

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

IN THE MATTER OF THE MARRIAGE OF I IN THE DISTRICT COURT  
AND I JUDICIAL DISTRICT  
I COMAL COUNTY, TEXAS

FINANCIAL INFORMATION STATEMENT

I, \_\_\_\_\_, would testify under oath in open court that the following information is true and correct. I understand that at a court hearing I may be required to prove these amounts by testimony and by records such as pay vouchers, cancelled checks, receipts and bills.

TOTAL MONEY RECEIVED PER MONTH:  
(Describe each item)

	GROSS	*DEDUCTIONS	NET
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____

TOTAL MONEY RECEIVED PER MONTH \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*Deductions for debt payments, savings, and investments must be included as Gross and not as Deductions.

TOTAL MONEY NEEDED PER MONTH BY ME AND MINOR CHILDREN LIVING WITH ME. FOR ITEMS WHICH ARE NOT PAID MONTHLY, SUCH AS A PROMISSORY NOTE OR INSURANCE PAYMENT, CALCULATE THE MONTHLY AMOUNT.

- |  |          |  |          |
|--|----------|--|----------|
| 1. Rent or House Payment   | \$ _____ | 16. Insurance-Home (omit if part of house pmt.)                | \$ _____ |
| 2. Real Property taxes (omit if part of house payment)           | \$ _____ | 17. Insurance-Health (omit if payroll deduction)               | \$ _____ |
| 3. Utilities-Gas   | \$ _____ | 18. Child Care   | \$ _____ |
| 4. Utilities-Elec. & Water                                       | \$ _____ | 19. Children's Activities                                      | \$ _____ |
| 5. Utilities-Telephone   | \$ _____ | 20. Entertainment  | \$ _____ |
| 6. Groceries & household items                                   | \$ _____ | 21. OTHER (Specify)  | \$ _____ |
| 7. Meals away from home  | \$ _____ | _____  | \$ _____ |
| 8. School lunches  | \$ _____ | _____  | \$ _____ |
| 9. Dental  | \$ _____ | _____  | \$ _____ |
| 10. Medical & Prescriptions                                      | \$ _____ | 22. Monthly payments on debts (list below and show total here) | \$ _____ |
| 11. Laundry & Dry Cleaning                                       | \$ _____ | 23. Support or Alimony payments                                | \$ _____ |
| 12. Gasoline, Vehicle Maintenance & other transportation expense | \$ _____ |  |          |
| 13. Clothing   | \$ _____ |  |          |
| 14. Insurance-Car  | \$ _____ |  |          |
| 15. Insurance-Life   | \$ _____ |  |          |

TOTAL MONEY NEEDED PER MONTH: \$ \_\_\_\_\_  
DIFFERENCE BETWEEN MONEY RECEIVED & MONEY NEEDED \$ \_\_\_\_\_

MONTHLY PAYMENTS ON INDEBTEDNESS:

I am obligated to make regular payments on the following debts:

DESCRIPTION OF DEBT	BALANCE NOW OWED	AMOUNT OF MONTHLY PAYMENT	DATE OF LAST PAYMENT
_____			
_____			
_____			
_____			
_____			
_____			

Total monthly payment on debts. (Enter total on Line 22 above). \$ \_\_\_\_\_