24TH JUDICIAL DISTRICT COURT FOR THE PARISH OF JEFFERSON

MONTHLY INCOME AND EXPENSE LIST

NO:_____ **Division "___"**

NAME:

Pay Period Weekly ___ Bi-Weekly ___ Monthly___	Exemptions claimed:
Next Pay Day	Next Pay Per Pay Period
MONTHLY INCOME	
Wages/Salary (Gross Income)	
Other Income (Specify)	
Federal Tax, FICA & Medicare	
State Tax	
Health Insurance (if deducted)	
Pension or Retirement Contribution	
Net Income	

ASSETS		
(List assets owned separately or jointly)		
	SEPARATE	JOINT
Cash		
Savings Account		
Checking Account		
Stocks/Bonds		
Real Estate		
Vehicles		
Movable Property		
Notes		
TOTAL ASSETS	**$**	

LIABILITIES		
(List type of debt, to whom owed & balance)		
TO WHOM	**TYPE**	**BALANCE DUE**
TOTAL LIABILITIES	**$**	

I hereby certify that this statement indicates my current financial situation to the best of my knowledge

NAME:

(Signature of husband or wife)

ADDRESS:

DATE:

OCCUPATION:

MONTHLY EXPENSES		
	SPOUSE	**CHILDREN**
Rent/house payment		
Property taxes and insurance		
Property maintenance and repair		
Lawn Care		
Utilities		
Electricity		
Gas		
Water		
Cable TV		
Internet Access		
Phone		
Cell Phone		
Food (groceries)		
Restaurants		
Uncovered Medical, Dental, Drugs and Medicines		
Automobile		
Mortgage note		
Gasoline		
Maintenance		
Parking		
Education		
Tuition		
Books		
Supplies		
Clothing		
Laundry & Cleaning		
Personal & Grooming		
Household Supplies		
Insurance		
Health (if not deducted)		
Life		
Auto		
Child Care		
Recreation		
Vacations		
Charitable Contributions		
Gifts to children (Christmas & Birthdays, etc.)		
Gifts to others		
TOTAL MONTHLY EXPENSES	$	$
Gross Monthly Income	$	
Net Monthly Income	$	
Total Monthly Expenses	$	