

Rule 8.05 Financial Statement

EXHIBIT "A"

IN THE CHANCERY COURT OF Washington COUNTY, MISSISSIPPI

Plaintiff: 2

V. Cause number: 3

Defendant: 4

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I. General Information

Name 1

Address: 2

City, State and Zip Code: 3

Home Telephone: 4

Date of birth: 5

Occupation: 6

Employer: 7

Employer's Address: 8

Employer's City, State and ZIP code: 9

Employer's Telephone Washington

Minor children	
Name	Date of Birth
10	11
12	13
14	15
16	17
18	19
20	21

## II. Income Statement

Gross Monthly Income	Amount
1. Salary and Wages, including commissions bonuses, allowance and overtime. NOTE: To arrive at a monthly income figure if paid weekly, multiply weekly income by 4.3, if paid biweekly, multiply income by 2.16	55
2. Pensions and retirements	20
3. Social Security	30
4. Disability and unemployment insurance	40
5. Public Assistance (welfare, AFDC payments, etc.	50
6. Dividends and interest	60
7. Rental Income	70
8. Other Income	80
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9. TOTAL MONTHLY INCOME	405
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ITEMIZED MONTHLY DEDUCTIONS:	
1. State Income Tax	-100
2. Federal Income Tax	-11
3. Social Security	-12
4. Mandatory Insurance	-13
5. Mandatory Retirement	-14
6. Union or other dues	-15
7. Other: (Specify)	-16
8. Other:	-17
9. TOTAL MONTHLY DEDUCTIONS	-198
10. NUMBER OF EXEMPTIONS	-1
11. NET MONTHLY PAY	-207

### III. Expenses Statement

A. LIVING EXPENSES	Self	Children
1. Rent/Mortgage (Residence)	1	2
2. Real Property Taxes	3	4
3. Real Property Insurance	5	6
4. Maintenance (Residence)	7	8
5. Food/household Supplies	9	10
6. Water, Sewer, Etc.	11	12
7. Electricity)	13	14
8. Gas (Residence)	15	16
9. Telephone	17	18
10. Laundry and Cleaning	19	20
11. Clothing	21	22
12. Insurance (Not Payroll Deducted)	23	24
13. Medical	25	26
14. Dental	27	28
15. Child Care	29	30
16. Children's Allowance	31	32
17. Payment of Child Support/alimony (Prior Marriage)	33	34
18. School Expenses	34	35
19. Entertainment	36	37
20. Incidentals & Misc.	38	39
21. Transportation Other than Vehicle	40	41
22. Gasoline & Oil (Auto)	42	43
23. Repair (Auto)	44	45
24. Insurance (Auto)	46	47
25. Auto Payments	48	49
26. Church Donations	50	51

27. Charitable Donations	52	53
28. Newspaper/magazine	54	55
29. Cable tv	56	4
30. Pet Expenses	58	59
31. Yard Expenses	60	60
32. Maid	62	63
33. Retirement (Ira, Etc.)	64	65
34. Pest Control	66	67
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B. TOTAL LIVING EXPENSES	68	69
35. INSTALLMENT PAYMENTS	Self	Children
Notes, Loans, Charge Accounts, Etc.		
36.	70	71
37.	72	73
38.	74	75
39. Other Expenses	76	77
40.	78	79
41.	80	80
42.	82	83
43.	84	85
Total Installments Payments:	86	87
Combined Total Expenses: Total Line 1-43	88	89

## EXHIBIT "B"

### IV. STATEMENT OF ASSETS

#### A. Real Estate

##### 1. Title in the name of:

Address:

Who paid cost:

How cost paid:

Value:

Mortgage Balance:

Equity:

##### 2. Title in the name of::

Address:

Who paid cost:

How cost paid:

Value:

Mortgage Balance:

Equity:

##### 3. Title in the name of::

Address:

Who paid cost:

How cost paid:

Value:

Mortgage Balance:

Equity:

## B. Motor Vehicles

1. Registered in the name of:

Year:      Model:      Mileage:

Who paid cost:      How cost paid:

Value:

Loan Balance:

Equity:

2. Registered in the name of:

Year:      Model:      Mileage:

Who paid cost:      How cost paid:

Value:

Loan Balance:

Equity:

3. Registered in the name of:

Year:      Model:      Mileage:

Who paid cost:      How cost paid:

Value:

Loan Balance:

Equity:

C. OTHER PERSONAL PROPERTY

(Such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

Property Listing	Estimated Value	Property Listing	Estimated Value
dddddd	dddddd	dddddd	dddddd
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Total		Total	

#### D. CHECKING/SAVINGS

Names on Account	Bank Name	Account Number	Type of Account	Balance
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
*****	*****	*****	Total	

#### E. CHECKING/SAVINGS

Bank Account/No	Type of Investment	Balance
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
*****	Total Value	



## F. LIFE INSURANCE (EXCLUDE CHILDREN)

Insured	Company	Face amount less any Loans	Cash	Beneficiary
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
*****	Total			*****

## G. ALL OTHER ASSETS

Insured	Company	Face amount less any Loans	Cash	Beneficiary
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
*****	*****	*****	Total	

## V. Statement of Liabilities

### I. LIABILITIES

(Include mortgages, car loans, credit cards, personal loans.) (Include also under 35-44 of EXHIBIT "A" )

Creditor	Whose Name	Current Balance Due	Monthly	Who Pays
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
1	2	3	4	4
*****	Total Liabilities			*****

### ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing financial information, including attachments, is true and correct and that this declaration was executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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(Plaintiff or Defendant)

EXHIBIT "C"

IN THE CHANCERY COURT OF COUNTY, MISSISSIPPI

Plaintiff:

V. Civil Action number:

Defendant:

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CERTIFICATE OF COMPLIANCE

I, (name of party or attorney), 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 actual 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\_\_.

\_\_\_\_\_

\_\_\_\_\_

Attorney for Opposing Party