

Circuit Court for _____
City or County

Name _____ Name _____
Street Address _____ Apt. # _____ Street Address _____ Apt. # _____
City _____ State _____ Zip Code _____ Area Code _____ Telephone _____ City _____ State _____ Zip Code _____ Area Code _____ Telephone _____

Plaintiff

Defendant

FINANCIAL STATEMENT
(Short)
(DOM REL 30)

I, _____, state that:
My name

I am the mother/ father or _____
Check One State Relationship (for example, aunt, grandfather, guardian, etc.)

of the minor child(ren):

_____	_____	_____	_____
Name of Child	Date of Birth	Name of Child	Date of Birth
_____	_____	_____	_____
Name of Child	Date of Birth	Name of Child	Date of Birth
_____	_____	_____	_____
Name of Child	Date of Birth	Name of Child	Date of Birth

The following is a list of my income and expenses (see below*):

See definitions on back before filling out.

Total monthly income (before taxes) _____

Child support I am paying for my other child(ren) each month _____

Alimony I am paying each month to _____
Name of Person(s)

Alimony I am receiving each month from _____
Name of Person(s)

For the child or children listed above:

Monthly health insurance premium _____

Work-related monthly child care expenses _____

Extraordinary monthly medical expenses _____

School and transportation expenses _____

*To figure the monthly amount of expenses, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 12. If you do not pay the same amount each month for any of the categories listed, figure what your average monthly expense is.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information and belief.

Date

Signature

Total Monthly Income: Include income from all sources including self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintains received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or AFDC.

Extraordinary Medical Expenses: Uninsured expenses over \$100 for single illness or condition including orthodontia, dental treatment, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

Child Care Expenses: Actual child care expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

School and Transportation Expenses: Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child or expenses for transportation of the child between the homes of the parents.