

3. A. AFFIANT'S GROSS MONTHLY INCOME

(complete this section or attach Child Support Schedule A)

(All income must be entered based on monthly average regardless of date of receipt.)	
Salary or Wages (attach copies of 2 most recent wage statements)	\$
Commission, Fees, Tips	\$
Income from self-employment, partnership, close corporations, and independent contract (gross receipts minus ordinary and necessary expenses required to produce income)	\$
Rental Income (gross receipts minus ordinary and necessary expenses required to produce income)	\$
Bonuses	\$
Overtime Payments	\$
Severance Pay	\$
Recurring Income from Pensions or Retirement Plans	\$
Interest and Dividends	\$
Trust Income	\$
Income from Annuities	\$
Capital Gains	\$
Social Security Disability or Retirement Benefits	\$
Worker's Compensation Benefits	\$
Unemployment Benefits	\$
Judgments from Personal Injury or Other Civil Cases	\$
Gifts (cash or other gifts that can be converted to cash)	\$
Prizes/Lottery Winnings	\$
Alimony and maintenance from persons not in this case	\$
Assets which are used for support of family	\$
Fringe Benefits (if scientifically reduce living expenses)	\$
Any other income (do NOT include means-tested Public assistance, such as TANF or food stamps)	\$
GROSS MONTHLY INCOME	\$

B. Net monthly income from employment (deducting only state and federal taxes and FICA)	\$
Affiant's pay period (i.e. weekly, bi-weekly, monthly, etc.)	
Number of exemptions claimed	

4. ASSETS

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc.).

Description	Value	Separate Asset of Husband	Separate Asset of Wife	Basis of the Claim
Cash	\$	\$	\$	
Stocks/Bonds	\$	\$	\$	
CD's / Money Market Accounts	\$	\$	\$	
Bank Accounts (list each account)				
- Wachovia	\$	\$	\$	
- Bank of America	\$	\$	\$	
Retirement Pensions, 401(k), IRA, or Profit Sharing	\$	\$	\$	
Money Owed You	\$	\$	\$	
Tax Refund Owed You	\$	\$	\$	
Real Estate: (list properties & mortgages)				
Marital Home	\$	\$	\$	
• Debt Owed	(\$)			
Real Estate: Other	\$	\$	\$	
• Debt Owed	\$			
Automobiles / Vehicles (list vehicles & amounts owed on each one)				
(1)	\$	\$	\$	
• Debt Owed	(\$)			
(2)	\$	\$	\$	
• Debt Owed	\$ 0			
Life Insurance (net cash value)	\$	\$	\$	
Furniture/Furnishings	\$	\$	\$	
Jewelry	\$	\$	\$	
Collectibles	\$	\$	\$	
Other Assets	\$	\$	\$	
TOTAL ASSETS	\$	\$	\$	

5. A. AVERAGE MONTHLY EXPENSES

HOUSEHOLD EXPENSES			
Mortgage / Rent Payments	\$	Gas	\$
Property Taxes	\$	Repairs & Maintenance	\$
Homeowner's / Renter's Insurance	\$	Lawn Care	\$
Electricity	\$	Pest Control	\$
Water	\$	Cable TV	\$
Garbage & Sewer	\$	Misc. Household & Grocery Items	\$
Telephone: Residential	\$	Meals Outside Home	\$
Telephone: Cellular	\$	Other:	\$

AUTOMOBILE EXPENSES			
Gasoline & Oil	\$	Auto Tags / Registration / Licenses	\$
Repairs	\$	Insurance	\$

OTHER VEHICLES (boats, trailers, RVs, etc.)			
Gasoline & Oil	\$	Auto Tags / Registration / Licenses	\$
Repairs	\$	Insurance	\$

CHILDREN'S EXPENSES			
Child Care (total monthly cost)	\$	Diapers	\$
School Tuition	\$	Medical / Dental/ Prescriptions (out of pocket/uncovered expenses)	\$
Tutoring	\$	Grooming / Hygiene	\$
Private Lessons (e.g., music, dance)	\$	Gifts from children to others	\$
School Supplies/ Expenses	\$	Entertainment	\$
Lunch Money	\$	Activities (including extra-curricular, school, religious, cultural, etc.)	\$
Allowance	\$	Summer Camps	\$
Clothing	\$	Other	\$
Other Educational Expenses (list)	\$	Other	\$

OTHER INSURANCE			
Health Child(ren)'s portion	\$	Life (Relationship of Beneficiary)	\$
Dental Child(ren)'s portion	\$	Disability	\$
Vision Child(ren)'s portion	\$	Other (specify):	\$

YOUR OTHER EXPENSES			
Dry Cleaning & Laundry	\$	Publications	\$
Clothing	\$	Dues / Clubs	\$
Medical / Dental / Prescription (out of pocket/uncovered expenses)	\$	Religious & Charities	\$
Affiant's Gifts (special holidays)	\$	Pet Expenses	\$
Entertainment	\$	Alimony Paid to Former Spouse	\$
Recreational Expenses (e.g., fitness)	\$	Child Support (Other Children)	\$
Vacations	\$	- Date of Initial Order:	
Travel Expenses for Visitation	\$	Other (attach sheet)	\$

TOTAL ABOVE EXPENSES (5A) *this goes on line2 of 2C on* \$

Page 1

B. PAYMENTS TO CREDITORS

To Whom	Balance Due	Monthly Payments	(please check one)		
			Joint	Husband	Wife
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			

	\$	\$			
	\$	\$			
	\$	\$			
TOTAL MONTHLY PAYMENTS TO CREDITORS	\$	\$			

C. TOTAL MONTHLY EXPENSES 5A and 5B <i>(Total Expenses from final line on page 5 plus Total Monthly Payments to Creditors Above) – this goes on line 3 of 2c on page 1</i>	\$
--	----