24th JUDICIAL DISTRICT COURT FOR THE PARISH OF JEFFERSON

NO. **MONTHLY INCOME AND EXPENSE LIST** **DIVISION:**

NAME: **OCCUPATION:**

Pay Period _____ Weekly_____ Bi Weekly _____ Monthly	Exemptions Claimed
Next Pay Day	Net Pay Per Pay Period

MONTHLY INCOME

Wages/Salary (Gross Income)	
Other Income (Specify)	
Federal Tax, FICA and Medicare	
State Tax	
Health Insurance (if deducted)	
Pension or Retirement Contribution	
Net Income	

ASSETS

(List assets owned separately or jointly)

	Separate	Joint
Cash		
Savings Accounts		
Checking Accounts		
Stocks/Bonds		
Real Estate		
Vehicles		
Movable Property		
Notes		
TOTAL ASSETS		

LIABILITIES

(List type of debt, to whom owe, and balance

TO WHOM	TYPE	BAL. 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: _____

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		
Charitible Contributions		
Gifts to children (Christmas & Birthdays, etc.)		
Gifts to others		
TOTAL MONTHLY EXPENSES		

Gross Monthly Income _____

Net Monthly Income _____

Total Monthly Expenses _____

Difference