

Cause No. \_\_\_\_\_

v.

} IN THE DISTRICT COURT  
} OF \_\_\_\_\_ COUNTY, TEXAS  
} \_\_\_\_\_ JUDICIAL DISTRICT

**FINANCIAL INFORMATION STATEMENT**  
**(REQUIRED IN ALL FINANCIAL HEARINGS)**

<u>MONTHLY EXPENSES:</u>		<u>MONTHLY EXPENSES (cont.)</u>	
	PRESENT		PRESENT
<u>HOUSING</u>		<u>YOUR CHILDREN</u>	
House Mortgage/Rent	_____	Child Care	_____
Utilities	_____	School Tuition, Fees	_____
(Gas, water, etc)	_____	Lunches	_____
Maintenance & Repair	_____	Supplies	_____
Other _____	_____	Medical Expenses	_____
		(not covered by ins):	_____
		Drugs	_____
		Doctors, Dentists	_____
<u>TRANSPORTATION</u>		Grooming	_____
Gas, Oil, Maintenance	_____	Entertainment	_____
Car Payment/Lease	_____	Sports, Lessons, et.	_____
Parking Tolls	_____	Other: _____	_____
			_____
<u>INSURANCE</u>		<b><u>TOTAL EXPENSES:</u></b>	_____
Auto(s)	_____		_____
Life	_____	=====	
Other _____	_____	<b>INCOME: (attach current pay stubs)</b>	
		[ ] paid monthly [ ] paid semimonthly	
<u>GROCERIES</u>		[ ] paid weekly [ ] paid every two weeks	
		=====	
Food & Household Supplies	_____	GROSS INCOME	_____
<u>YOUR PERSONAL</u>		<u>DEDUCTIONS</u>	
Work Expenses:		Withholding Tax	_____
Lunches, etc.	_____	FICA	_____
Dues, Fees, etc.	_____	Mandatory Retirement	_____
Medical Expenses	_____	Medical Insurance	_____
(not paid by ins):	_____	Children	_____
Drugs	_____	Other Family	_____
Doctors, Dentists	_____	Life Insurance	_____
Clothing	_____	Other	_____
Cleaning, Laundry	_____		
Grooming	_____	<u>OTHER INCOME</u>	_____
Entertainment	_____		
Current Child Support	_____	<b><u>NET INCOME</u></b>	_____
Other:	_____		
_____	_____	<u>LIQUID ASSETS:</u>	_____
_____	_____	=====	
<u>CREDIT CARD/DEBTS</u>		I hereby certify that the answers to the above questions as	
		listed are true and correct.	
		_____ Date	
Monthly Attorney Fees	_____		Signed