

Cause No. \_\_\_\_\_

IN THE MATTER OF THE MARRIAGE OF           §           IN THE DISTRICT COURT  
 \_\_\_\_\_ §           \_\_\_\_\_ JUDICIAL DISTRICT  
 AND  
 \_\_\_\_\_ §           OF HAYS 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.

<b>TOTAL MONEY RECEIVED PER MONTH *</b>			
Description	Gross	**Deductions	Net Pay
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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

For items not paid monthly, such as a promissory note or insurance payment, calculate the monthly amount.

<b>TOTAL MONTHLY LIVING EXPENSES FOR SELF &amp; MINOR CHILDREN*</b>			
Description	Amount	Description	Amount
1. Rent or House Payment	\$	14. Insurance-Car	\$
2. Real Property Taxes <i>(Omit if part of house payment.)</i>	\$	15. Insurance-Life	\$
3. Utilities-Gas	\$	16. Insurance-Home <i>(Omit if part of house payment.)</i>	\$
4. Utilities-Electric & Water	\$	17. Insurance-Health <i>(Omit if payroll deduction.)</i>	\$
5. Utilities-Telephone	\$	18. Child Care	\$
6. Groceries & Household Items	\$	19. Children's Activities	\$
7. Meals away from home	\$	20. Entertainment	\$
8. School Lunches	\$	21. Other-Specify	\$
9. Dental	\$		\$
10. Medical & Prescriptions	\$		\$
11. Laundry & Dry Cleaning	\$		\$
12. Transportation Expenses, Gas & Vehicle Maintenance	\$	22. Monthly payments on Debts <i>(Total of those listed below.)</i>	\$
13. Clothing	\$	23. Child Support or Alimony Payment	\$
<b>TOTAL MONTHLY LIVING EXPENSES (add both columns)</b>			<b>\$</b>
<b>DIFFERENCE between TOTAL INCOME and TOTAL LIVING EXPENSES (subtract expenses from income)</b>			<b>\$</b>

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

<b>MONTHLY PAYMENTS OF INDEBTEDNESS*</b>			
Description of Debt	Balance Owed	Monthly Payment	Date of Last Payment
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
4.	\$	\$	
<b>TOTAL MONTHLY DEBT PAYMENTS (Enter on Line 22 above.)</b>			<b>\$</b>

\*Round to nearest dollar amount. Add pages, if needed; be sure to include amounts in totals.

\_\_\_\_\_  
Signature