

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

I. GENERAL INFORMATION

Name	
Address	
City, State & Zip Code	
Date of Birth	
Social Security Number	
Occupation	
Employer	
Employer Address	

Minor Children

Name	Date of Birth

II. STATEMENT _____

AS OF: _____

Gross Monthly Income	XXXXXXXXXXXXXXXXXX
1. Salary and Wages including commissions, bonuses, allowance and overtime. [To arrive at a monthly income figure if paid weekly, multiply income by 4.3; if paid bi-weekly, multiply income by 2.16	
2. Pensions and retirement	
3. Social Security	
4. Disability and unemployment insurance	
5. Public Assistance (welfare, AFDC payments, etc)	
6. Dividends and interest	
7. Rental Income	
8. Other income _____	
9. Other income _____	
TOTAL MONTHLY INCOME	\$0.00
ITEMIZED MONTHLY DEDUCTIONS	XXXXXXXXXXXXXXXXXX
1. State Income Taxes	
2. Federal Income Taxes	
3. FICA	
4. Mandatory Insurance	
5. Retirement	
6. Union or other dues	
7. Other (Specify)	
8. Other (Specify)	
9. TOTAL MONTHLY DEDUCTIONS	\$0.00
10. NUMBER OF EXEMPTIONS:	XXXXXXXXXXXXXXXXXX
11. NET MONTHLY PAY	\$0.00

III. EXPENSE STATEMENT

A. LIVING EXPENSES

AS OF July 29, 2010
Current

AS OF _____

	Self	Children	Self	Children
1. Rent/Mortgage (Residence)				
2. Real Property Taxes				
3. Real Property Insurance				
4. Maintenance (Residence)				
5. Food/Household Supplies				
6. Water, Sewer, Garbage				
7. Electricity (Residence)				
8. Gas (Residence)				
9. Telephone (Cellular)				
10. Laundry & Cleaning				
11. Clothing				
12. Health Insurance				
13. Medical				
14. Dental				
15. Child Care				
16. Children's allowance				
17. Payment of child support/ alimony (prior marriage)				
18. School Expenses				
19. Entertainment (clubs, social, travel, recreation)				
20. Incidentals (grooming, gifts, tobacco, alcohol)				
21. Transportation other than automobile				
22. Gasoline & Oil (auto)				
23. Repair (auto)				
24. Insurance (auto)				
25. Auto Payments				
26. Church Donations				
27. Charitable Donations				
28. Newspaper/Magazines				
29. Cable TV				
30. Pet Expenses				

31. Yard Expenses				
32. Maid				
33. Retirement (IRA etc)				
34. Pest Control				
INSTALLMENT PAYMENTS -Notes, loans, charge accounts, etc.	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX
35.				
36.				
37.				
38.				
39.				
40.				
OTHER EXPENSES	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX
41.				
42.				
43.				
TOTAL MONTHLY EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00
COMBINED TOTAL EXPENSES	\$0.00	XXXXXXX	\$0.00	XXXXXXX

IV. STATEMENT OF ASSETS

A. Real Estate

1.

Title in the Name of	
Address	
Who Paid Cost	
How Cost Paid	
Value (estimate)	
Mortgage balance	
Equity	\$0.00

2.

Title in the Name of	
Address	
Who Paid Cost	
How Cost Paid	
Value (estimate)	
Mortgage balance	
Equity	

*List mortgage balance also under liabilities on next page. List the amount of your monthly mortgage payment only under **LIABILITIES**.

B. Motor Vehicles

1

Registered in the Name of		
Year:	Model:	Mileage:
Who Paid Cost		
How Cost Paid		
	Value	
	Loan Balance	\$0.00
	Equity	\$0.00

2

Registered in the Name of		
Year:	Model:	Mileage:
Who Paid Cost		
How Cost Paid		
	Value	
	Loan Balance	
	Equity	

Registered in the Name of		
Year :	Model:	Mileage:
Who Paid Cost		
How Cost Paid		
	Value	
	Loan Balance	
	Equity	\$0.00

C. Other Personal Property (such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

ITEM	VALUE
List to be provided	
TOTAL	\$0.00

D. Checking/Savings (Name of Bank, Account Number and Amount in Account, including CD's, money markets, passbook accounts, etc.)

Name(s) on Account	Bank/Account No.	Type of Account	Balance

E. Other Investments (IRAs, stock(s), mutual funds, pension plans, etc.)

Bank/Account No.	Type of Investment	Balance
TOTAL		\$0.00

F. Life Insurance (exclude children)

Insured	Company	Face Amt. Less Loans	Cash Value	Beneficiary
TOTALS			\$0.00	

G. All Other Assets

ITEM	VALUE
TOTALS	\$0.00

V. **LIABILITIES** (Include mortgage, car loan, credit cards, personal loans). (Include also under 35-44 on Page 3)

Creditor	Whose Name	Current Bal. Due	Monthly Payments	Who Pays
TOTAL:		\$0.00	\$0.00	

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the forgoing Exhibits "A" and "B", including my attachments, is true and correct and that this declaration was executed on the _____ day of _____, 20__.

PARTY'S SIGNATURE

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

CERTIFICATE OF COMPLIANCE

I, M. Craig Robertson, do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules and that I have mailed and/or delivered a copy of a detailed written statement of income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED on this the ____ day of _____, 20__.

M. CRAIG ROBERTSON

EMPLOYMENT HISTORY

The following is a general statement of the employment history and earnings from the inception of the marriage or the date of divorce which ever is applicable:

<u>Employment</u>	<u>Dates(inclusive)</u>	<u>Rate of Pay</u>
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Submitted, this the ____ day of _____, 20__.

PARTY

FEDERAL AND STATE TAX RETURNS FOR THE CURRENT YEAR

See attached:

Submitted, this the ____ day of _____, 20 ____.

PARTY