

FINANCIAL STATEMENT - EXPENSE

Case No. \_\_\_\_\_

Date of Information: \_\_\_\_\_

( ) Petitioner ( ) Movant ( ) Respondent

Stephanie A. Foster
Attorney

Monthly Expenses

1. HOUSING:

- a. House Payment or Rent
b. Insurance (Homeowner or Tenant)
c. Electric Utility
d. Natural Gas Utility
e. Water Utility
f. Telephone
g. Cable
h. Maintenance and Repair

2. VEHICLE AND TRANSPORTATION:

- a. Vehicle Loan or Lease Payments
b. Vehicle Insurance
c. Gasoline
d. Maintenance & Repair
e. Other Transportation

3. PERSONAL INSURANCE:

- a. Dental & Vision Insurance
b. Life Insurance
c. Other Insurance

4. FOOD, CLOTHING, AND PERSONAL:

- a. Groceries
b. Restaurant Meals
c. School Supplies, Fees, & Other Costs
d. Clothing
e. Grooming (Barber, Stylist, Etc.)
f. Cleaning & Laundry
g. Work Uniforms
h. Dues (Union, Professional, Etc.)
i. Entertainment

5. HEALTH CARE: (Not Paid By Insurance)

- a. Physicians & Hospitals
b. Dentists
c. Prescription Drugs

6. CHILD CARE or CHILD SUPPORT:

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7. CHARGE ACCOUNTS AND OTHER PAYMENTS:

- a.
b.
c.
d.
e.

TOTAL MONTHLY EXPENSES: