

TEMPORARY ORDERS - FINANCIAL INFORMATION (EXPENSE) STATEMENT

Cause No. _____

As of: _____

Movant: _____ Respondent: _____

Movant's Attorney: _____ Respondent's Attorney: _____

I CERTIFY THAT THE INFORMATION LISTED BELOW IS TRUE AND
CORRECT.

HOUSING

1. Rent/House Payment.	\$ _____
2. Insurance.	\$ _____
3. Maintenance.	\$ _____
4. Utilities (gas, water, & electric).	\$ _____
5. Telephone.	\$ _____
6. Cleaning.	\$ _____
SUBTOTAL HOUSING.	\$ _____

AUTO/TRANSPORTATION

1. Auto Loan/Lease Payment.	\$ _____
2. Auto Loan/Lease Payment.	\$ _____
3. Insurance.	\$ _____
4. Gasoline/Oil.	\$ _____
5. Maintenance/Repair.	\$ _____
SUBTOTAL AUTO/TRANSPORTATION.	\$ _____

INSURANCE

1. Life.	\$ _____
2. Health/Hospitalization.	\$ _____
3. Disability.	\$ _____
4. Other.	\$ _____
SUBTOTAL INSURANCE.	\$ _____

FOOD

1. Groceries (include usual household supplies).	\$ _____
2. School/Work Lunches.	\$ _____

3. Dining Out. \$ _____
SUBTOTAL FOOD. \$ _____

MEDICAL (Not covered by insurance.)

1. Doctors. \$ _____
2. Dentists. \$ _____
3. Orthodontists. \$ _____
4. Optician/Ophthalmologist/Optomestrist). \$ _____
5. Prescription Medication. \$ _____
6. Over-the-Counter Medication. \$ _____
SUBTOTAL MEDICAL. \$ _____

EDUCATION

1. Tuition. \$ _____
2. Fees. \$ _____
3. Books/Supplies. \$ _____
SUBTOTAL EDUCATION. \$ _____

PERSONAL

1. Grooming (barber, hair-dresser).. \$ _____
2. Clothing. \$ _____
3. Cleaning/Laundry.. \$ _____
4. Entertainment. \$ _____
SUBTOTAL PERSONAL. \$ _____

CHILD CARE

1. Day Care. \$ _____
2. Before/After School Care.. \$ _____
3. Sitters. \$ _____
4. Extracurricular Activities.. \$ _____
SUBTOTAL CHILD CARE. \$ _____

DUES/LICENSES (Union, Professional, Etc.). \$ _____

OTHER (Loans/Credit Cards/Expense)

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
SUBTOTAL OTHER. \$ _____

TOTAL MONTHLY EXPENSES. \$ _____