

Income Statement (Continued)

PACSES Case Number

Other Income:

	Week	Month	Year
	(Fill in Appropriate Column)		
Interest	\$ _____	\$ _____	\$ _____
Dividends	_____	_____	_____
Pension Distributions	_____	_____	_____
Annuity	_____	_____	_____
Social Security	_____	_____	_____
Rents	_____	_____	_____
Royalties	_____	_____	_____
Unemployment Comp.	_____	_____	_____
Workers Comp.	_____	_____	_____
Employer Fringe Benefits	_____	_____	_____
Other	_____	_____	_____
		\$ _____	\$ _____
TOTAL INCOME		\$ _____	

PROPERTY OWNED

Description	Value	Ownership*		
		H	W	J
Checking accounts	\$ _____	_____	_____	_____
Savings accounts	_____	_____	_____	_____
Credit Union	_____	_____	_____	_____
Stocks/bonds	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total	\$ _____			

INSURANCE

Company	Policy No.	Coverage*		
		H	W	C
Hospital				
Blue Cross	_____	_____	_____	_____
Other	_____	_____	_____	_____
Medical				
Blue Shield	_____	_____	_____	_____
Other	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____
Disability Income	_____	_____	_____	_____
Dental	_____	_____	_____	_____
Other	_____	_____	_____	_____

*H=Husband; W=Wife; J=Joint; C=Child

SUPPLEMENTAL INCOME STATEMENT

(a) This form is to be filled out by a person (check one):

- (1) who operates a business or practices a profession, or
- (2) who is a member of a partnership or joint venture, or
- (3) who is a shareholder in and is salaried by a closed corporation or similar entity.

(b) Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, profession, corporation or similar entity:

- (1) the most recent Federal Income Tax Return, and
- (2) the most recent Profit and Loss Statement.

(c) Name of business: _____

Address and telephone number: _____

(d) Nature of business

(check one)

- (1) partnership
- (2) joint venture
- (3) profession
- (4) closed corporation
- (5) other

(f) Annual income from business: _____

(1) How often is income received? _____

(2) Gross income per pay period: _____

(3) Net income per pay period: _____

(4) Specific deductions, if any: _____

Phone:

Fax:

vs. Plaintiff) Docket Number
)
) PACSES Case Number
)
 Defendant) Other State ID Number

Please note: All correspondence must include the PACSES Case Number.

Guidelines Expense Statement

EXPENSE STATEMENT OF

 (Name) (Pacses Number)

I verify that the statements made in this Expense Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

Date: _____

 Plaintiff or Defendant

Instructions: Guidelines Expense Statement - This form should only be completed when the combined monthly net income of the parties is \$20,000 or less and:

- 1) The party is claiming unusual needs and expenses that may warrant deviation from the support guidelines pursuant to Rule 1910.16-5, or
- 2) The party seeks an apportionment of expenses pursuant to Rule 1910.16-5.

At the conference you must provide receipts or other verification of expenses claimed on this statement.

	Weekly	Monthly	Yearly
	(Fill in Appropriate Column)		
Mortgage (including real estate taxes and homeowner's insurance) or	\$	\$	\$
Health Insurance Premiums			
Unreimbursed Medical Expenses:			
Doctor			
Dentist			
Orthodontist			
Hospital			
Medicine			
Special Needs (glasses, braces, orthopedic devices, therapy)			
Child Care			
Private school			

Guidelines Expense Statement (Continued)

PACSES Case Number

	Weekly	Monthly	Yearly
Parochial school			
Loans/Debts			
Support of Other Dependents:			
Other child support			
Alimony payments			
Other: (Specify)			
Total	\$	\$	\$

Phone:

Fax:

vs. Plaintiff) Docket Number
)
) PACSES Case Number
)
 Defendant) Other State ID Number

Please note: All correspondence must include the PACSES Case Number.

Melzer Expense Statement

EXPENSE STATEMENT OF

 (Name) (Paces Number)

I verify that the statements made in this Expense Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

Date: _____

 Plaintiff or Defendant

Instructions: You must complete this form if you believe the combined monthly net income of the parties is more than \$20,000 and the case will proceed pursuant to *Melzer v. Witsberger*, 505 Pa. 462, 480 A.2d 991 (1984). No later than five business days prior to the conference, the parties shall exchange this form, along with receipts or other verification of the expenses set forth on this form. Failure to comply with this provision may result in an appropriate order for sanctions and/or the entry of an interim order based upon the information provided.

EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT	EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT
HOME				Medical			
Mortgage or Rent				Medical Insurance			
Maintenance				Doctor			
Lawn Care				Dentist			
2nd Mortgage				Hospital			
				Medication			
UTILITIES				Counseling/Therapy			
Electric				Orthodontist			
Gas				Special Needs (glasses, etc.)			
Oil							
Telephone				EDUCATION			
Cell Phone				Tuition			
Water				Tutoring			
Sewer				Lessons			
Cable TV				Other			
Internet							
Trash/Recycling							

Melzer Expense Statement (Continued)

PACSES Case Number

EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT	EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT
TAXES				PERSONAL			
Real Estate				Debt Service			
Personal Property				Clothing			
				Groceries			
INSURANCE				Haircare			
Homeowners/Renters				Memberships			
Automobile							
Life				MISCELLANEOUS			
Accident/Disability				Child Care			
Excess Coverage				Household Help			
Long-Term Care				Summer Camp			
				Papers/Books/Magazines			
AUTOMOBILE				Entertainment			
Lease or Loan Payments				Pet Expenses			
Fuel				Vacations			
Repairs				Gifts			
Memberships				Legal Fees/Prof. Fees			
				Charitable Contributions			
				Children's Parties			
				Children's Allowances			
				Other Child Support			
				Alimony Payments			
				TOTAL MONTHLY EXPENSES			