

**TEMPORARY ORDERS - FINANCIAL INFORMATION  
(EXPENSE) STATEMENT**

CAUSE NO. \_\_\_\_\_

DATE OF INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
PETITIONER/RESPONDENT

STEPHEN C. BREWER  
ATTORNEY FOR PETITIONER/RESPONDENT

I certify that the following answers to the questions as listed are true and correct:

\_\_\_\_\_  
Signature

**MONTHLY EXPENSES**

- |    |   |    |   |       |
|----|---|----|---|-------|
| 1. | <b><u>HOUSING:</u></b>  | a. | Rent/House Payment . . . . .                  | _____ |
|    |   | b. | Insurance (Homeowner or Tenant) . . . . .     | _____ |
|    |   | c. | Electric Utility . . . . .                    | _____ |
|    |   | d. | Natural Gas Utility . . . . .                 | _____ |
|    |   | e. | Water Utility . . . . .                       | _____ |
|    |   | f. | House Telephone . . . . .                     | _____ |
|    |   | g. | Cellular Telephone . . . . .                  | _____ |
|    |   | h. | Maintenance and Repair . . . . .              | _____ |
| 2. | <b><u>AUTO and<br/>TRANSPOR-<br/>TATION:</u></b>                | a. | Vehicle Loan or Lease Payments . . . . .      | _____ |
|    |   | b. | Vehicle Insurance . . . . .                   | _____ |
|    |   | c. | Gasoline and oil . . . . .                    | _____ |
|    |   | d. | Maintenance and repair . . . . .              | _____ |
|    |   | e. | Other transportation . . . . .                | _____ |
| 3. | <b><u>PERSONAL<br/>INSURANCE:</u></b>                           | a. | Medical, Dental & Health Insurance . . . . .  | _____ |
|    |   | b. | Life Insurance . . . . .                      | _____ |
|    |   | c. | Other Insurance . . . . .                     | _____ |
| 4. | <b><u>FOOD, CLOTHING,<br/>AND PERSONAL:</u></b>                 | a. | Groceries . . . . .                           | _____ |
|    |   | b. | Restaurant Meals . . . . .                    | _____ |
|    |   | c. | School Supplies, Fees & Other Costs . . . . . | _____ |
|    |   | d. | Clothing . . . . .                            | _____ |
|    |   | e. | Grooming (Barber, Stylist, Etc.) . . . . .    | _____ |
|    |   | f. | Cleaning and Laundry . . . . .                | _____ |
|    |   | g. | Work Uniforms . . . . .                       | _____ |
|    |   | h. | Dues (Union, Professional, Etc.) . . . . .    | _____ |
|    |   | i. | Entertainment . . . . .                       | _____ |
| 5. | <b><u>HEALTH CARE:</u></b><br>(Not covered<br>by insurance)     | a. | Physicians and Hospitals . . . . .            | _____ |
|    |   | b. | Dentists . . . . .                            | _____ |
|    |   | c. | Prescription Drugs . . . . .                  | _____ |
| 6. | <b><u>CHILD CARE:</u></b> . . . . .                             |    |   | _____ |
| 7. | <b><u>CHARGE ACCTS and<br/>OTHER PAYMENTS:</u></b><br>(Specify) | a. | _____   | _____ |
|    |   | b. | _____   | _____ |
|    |   | c. | _____   | _____ |
|    |   | d. | _____   | _____ |
|    |   | e. | _____   | _____ |
|    | <b><u>TOTAL EXPENSES:</u></b> . . . . .                         |    |   | _____ |

**TEMPORARY ORDERS - FINANCIAL INFORMATION  
(INCOME) STATEMENT**

**CAUSE NO.** \_\_\_\_\_

\_\_\_\_\_  
PETITIONER/RESPONDENT

DATE OF INFORMATION: \_\_\_\_\_

STEPHEN C. BREWER  
ATTORNEY FOR PETITIONER/RESPONDENT

I certify that the following answers to the questions as listed are true and correct:

\_\_\_\_\_  
Signature

GROSS Income (Include Commissions, Tips & Bonuses) .....	\$ _____
Withholding/FICA .....	_____
_____ .....	_____
Net Employee Income .....	_____
Self Employment Income .....	_____
Interest Income .....	_____
Dividend Income .....	_____
Royalty Income .....	_____
Net Rental Income .....	_____
Severance Pay .....	_____
Pensions .....	_____
Trust Income .....	_____
Annuities .....	_____
Capital Gains .....	_____
Social Security Benefits .....	_____
Unemployment Benefits .....	_____
Disability and Worker's Compensation Benefits .....	_____
Gifts and Prizes .....	_____
Other Income .....	_____
<b>NET RESOURCES:</b> .....	<b>\$ _____</b>