

"SAMPLE"

Case Number: _____

Your name: John Sample

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

- 7 ☐ Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

- a. Gross monthly income (before deductions): \$ 800.00
List each payroll deduction and amount below:
- | | | |
|-----|----|--|
| (1) | \$ | |
| (2) | \$ | |
| (3) | \$ | |
| (4) | \$ | |
- b. Total deductions (add 8a (1)-(4) above): \$ _____
- c. Total monthly take-home pay (8a minus 8b): \$ 800.00
- d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
- | | | |
|-----|----|--|
| (1) | \$ | |
| (2) | \$ | |
| (3) | \$ | |
| (4) | \$ | |
- e. Your total monthly income is (8c plus 8d): \$ 800.00

9 Household Income

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1)			\$ _____
(2)			\$ _____
(3)			\$ _____
(4)			\$ _____

- b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8e plus 9b): \$ 800.00

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. ☐

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

10 Your Money and Property

- a. Cash _____ \$ _____
- b. All financial accounts (List bank name and amount):
- | | | |
|-----|----|--|
| (1) | \$ | |
| (2) | \$ | |
| (3) | \$ | |
| (4) | \$ | |
- c. Cars, boats, and other vehicles
- | Make / Year | Fair Market Value | How Much You Still Owe |
|-------------|-------------------|------------------------|
| (1) | \$ | \$ |
| (2) | \$ | \$ |
| (3) | \$ | \$ |
- d. Real estate
- | Address | Fair Market Value | How Much You Still Owe |
|---------|-------------------|------------------------|
| (1) | \$ | \$ |
| (2) | \$ | \$ |
| (3) | \$ | \$ |
- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
- | Describe | Fair Market Value | How Much You Still Owe |
|----------|-------------------|------------------------|
| (1) | \$ | \$ |
| (2) | \$ | \$ |
| (3) | \$ | \$ |

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment & maintenance \$ _____
- b. Food and household supplies \$ 200.00
- c. Utilities and telephone \$ 150.00
- d. Clothing \$ _____
- e. Laundry and cleaning \$ 40.00
- f. Medical and dental expenses \$ 100.00
- g. Insurance (life, health, accident, etc.) \$ _____
- h. School, child care \$ _____
- i. Child, spousal support (another marriage) \$ _____
- j. Transportation, gas, auto repair and insurance \$ 150.00
- k. Installment payments (list each below):
- Paid to:
- | | |
|-----|----|
| (1) | \$ |
| (2) | \$ |
| (3) | \$ |
- l. Wages/earnings withheld by court order \$ _____
- m. Any other monthly expenses (list each below):
- Paid to:
- | | |
|-----|----|
| (1) | \$ |
| (2) | \$ |
| (3) | \$ |
- How Much?

Total monthly expenses (add 11a - 11m above): \$ 640.00