BUDGET FORM

This budget form will help you fill out part of the Financial Declaration form which you must sign under oath and file with the Family Court. It is important to be accurate. You will be cross-examined about your Financial Declaration. The numbers and items on this budget form correspond with the items on the second page of the Financial Declaration. Once you have completed this form, you can take the amounts calculated by you, number by number, and place them on the second page of the Financial Declaration.

1. Note or mortgage payments (residence):

(a) House payment.....$_____

(b) Rent.....$_____

SUBTOTAL Note/Mortgage: $_____

2. Real Property Taxes(residence).....$_____

3. Real Property Insurance (residence)

(a) Homeowners.....$_____

(b) Renter's Insurance.....$_____

SUBTOTAL Property Insurance: $_____

4. Maintenance (residence):

(a) Upkeep and repairs.....$_____

(b) Appliance repair and replacement.....$_____

(c) Furnishings and fixtures.....$_____

SUBTOTAL Maintenance: $_____

5. Food and Household Supplies:

(a) Beverage.....$_____

(b) Food/Groceries.....$_____

SUBTOTAL Food and Supplies: $_____

6. Utilities:

(a) Electric and Gas.....$_____

(b) Water & Sewer.....$_____

(c) Sewer and garbage.....$_____

SUBTOTAL Utilities: $_____

7.Telephone..... $_____

8.Laundry and Cleaning..... $_____

9.Clothing..... $_____

10. Medical:

(a) Drug expenses.....$_____

(b) Outstanding doctors' bills.....$_____

(c) Physicals & office visits.....$_____

(d) Eyes: contacts/glasses.....$_____

(e) Other.....$_____

SUBTOTAL Medical expenses: $_____

11. Dental Expenses:

(a) Office visits/check ups.....$_____

(b) Outstanding dental bills.....$_____

(c) Drug expenses.....$_____

(d) Orthodontist.....$_____

SUBTOTAL Dental expenses: $_____

12. Insurance (life, health, accident):

(a) Life Insurance.....$_____

(b) Health/Hospitalization.....$_____

(c) Dental.....$_____

(d) Accident.....$_____

(e) Other.....$_____

SUBTOTAL Insurance premiums: $_____

13. Child Care:

(a) Day care center.....$_____

(b) After school care.....$_____

(c) Babysitters.....$_____

(d) Child's allowance.....$_____

(e) Other.....$_____

SUBTOTAL Child Care Expense: $_____

14. Payment of child/spousal support: prior marriage. $_____

15. School Expenses:

(a) Kindergarten fee.....$_____

(b) Private school tuition.....$_____

(c) School fees, books, etc.....$_____

(d) School lunches.....$_____

(e) Building fund fee.....$_____

(f) Other.....$_____

SUBTOTAL School Expenses: $_____

16. Entertainment:

(a) Vacations and trips.....$_____

(b) Summer camp.....$_____

(c) Movies & theater.....$_____

(d) Business entertainment.....$_____

SUBTOTAL Entertainment: $_____

17. Incidentals:

(a) Beauty and barber.....$_____

(b) Cosmetics.....$_____

(c) Non-prescription drugs.....$_____

(d) Other.....$_____

SUBTOTAL Incidentals: $_____

18. Auto Expenses:

(a) Car insurance.....$_____

(b) Gas and oil.....$_____

(c) Upkeep and repairs.....$_____

(d) License, registration, taxes...$_____

SUBTOTAL Auto Expenses: $_____

19. Auto Payments..... $_____

20. Installment Payments:

(a) VISA.....$_____

(b) Master Card.....$_____

(c) Discover Card.....$_____

(d) Department Stores.....$_____

_____.....$_____

_____.....$_____

_____.....$_____

(e) Bank.....$_____

_____.....$_____

_____.....$_____

(f) Gas Company cards.....$_____

_____.....$_____

_____.....$_____

(g) Other.....$_____

SUBTOTAL Installment Payments:$_____

21. Other:

(a) Maid/House Cleaner.....$_____

(b) Newspaper/Magazines.....$_____

(c) Church.....$_____

(d) Club Dues.....$_____

(e) Pet care.....$_____

(f) Gifts, including Christmas.....$_____

(g) State taxes.....$_____

(g) Federal taxes.....$_____

SUBTOTAL Other: $_____

TOTAL ALL CATEGORIES: $ _____