NO. _____

	§	**IN THE DISTRICT COURT**
_____	§	
	§	**387TH JUDICIAL DISTRICT**
_____	§	
	§	**FORT BEND COUNTY, TEXAS**
_____	§	

FINANCIAL INFORMATION STATEMENT
TEMPORARY ORDERS/FINAL ORDERS (circle one)

This statement is submitted by _____.

1. Date of marriage:_____ Date of separation:_____

2. Children of parties (if applicable) names and ages:

   _____ _____ _____ _____ _____

3. Gross earnings from primary employment per month $_____

   Self Employed (Yes/No) _____

   Withholding $_____

   FICA $_____

   Mandatory Retirement $_____

   Voluntary Retirement $_____

   Deferred Compensation $_____

   Life Insurance $_____

   Credit Union Savings $_____

   Health Insurance $_____

   Other $_____

Total deductions $_____

Client's net income from primary employment per month $_____

Client's average income from other sources per month $_____

Other Income (*itemized below*) $_____

_____

_____

_____

CLIENT'S TOTAL NET INCOME PER MONTH **$_____**

(Please attach applicable 1040s, W-2s or most recent pay stub.)

5. Funds and assets readily convertible into cash in control of Client:

Accounts in financial institutions (banks, savings and loans, credit unions, certificates of deposit) $_____

Stocks and bonds $_____

6. **NECESSARY MONTHLY LIVING EXPENSES**:

a. House mortgage payment or rent (*include second mortgage, insurance, taxes, condominium assessments if included with mortgage payment*) $_____

b. Real Property Taxes (*if not included with mortgage payment*) $_____

c. Renters Ins. Or Fire Insurance $_____

d. Maintenance of residence (repairs, yard work, etc.) $_____

e. Utilities – (gas, water, electric, garbage, sewer, etc) $_____

f. Telephone $_____

g. Groceries $_____

h. Dining out $_____

i. School Lunches $_____

j. Uninsured doctor expenses $_____

k. Uninsured prescription and pharmaceutical expenses $_____

l. Uninsured routine dental care $_____

m. Uninsured orthodontic care $_____

n. Health and Hospitalization insurance $_____
(*if not paid by employer or deducted from wages*)

o. Life Insurance (*if not paid by employer or deducted* from wages) $_____

p. Clothing Purchases $_____

q. Laundry and/or Dry Cleaning $_____

r. Car payments $_____

s. Car insurance $_____

t. Gasoline $_____

u. Parking, Bus Fares, Tolls $_____

v. Car Repair and Maintenance $_____

w. School Tuition $_____

x. School Supplies $_____

y. Children's Extracurricular Activities $_____

z. Childcare (*while at work*) $_____

aa. Childcare (*at other times*) $_____

ab. Entertainment $_____

ac. Hairstyling, barber $_____

ad. Donations – (*regular/monthly*) $_____

ae. Dues $_____

af. Subscriptions $_____

ag. Prior Obligations for Child Support or Spousal Maintenance $_____

ah. Attorney's fees (*if paid monthly*) $_____

7. Debts (exclude all items listed above:

Creditor	Balance of Debt	Minimum Monthly Payment

TOTAL MONTHLY PAYMENTS TO CREDITORS $_____
(Number 7 itemized above)

GRAND TOTAL MONTHLY EXPENSES $_____

NET INCOME $_____
(*After Deducting All Monthly Payments*)

SIGNED on _____.

_____
SIGNATURE OF CLIENT