicians & Hospitals ..... $_____
Dental ..... $_____
Prescriptions ..... $_____

Children
Child Care ..... $_____
Child Support ..... $_____
..... $_____

Creditors
..... $_____
..... $_____
..... $_____
TOTAL MONTHLY EXPENSES: ..... $_____

APPENDIX "D.2"

Case Name: _____
Cause #: _____
Date: _____

INCOME STATEMENTS

Husband's gross earnings from primary employment per month
$_____
(include bonuses, commissions, etc.)

Withholding/FICA
$_____

Insurance
$_____

Retirement
$_____

Other
$_____

Total deductions
$_____

Husband's net income from primary employment per month $_____

Husband's average income from other sources per month $_____

Husband's net income per month $_____

Wife's gross earnings from primary employment per month $_____
(include bonuses, commissions, etc.)

Withholding/FICA
$_____

Insurance
$_____

Retirement
$_____

Other
$_____

Total deductions
$_____

Wife's net income from primary employment per month $_____

Wife's average income from other sources per month	$_____
Wife's net income per month	$_____
TOTAL NET RESOURCES:	**$_____**