

**IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI**

*(County where court is located. City of Saint Louis is considered a county.)*

**In re the Marriage of:**

\_\_\_\_\_  
*(First Name) (Middle Name) (Last Name) (Jr./Sr./III)*

**Petitioner,** *(Enter your full legal name above)*

**-and-**

\_\_\_\_\_  
*(First Name) (Middle Name) (Last Name) (Jr./Sr./III)*

**Respondent.** *(Enter your spouse's full legal name above)*

**Case  
Number** \_\_\_\_\_  
*(Assigned when case is filed)*

**Division  
Number** \_\_\_\_\_  
*(Assigned when case is filed)*

**Statement of Income and Expenses  
 (For use in Dissolution of Marriage Cases)**

This form shall be filled out by the Petitioner who filed the *Petition for Dissolution of Marriage*.

**Monthly Income Information**

	Petitioner	Respondent
1. Monthly gross income from salaries, wages and commissions including bonuses	_____	_____
2. Monthly self-employment income	_____	_____
3. Monthly social security benefits not including Supplemental Security Income (SSI)	_____	_____
4. Monthly retirement benefits	_____	_____
5. Monthly pension income	_____	_____
6. Monthly interest income	_____	_____
7. Monthly trust and annuity income	_____	_____
8. Monthly income from dividends and partnership distributions	_____	_____
9. Monthly unemployment compensation benefits	_____	_____
10. Monthly severance pay	_____	_____
11. Monthly worker's compensation benefits	_____	_____
12. Monthly disability insurance benefits	_____	_____
13. Monthly veteran's disability benefits	_____	_____

**Monthly Income Information (Continued)**

Petitioner

Respondent

14. Monthly military allowances for subsistence and quarters

15. **Total monthly gross income. Add paragraphs 1 through 14.** (Form 14 - Line 1)

16. Monthly Supplemental Security Income benefits (SSI)

17. Monthly payments of Temporary Assistance for Needy Families (TANF)

18. Monthly Medicaid benefits

19. Food stamps

20. Number of unemancipated children who are **not** the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(1))

Monthly amount of child support received pursuant to a court or administrative order for unemancipated children who are **not** the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(3))

21. Monthly maintenance received in **this** case

22. Monthly maintenance received in **other** cases

23. **Total monthly court-ordered maintenance received. Add paragraphs 21 and 22.** (Form 14 - Line 1a)

**Monthly Expense Information**

24. Monthly court- or administratively-ordered child support being paid for children who are **not** the subject of this proceeding (Form 14 - Line 2a)

25. Monthly Maintenance

a. Monthly maintenance paid in **this** case

b. Monthly maintenance paid in **other** cases

**Total monthly court-ordered maintenance paid. Add paragraphs 25a and 25b.** (Form 14 - Line 2b)

26. Reasonable work-related child care costs of each party for the children who are the subject of this proceeding (Form 14 - Line 6a and Line 6b)

27. Health insurance costs for the children who are the subject of this proceeding (Form 14 - Line 6c)

**Monthly Expense Information (Continued)**

Petitioner

Respondent

28. Uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 - Line 6d)

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29. Other extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14 - Line 6e)

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30. All other expenses of each person (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 27, etc.)

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31. **Total monthly expenses. Add paragraphs 24 through 30. (Do not include 25a and 25b. Use the total amounts from 25.)**

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## Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on \_\_\_\_\_ (date) I have sent/given a copy of this *Statement of Income and Expenses* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number

**Sign Below in the Presence of a Notary Public**

Petitioner, of lawful age, being duly sworn on his or her oath, states that he or she is the Petitioner named above and that the facts stated in this *Statement of Income and Expenses* are true according to his or her best knowledge, information and belief.



*(Sign above in the presence of a Notary Public)*
*(Print your name above)*

The following information must be completed by a notary public.

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared, \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

\_\_\_\_\_, Notary Public  
\_\_\_\_\_  
County, State of Missouri

My commission expires: \_\_\_\_\_