

Circuit Court for \_\_\_\_\_ Case No. \_\_\_\_\_  
City or County

Name	VS.	Name
Street Address	Apt. #	Street Address
City	State	City
Zip Code	Area Code	State
Telephone		Zip Code
<i>Plaintiff</i>		<i>Defendant</i>

**FINANCIAL STATEMENT**  
**(Short)**  
**(DOM REL 30)**

I, \_\_\_\_\_, state that:

I am the  mother/ father or \_\_\_\_\_  
My name  
Check One State Relationship (for example, aunt, grandfather, guardian, etc.)  
of the minor child(ren):

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

The following is a list of my income and expenses (see below\*):

*See definitions on back before filling out.*

Total monthly income (before taxes) \$ \_\_\_\_\_

Child support I am paying for my other child(ren) each month \_\_\_\_\_

Alimony I am paying each month to \_\_\_\_\_  
Name of Person(s)

Alimony I am receiving each month from \_\_\_\_\_  
Name of Person(s)

For the child or children listed above:

Monthly health insurance premium \_\_\_\_\_

Work-related monthly child care expenses \_\_\_\_\_

Extraordinary monthly medical expenses \_\_\_\_\_

School and transportation expenses \_\_\_\_\_

\*To figure the monthly amount of expenses, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 12.

If you do not pay the same amount each month for any of the categories listed, figure what your average monthly expense is.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Total Monthly Income:** Include income from all sources including self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintenance received, tips, income from side jobs, severance pay, capitol gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or AFDC.

**Extraordinary Medical Expenses:** Uninsured expenses over \$100 for a single illness or condition including orthodontia, dental treatment, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

**Child Care Expenses:** Actual child care expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

**School and Transportation Expenses:** Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child or expenses for transportation of the child between the homes of the parents.