NOTICE:

This form is to be completed and a copy furnished to opposing counsel and to the Clerk of the Court prior to the hearing. All columns must be totaled. Provide past 2 years IRS returns and 2 most recent payroll stubs and if none, provide W-2 forms.

## FINANCIAL INFORMATION STATEMENT

DRNEY  Date of Marriage:	\$	) (	EY pate of Separat	() (	· · · · · · · · · · · · · · · · · · ·
DRNEY  Date of Marriage:	\$	ATTORNI D ) ( WIF!	EY  pate of Separal  ()	() (	) () HUSBAND
Date of Marriage:	\$	_ D ) (	EY  pate of Separat  ()	() (	) () HUSBAND
Ages of Children: () () () GROSS MONTHLY RESOURCES:  Wages/Salary Overtime Bonus Commissions/Tips Interest on Savings Dividends Royalty Income Trust Income Net Rental Income Retirement/Pension Income Annuities Capital Gains Social Security Benefits	\$	) (	) () E	() (	) () HUSBAND
GROSS MONTHLY RESOURCES:  Wages/Salary Overtime Bonus Commissions/Tips Interest on Savings Dividends Royalty Income Trust Income Net Rental Income Retirement/Pension Income Annuities Capital Gains Social Security Benefits	\$	WIF	Ę		HUSBAND
Wages/Salary Overtime Bonus Commissions/Tips Interest on Savings Dividends Royalty Income Trust Income Net Rental Income Retirement/Pension Income Annuities Capital Gains Social Security Benefits					
Overtime Bonus Commissions/Tips Interest on Savings Dividends Royalty Income Trust Income Net Rental Income Retirement/Pension Income Annuities Capital Gains Social Security Benefits					
Bonus Commissions/Tips Interest on Savings Dividends Royalty Income Trust Income Net Rental Income Retirement/Pension Income Annuities Capital Gains Social Security Benefits					
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Interest on Savings Dividends Royalty Income Trust Income Net Rental Income Retirement/Pension Income Annuities Capital Gains Social Security Benefits					
Dividends Royalty Income Trust Income Net Rental Income Retirement/Pension Income Annuities Capital Gains Social Security Benefits				·	
Royalty Income Trust Income Net Rental Income Retirement/Pension Income Annuities Capital Gains Social Security Benefits					
Trust Income Net Rental Income Retirement/Pension Income Annuities Capital Gains Social Security Benefits					
Net Rental Income Retirement/Pension Income Annuities Capital Gains Social Security Benefits					
Retirement/Pension Income Annuities Capital Gains Social Security Benefits					
Annuities Capital Gains Social Security Benefits					
Social Security Benefits		<del></del> ,			
				. <u> </u>	
			<del></del>		
Unemployment Benefits		•	<del></del>		
Disability/Workman's Comp.					
Interest on Notes Accounts Receivable					
			<del></del>		
Other Income					
TOTAL RESOURCES:	\$	·		\$	
DEDUCTIONS:		•	•		
•				<b>}</b> —	· · · · · · · · · · · · · · · · · · ·
	·			( )—	
	}			{ }—	
	} —			{ }	
Miscellaneous	(			í	-
TOTAL DEDUCTIONS:	(\$			) (\$_	· · · · · · · · · · · · · · · · · · ·
NET MONTHLY INCOME:	\$			. \$	
EMPLOYMENT:					
WIFE	•		<del>,</del>	·	
HUSBAND		<u> </u>	· .=		
HUSBAND IS PAID EVERY:  week	□tv	vo weeks		montf	
Date Next Check is Received: WIFE		<del> </del>	_ HUSBAND		· · · · · · · · · · · · · · · · · · ·
QUICK ASSETS:					<u>HUSBAND</u>
	\$			\$ _	
Financial Institutions					
Other					
	TOTAL RESOURCES:  DEDUCTIONS:  Withholding Tax FICA Retirement Union Dues Health Insurance Health Insurance for Children Miscellaneous  TOTAL DEDUCTIONS:  NET MONTHLY INCOME: EMPLOYMENT:  WIFE	Other Income  TOTAL RESOURCES: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			

	House Payment/Rent Utilities	\$	Clothing	ARD
	Food		Classical condit.	
	Doctor/Dentist/etc.		Logal Fame	
	Insurance Payment		Glfts	
	Car Payments		Church Support	utta-
	Gas/Oll/Parking	<del> </del>	Entertainment/Activ	ITIES
	Car Maintenance		for children Miscellaneous:	<u> </u>
	Child Care/School		IVISCOIRI ISSUE.	
	Tuition Lunches/Supplies			
	Haircuts			
	TICHOUG			
	SUBTOTAL:	\$	TOTAL:	\$
9.	OEBTS (OTHER THAN LISTED	IN NUMBER 8 A		
		AMOUNT	MONTHLY PAYME	<u>NT</u>
		\$		· -
•				• ,
		<del></del>		•
	- Annother the Control of the Contro			-
				•
	<u>'</u>			
	TOTAL MONTHLY:		· \$	+\$
10.	GRAND TOTAL MONTHLY EX	PENSES:		<u> </u>
11.	necessary or within the ability of	my spouse to pa	VING SUPPORT) I feel that the fo ay, and it will be fair and equitable to EACH PAY PERI	adding the following.
	a. For temporary alimony		\$	\$
	b. For child support		†	+
12.	Total lines 11a and 11b		\$	_ \$
13.	Payee's Net Resources		†	_ +
14.	Total lines 12 and 13		\$	\$
15.	Payor's Net Income		\$	\$
16.	Less Alimony and Support (line	12)	(	_) (
17.	Net Payor after deduction of ch	ild support and al	limony \$	\$
18.	(ANSWER ONLY IF YOU AN'T or monthly would be:	ICIPATE PAYIN	G SUPPORT) I feel that a reasonat	ole sum for me to pay weekl
	a. For temporary alimony		\$	\$
	b. For child support		+	_ + <u> </u>
19,	Total lines 18a and 18b		\$	\$
			•	
				•
	•			
DA	TE:		WIFE'S SIGNATURE	
DA	TE:		HUSBAND'S SIGNATURE	
			DUODAND O OIGIMIONE	and the second s

NECESSARY MONTHLY EXPENSES: