

No. _____

IN THE DISTRICT COURT
OF DALLAS COUNTY, TEXAS
_____ JUDICIAL DISTRICT

FINANCIAL INFORMATION STATEMENT
(REQUIRED IN ALL FINANCIAL HEARINGS)

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