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NO. _____

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IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT
_____ COUNTY, TEXAS

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)	_____
<u>TRANSPORTATION</u>		Drugs	_____
Car Payment/Lease	_____	Doctors, Dentists	_____
Gas, Oil, Maintenance	_____	Grooming	_____
Parking & Tolls	_____	Entertainment	_____
		Sports, Lessons, etc.	_____
<u>INSURANCE</u>		Other: _____	_____
Auto	_____	_____	_____
Life	_____	_____	_____
Medical	_____		
Other _____	_____		
		<u>TOTAL EXPENSES</u>	_____
<u>GROCERIES</u>			
Food & Household Supplies	_____		
<u>YOUR PERSONAL</u>		INCOME: (attach current pay stubs)	
Work Expenses:		[] paid monthly [] paid semi-monthly	
Lunches, etc.	_____	[] paid weekly [] paid every two weeks	
Dues, Fees, etc.	_____		
Medical Expenses			
(not paid by ins):			
Drugs	_____		
Doctors, Dentists	_____	<u>GROSS INCOME</u>	
Clothing	_____	<u>DEDUCTIONS</u>	_____
Cleaning, Laundry	_____	Withholding Tax	_____
Grooming	_____	FICA	_____
		Mandatory Retirement	_____
		Medical Insurance	_____
		Children	_____
		Other Family	_____
		Life Insurance	_____
		Other	_____

Entertainment _____		<u>OTHER</u> _____
Current Child Support _____		
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.
Monthly Attorney Fees _____	_____	_____ Date _____ Signed

