

In the Matter of  
the Marriage of

and

**Cause NO.**  
**FINANCIAL INFORMATION STATEMENT**  
**OF**

In the District Court of

Judicial District

Harris County, Texas

PETITIONER	RESPONDENT
<p>1. Date of Marriage: _____ Date of Separation: _____</p> <p>2. Ages of Children Common to the parties: ( ) ( ) ( ) ( ) ( ) ( ) ( )</p>	
<b>3. YOUR MONTHLY RESOURCES:</b>	
Wages/Salary	
Overtime	
Bonus	
Commission	
Dividends/Interest	
Capital Gains	
Other Income	
<b>YOUR TOTAL GROSS MONTHLY INCOME</b>	
<b>4. YOUR DEDUCTIONS:</b>	
Federal Withholding Taxes	
Social Security Withholding	
Medicare Withholding	
Retirement/401K	
Credit Union (includes car payment \$450)	
Insurance - Health	
Insurance - Life	
<b>YOUR TOTAL DEDUCTIONS:</b>	
<b>5. YOUR NET MONTHLY INCOME:</b>	

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<b>6. SPOUSE'S MONTHLY RESOURCES:</b>	
Wages/Salary	
Dividends/Interest	
Capital Gains	
Bonus	
<b>SPOUSE'S TOTAL GROSS MONTHLY INCOME</b>	
<b>7. SPOUSE'S DEDUCTIONS:</b>	
Federal Withholding Taxes (estimate)	
Social Security Withholding	
Medicare Withholding	
Retirement/401K	
Credit Union	
Insurance - Health	
Insurance - Health for Children	
Insurance - Life	
<b>SPOUSE'S TOTAL DEDUCTIONS:</b>	
<b>8. SPOUSE'S NET MONTHLY INCOME:</b>	
<b>9. EMPLOYMENT:</b>	
Name of wife's current employer:	
Name of husband's current employer:	
WIFE IS PAID EVERY:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	weekly                      two weeks                      bimonthly                      monthly
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
HUSBAND IS PAID EVERY:	weekly                      two weeks                      bimonthly                      monthly
Date Next Check is Received: Wife _____ Husband _____	



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6. Garbage	
7. Other (Cellular Phone)	
<b>C. FOOD</b>	
1. Groceries	
2. School Lunches	
3. Meals outside home:	
<b>D. MEDICAL AND DENTAL EXPENSES</b>	
Cost to you after any insurance reimbursement	
1. Doctor	
2. Dentist	
3. Vision	
4. Drugs and medical supplies	
5. Deductible, if any	
<b>E. INSURANCE PAYMENTS</b>	
1. Total cost of health insurance premiums (Answer only if you did not include in item 4)	
2. Total cost of dental insurance premiums (Answer only if you did not include in item 4)	
3. Life insurance (Answer only if you did not include in item 4)	
4. Disability insurance (Answer only if you did not include in item 4)	
<b>F. TRANSPORTATION OR AUTOMOBILE EXPENSES</b>	
1. Car Insurance	
2. Car payment	
3. Car repair and maintenance	
4. Gas and Oil	
<b>G. CHILD CARE/SCHOOL COSTS:</b>	
1. Child Care Cost	
2. Tuition ( pre-school)	
3. School activities or fees	

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<b>H. CLOTHING</b>		
1. For yourself		
2. School Uniforms		
3. Children living with you		
4. Laundry and cleaning		
<b>I. MISCELLANEOUS</b>		
1. Haircuts		
2. Pets		
3. Church Contributions		
4. Newspapers, magazines and books		
5. Recreation/entertainment for children		
6. Family gifts		
7. Other (health club - YMCA)		
<b>TOTAL NECESSARY MONTHLY EXPENSES:</b>		-
<b>13. DEBTS (Other Than Listed in Number 12 Above)</b>		
CREDITOR	TOTAL AMOUNT OWED	
<b>TOTAL OTHER DEBTS</b>		-
<b>14. GRAND TOTAL MONTHLY EXPENSES</b>		-
(Item 12 and item 13)		
<b>15. CHILD SUPPORT REQUESTED</b>		
<b>16. SPOUSE SUPPORT REQUESTED</b>		
DATE		