FINANCIAL INFORMATION STATEMENT

FOR THE 326TH DISTRICT COURT / ASSOCIATE COURT

CAUSE NO: _____

_____ _____

(**Name of Party**) Date

I certify that the following answers to the questions listed below are true and correct.

MONTHLY EXPENSES:

HOUSING:	1.	Rent/House Payment……	$_____
	2.	Insurance (Homeowners or Tenants)……	$_____
	3.	Maintenance, repair and service……	$_____
	4.	Utilities (Gas, water, electric)……	$_____
	5.	Telephone……	$_____
AUTO and TRANSPORTATION:	1.	Car payments……	$_____
	2.	Insurance……	$_____
	3.	Gasoline and Oil……	$_____
	4.	Maintenance and repair……	$_____
	5.	Other transportation……	$_____
INSURANCE:	1.	Life……	$_____
	2.	Health / Hospitalization……	$_____
	3.	Other……	$_____
MEDICAL: (Not covered by Insurance)	1.	Doctors……	$_____
	2.	Dentists……	$_____
	3.	Drugs……	$_____
FOOD:	1.	Groceries……	$_____
	2.	School and Work Lunches……	$_____
CHILD CARE:	1.	……	$_____
PERSONAL:	1.	Grooming (Barber, Hairdresser)……	$_____
	2.	Clothing……	$_____
	3.	Cleaning and Laundry……	$_____
	4.	Uniforms for Work……	$_____
EDUCATION:	1.	School Supplies, Fees, and other costs……	$_____
DUES:	1.	Unions, Professional, etc……	$_____
ENTERTAINMENT:	1.	……	$_____
OTHER PAYMENTS:	1.	_____	$_____
	2.	_____	$_____
	3.	_____	$_____

TOTAL EXPENSES…… $_____

WEEKLY / MONTHLY INCOME: (Circle One)

Employer: _____

Address: _____

Gross Income: $_____

W/H, FICA $_____

Insurance: $_____

Retirement: $_____

Other (Specify) $_____

NET PAY $_____

_____

(SIGNATURE OF PARTY)