

FINANCIAL INFORMATION STATEMENT OF: \_\_\_\_\_

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## MONTHLY EXPENSES:

HOUSEHOLD EXPENSES	AMOUNT
Mortgage Payment	
Property Taxes	
Rent	
Telephone	
Cellular Phone	
Cable TV	
Water/Sewer	
Electricity	
Gas	
Homeowner or Tenant Insurance (If Not Included in Mortgage or Rent Above)	
Repairs and Maintenance	
Groceries and Home Supplies	
Painting/Window Washing	
Vehicle License & Registration	
Garbage Service	
Expenses Related to Other Real Estate	
Work Lunches	
Alarm/Security Service	
Meals Outside the Home	
Storage Units	
Carpet Cleaning	
Subscription Services (Hulu, Netflix, Amazon, Sirius, etc.)	
Service Contracts or Insurance on Appliances	
Lawn Mowing and Yard Maintenance	
Domestic Help	
Pest Control	
Neighborhood Co-op Patrol (Association Fee)	
HOA	
Other	
<b>TOTAL HOUSEHOLD EXPENSES:</b>	

<b>AUTO AND TRANSPORT FOR CHILDREN</b>	<b>AMOUNT</b>
Car Payment	
Car Insurance	
Car Rental	
Gasoline and Oil	
Car Maintenance and Repair	
Bus or Other Transportation	
Car Washing	
Parking	
Other	
<b>TOTAL EXPENSES FOR AUTO AND TRANSPORT FOR CHILDREN:</b>	
<b>AUTO AND TRANSPORT FOR SELF</b>	<b>AMOUNT</b>
Car Payment	
Car Insurance	
Car Rental	
Gasoline and Oil	
Car Maintenance and Repair	
Bus or Other Transportation	
Car Washing	
Parking	
Boat/Plane/RV	
Other	
<b>TOTAL EXPENSES FOR AUTO AND TRANSPORT FOR SELF:</b>	
<b>MEDICAL/DENTAL FOR CHILDREN</b> <i>(no coverage by insurance – i.e. co-pays, etc.)</i>	<b>AMOUNT</b>
Medical Doctor	
Dentist	
Orthodontist	
Optometrist or Ophthalmologist	
Pharmaceuticals	
Counseling	
Allergist	
Speech, Physical or Occupational Therapy	
Glasses/Contacts	
Other	
<b>TOTAL EXPENSES FOR MEDICAL/DENTAL FOR CHILDREN:</b>	

<b>MEDICAL/DENTAL FOR SELF</b> <i>(no coverage by insurance)</i>	<b>AMOUNT</b>
Medical Doctor	
Dentist	
Orthodontist	
Optometrist or Ophthalmologist	
Pharmaceuticals	
Counseling	
Allergist	
Speech, Physical or Occupational Therapy	
Glasses/Contacts	
Other	
<b>TOTAL EXPENSES FOR MEDICAL/DENTAL FOR SELF:</b>	
<b>INSURANCE</b>	<b>AMOUNT</b>
Life Insurance	
Medical Insurance	
Other Insurance	
<b>TOTAL INSURANCE EXPENSES:</b>	
<b>EXPENSES FOR CHILDREN</b>	<b>AMOUNT</b>
Clothing	
Laundry/Dry Cleaning	
Mobile Phones	
School Tuition, Supplies, Uniforms and Costs	
Barber/Hairdresser	
Allowance	
Entertainment	
Gifts to Children	
School Lunches	
Child Care	
Babysitting	
Extracurricular Activities (Gymnastics, Sports, Dance, Martial Arts, etc.)	
Lessons (Tutoring, Swimming, Musical Instrument, etc.)	
School Pictures	
Diapers and Formula	
Camp or Summer Activities	
Other	
<b>TOTAL EXPENSES FOR CHILDREN:</b>	

PERSONAL SELF	AMOUNT
Clothing	
Laundry and Dry Cleaning	
Barber/Hairdresser	
Entertainment	
Gifts	
Gym Fees (Yoga, Pilates, Training, etc.)	
Personal Toiletries	
Vacations	
Clubs	
Veterinarian	
Computer/Internet	
Alterations	
Work Expenses	
Care for Parents	
Pet	
Financial Planning	
Meals Out	
Dues	
Other	
<b>TOTAL EXPENSES FOR PERSONAL SELF:</b>	
MISCELLANEOUS	AMOUNT
Savings	
Newspaper	
Magazine and Other Subscription	
Bank and Check Charges	
Film Developing	
Child Support Payments	
Attorney's Fees	
Postage	
Other	
<b>TOTAL MISCELLANEOUS EXPENSES:</b>	
OTHER PAYMENTS OWED	AMOUNT
MasterCard	
Visa	
Discover	
American Express	
Chase	
Texans	
Other Debt or Liabilities	
<b>TOTAL PAYMENTS OWED:</b>	

# INCOME STATEMENT

	AMOUNT
Gross Income (Include Commissions, Tips & Bonuses)	
Self Employment Income	
Other	
<b>TOTAL INCOME:</b>	
	AMOUNT
Federal Income Tax Withholding	
FICA	
Medicare	
Health Insurance (Children's Portion: \$ _____)	
Union Dues	
Life Insurance	
Disability Insurance	
United Way	
Savings Bond	
Savings Account	
Retirement	
Other	
<b>TOTAL DEDUCTIONS:</b>	
<b>TOTAL ESTIMATED NET INCOME:</b>	
<b>TOTAL ESTIMATED PERSONAL MONTHLY EXPENSES:</b>	
<b>TOTAL ESTIMATED OVERAGE/DEFICIENCY:</b>	