

NO. \_\_\_\_\_

IN THE MATTER OF  
THE MARRIAGE OF

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§  
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§

IN THE DISTRICT COURT

AND

\_\_\_\_\_ JUDICIAL DISTRICT

AND IN THE INTEREST OF  
\_\_\_\_\_, A CHILD

\_\_\_\_\_ COUNTY, TEXAS

**FINANCIAL INFORMATION STATEMENT**

This statement is submitted by \_\_\_\_\_, Wife/Husband

1. Date of marriage: \_\_\_\_\_

2. Date of separation: \_\_\_\_\_

3. Age of child/ren of this marriage:  
\_\_\_\_\_ Age: \_\_\_\_\_

4. Husband's occupation: \_\_\_\_\_

5. Husband's gross earnings from primary employment per month \$ \_\_\_\_\_

Withholding/FICA \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Retirement \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total deductions** \$ \_\_\_\_\_

Husband's net income from primary employment per month \$ \_\_\_\_\_

Husband's average income from other sources per month \$ \_\_\_\_\_

Husband's net income per month \$ \_\_\_\_\_

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

6. Wife's occupation: \_\_\_\_\_
7. Wife's gross earnings from primary employment per month \$ \_\_\_\_\_
- |                         |                 |
|-------------------------|-----------------|
| Withholding/FICA        | \$ _____        |
| Insurance               | \$ _____        |
| Retirement              | \$ _____        |
| Other                   | \$ _____        |
| <b>Total deductions</b> | <b>\$ _____</b> |
- Wife's net income from primary employment per month \$ \_\_\_\_\_
- Wife's average income from other sources per month \$ \_\_\_\_\_
- Wife's net income per month \$ \_\_\_\_\_
- (Please attach applicable 1040s, W-2s or most recent pay stub.)
8. Necessary monthly living expenses:
- |   |          |
|---|----------|
| House payment or rent<br>(include second mortgage, insurance, taxes, condominium assessments) | \$ _____ |
| Utilities including telephone   | \$ _____ |
| Food including school lunches   | \$ _____ |
| Child care  | \$ _____ |
| Car payments and auto insurance   | \$ _____ |
| Gasoline, oil, parking, bus fares, tolls, repairs   | \$ _____ |
| Attorney's fees   | \$ _____ |
| Health and life insurance premiums<br>(exclude company-paid insurance)                        | \$ _____ |
| Uninsured medical and drug expenses   | \$ _____ |
| Uninsured dental and orthodontic expenses   | \$ _____ |

Uninsured mental health care expenses \$ \_\_\_\_\_  
 Clothing and laundry \$ \_\_\_\_\_  
 Personal (entertainment, adult education, etc.) \$ \_\_\_\_\_  
 Minimum monthly debt service (see item 9. below) \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

9. Debts (exclude house mortgage and car payments):

<u>Creditor</u>	<u>Balance of Debt</u>	<u>Minimum Monthly Payment</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

10. Funds and assets readily convertible into cash in control of Husband:

Accounts in financial institutions (banks, savings and loans, credit unions, certificates of deposit) \$ \_\_\_\_\_  
 Stocks and bonds \$ \_\_\_\_\_

11. Funds and assets readily convertible into cash in control of Wife:

Accounts in financial institutions \$ \_\_\_\_\_  
 Stocks and bonds \$ \_\_\_\_\_

12. Child/ren presently residing with: Mother/Father

13. Amount I want to receive/pay as:

Temporary child support \$ \_\_\_\_\_  
 Temporary spousal support \$ \_\_\_\_\_

SIGNED on \_\_\_\_\_, 2011.

\_\_\_\_\_  
 Wife/Husband