IN THE THIRD CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE AT NASHVILLE

_____	)	
Plaintiff,	)	
	)	
v.	)	**Case No. _____**
	)	**JUDGE C. MANCE**
_____	)	
Defendant.	)	

STATEMENT OF ISSUES, INCOME, AND EXPENSES

ISSUES: The issues in this cause *pendente lite* include: (check all that apply)

_____ Temporary Visitation/Parenting Time

_____ Temporary Child Support

_____ Temporary Spousal Support

_____ Temporary Possession of the Marital Home

_____ Temporary Allocation of Marital Expenses

INCOME: It is mandatory to attach payroll records, leave earning statement from the military, or other proof of income for the past six (6) most recent pay periods. If such income information is not available, then the past two (2) years of tax returns and all schedules are required to be attached.

I. INCOME	
a. **Employer's Name**	
b. **Employer's Address**	
c. **Monthly Gross Income**	**$**
d. **Monthly Federal Tax Deduction**	**-$**
e. **Monthly FICA Deduction**	**-$**
f. **Other Deductions (describe)**	**-$**
g. **Other Income (from any source)**	**$**
h. **Net Monthly Income (c – d – e – f + g)**	**$**
II. OTHER HOUSEHOLD RESIDENTS (other than minor children)	

a. Name: Relationship to Party: Net Income: b. Name: Relationship to Party: Net Income:	Total Net Income of Other Household Residents: $
III. HEALTH INSURANCE INFORMATION	
a. Provided by employer? Yes/No	If yes: Cost: $
b. Self-Employed/Provide Own Insurance: Yes/No	If yes: Cost: $
c. No Health Insurance Coverage? Yes/No	
d. List all persons covered under any existing health insurance plan:	
IV. HOUSEHOLD MONTHLY EXPENSES	
a. Mortgage (PITI)/Rent	$
b. Real Estate Property Taxes	$
c. Personal Property Taxes	$
d. Homeowner's Insurance	$
e. Repairs/Maintenance	$
f. Furniture/Furnishings	$
g. Electricity	$
h. Gas/Heating Oil	$
i. Water/Sewer	$
j. Telephone (home phone and cell phone)	$
k. Trash Service	$
l. Cable/TV	$
m. Groceries	$
n. Meals Out	$
o. Other (describe)	$
	TOTAL: $
V. AUTOMOBILE EXPENSES	
a. Automobile Payment	$
b. Gasoline	$
c. Auto Repair/Maintenance	$
d. Auto Insurance	$
e. Tags/Inspection, etc.	$
f. Other (describe)	$
	TOTAL: $
VI. CLOTHING	
a. New (excluding children)	$
b. Cleaning/Laundry	$
c. Uniforms	$
	TOTAL: $
VII. INSURANCE/HEALTH EXPENSES	
a. Medical/Health Care (not covered by insurance)	$
b. Dental Expenses (not covered by insurance)	$

c. Prescription Medications (not covered by insurance)	**$**
d. Optical Expenses (not covered by insurance)	**$**
e. Life Insurance	**$**
f. Renter's Insurance	**$**
g. Other (describe)	**$**
	TOTAL: $
VIII. MISCELLANEOUS EXPENSES	
a. Credit Cards	**$**
b. Dues – Professional/Social Associations/Homeowner's Association	**$**
c. Gifts	**$**
d. Church/Charity	**$**
e. Entertainment/Recreation	**$**
f. Vacations	**$**
g. Personal Grooming	**$**
h. Newspapers/Publications	**$**
i. Other Insurance	**$**
j. Other (describe)	**$**
	TOTAL: $
IX. EXPENSES FOR CHILDREN	
a. Child Care	**$**
b. School Tuition	**$**
c. Lunch Money	**$**
d. School Supplies	**$**
e. Lessons/Sports	**$**
f. New Clothing	**$**
g. Personal Grooming	**$**
h. Allowance	**$**
i. Other (describe)	**$**
	TOTAL: $
TOTAL MONTHLY EXPENSES	**$**
TOTAL NET INCOME BALANCE (subtract monthly expenses from net monthly income)	**$**

SUPPLEMENTAL INCOME STATEMENT

Name of Party Submitting this Form: _____

This page must be filled out if you:

1. Are self-employed, or

2. Operate a business or practice a profession, or
3. Are a member of a partnership or joint venture, or
4. Are a shareholder in and are salaried by a closed corporation or similar entity.

Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, professional corporation or similar entity:

1. The most recent Federal Income Tax Return; and
2. The most recent Profit and Loss Statement.

Name of Business: _____

Address of Business: _____

Telephone Number: _____

Nature of Business: (check one)

_____ Partnership

_____ Joint Venture

_____ Professional

_____ Closed Corporation

_____ Other (describe) _____

Name of Accountant, controller, or other person in charge of financial records:

_____

Address: _____

Annual Income from Business: $_____

How often is income received? _____

Gross income per pay period: $_____

Net income per pay period: $_____

Specified Deductions, if any: _____

DECLARATION

I, _____, declare under the penalty of perjury that the above
(**Print Name)**
Income and Expense Statement, including all attachments, is complete, true, and correct.

_____
Signature

_____
State Bar No. (if any)

_____
Address

_____
Telephone Number

_____
Email Address

_____
Date

SWORN TO and SUBSCRIBED before me
this _____ day of _____, 202___.

_____
NOTARY PUBLIC
My Commission Expires: _____

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing has been delivered by U.S. Mail to the following:

On this the _____ day of _____, 202___.

_____