



7. **NAME OF EMPLOYER:** \_\_\_\_\_

**ADDRESS OF EMPLOYER:** \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

8. **IF UNEMPLOYED NOW, WHY?** \_\_\_\_\_

**YOUR USUAL OCCUPATION?** \_\_\_\_\_

**WHEN LAST EMPLOYED:** \_\_\_\_\_

9. **LIST ALL INCOME YOU RECEIVE FROM ANY SOURCE:**

INCOME	DOLLAR AMOUNT
Gross <b>monthly</b> pay (wages, salary, tips, commission, etc.)	\$
Rents (amount after expenses deducted)	\$
Pensions and retirement income	\$
Social Security income	\$
Dividends and interest income	\$
Disability and unemployment pay	\$
Current child support and spousal maintenance received	\$
Welfare and Aid to Dependent Children	\$
Trust funds	\$
Income from any other source	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

10. **LIST ALL BANKS, SAVINGS AND LOAN, CREDIT UNIONS, OR OTHER FINANCIAL INSTITUTIONS IN WHICH YOU HOLD ACCOUNTS AND/OR SHARES:**

INSTITUTION	ADDRESS	DOLLAR AMOUNT
		\$
		\$
		\$

INSTITUTION	ADDRESS	DOLLAR AMOUNT
		\$
		\$
		\$

11. LIST THE NAMES OF ANY INDIVIDUALS OTHER THAN THOSE NAMED IN THE PRESENT ACTION, WHOM YOU ARE UNDER COURT ORDER TO SUPPORT, AS WELL AS THE AMOUNT OF THE ORDER:

NAME	AMT. OF ORDER
	\$
	\$
	\$
	\$
	\$

12. LIST ALL PROPERTY, INCLUDING YOUR HOME AND ALL MOTOR VEHICLES, ITS VALUE ANY LIENS OR INDEBTEDNESS, AND WHO INDEBTEDNESS IS OWED:

DESCRIPTION OF PROPERTY	VALUE	INDEBTEDNESS OF LIEN	TO WHOM OWED
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

**13. LIST ALL MONTHLY EXPENSES WHICH YOU ARE RESPONSIBLE TO PAY AT THE PRESENT TIME:**

<b>MORTGAGE/RENT</b> \$ _____	<b>GAS &amp; ELECTRIC</b> \$ _____	<b>TELEPHONE</b> \$ _____	<b>WATER</b> \$ _____
<b>FOOD</b> \$ _____	<b>MEDICAL &amp; DENTAL INSURANCE</b> \$ _____	<b>TRANSPORTATION</b> (Gas, Bus Fare, <u>Not</u> car payment) \$ _____	<b>OTHER</b> \$ _____

**14. LIST ALL INSTALLMENT CONTRACTS AND REVOLVING CREDIT PAYMENTS THAT YOU HAVE NOT INCLUDED IN ITEM 14:**

TO WHOM OWED	MONTHLY AMOUNT	BALANCE DUE
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**15. TOTAL MONTHLY EXPENSES (TOTAL ITEMS 14 AND 15):**

\$
----

**UNDER OATH OR BY AFFIRMATION**

**I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

Sworn to or Affirmed before me this \_\_\_\_\_ by \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Printed Name

My Commission Expires: (or Seal below) \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk or  Notary Public