

IN THE _____ COURT OF DAVIDSON COUNTY, TENNESSEE

Complainant
 vs. _____ CASE NO. _____
 Defendant

INCOME AND EXPENSE STATEMENT

INCOME: It is mandatory to attach payroll records, leave earning statements from the military, or other proof of income for the past six most recent pay periods.

- A.** 1. Employer: _____
 Address: _____
 2. My gross wages and commission: Weekly _____
 Twice Monthly _____ Monthly _____ \$ _____
 3. Deductions each pay period: _____ Federal Tax _____
 FICA _____ Other _____ \$ _____
 4. Net take-home earnings on a _____ basis \$ _____
- B.** Other income (from any source): _____
- NET TAKE-HOME MONTHLY TOTAL** \$ _____
- C.** Other Household Residents:
1. Name: _____
 Relationship to party: _____ Net Income _____
2. Name: _____
 Relationship to party: _____ Net Income _____
- D. Health Insurance:**
1. Provided by employer : _____ Cost to me: _____
 (yes/no)
2. Self-employed or provide own insurance: _____ Cost to me: _____
 (yes/no)
3. No Health Insurance: _____
4. Coverage for _____ Self _____ Spouse _____ # of Children _____ Others

EXPENSES:

- A.** Monthly Household Expenses:
- | | | |
|--|----------|------------------------|
| Rent/mortgage (including taxes and insurance) | \$ _____ | |
| Water _____ Electric _____ Phone _____ Gas _____ | \$ _____ | Total Utilities |
| Car Operation _____ | | |
| Insurance _____ | | |
| Auto Payment _____ | | |
| Household Loans _____ | | |
| Other Monthly Payments _____ | \$ _____ | Total |
- B.** General:
- | | <u>Myself</u> | <u>Children (#)</u> | |
|----------------------|---------------|----------------------|-------------------------------|
| Food | _____ | _____ | |
| Clothing | _____ | _____ | |
| Medical & Dental | _____ | _____ | |
| Laundry & Cleaning | _____ | _____ | |
| Recreation (specify) | _____ | _____ | |
| School Expenses | _____ | _____ | |
| Child Care | _____ | _____ | |
| Beauty/Barber Shop | _____ | _____ | |
| Other (specify) | _____ | _____ | |
| Other (specify) | _____ | _____ | |
| Other (specify) | _____ | _____ | |
| SUB-TOTALS | \$ _____ | \$ _____ | \$ _____ Total General |
- TOTAL ALL EXPENSES** \$ _____
- NET INCOME LESS EXPENSES** \$ _____
- C.** Anticipated Future Expenses (Attached)
- I need \$ _____ (Weekly/Monthly)

 Last four digits of Social Security Number

 Plaintiff/Defendant

Sworn to and subscribed before me
 this _____ day of _____, 20____.

 Signature of Notary Public Deputy Clerk

My Commission Expires: _____