

EXPENSE STATEMENT OF

Statement for Melissa Bemer

PACSES Case Number _____

I verify that the statements made in this Expense Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Date: _____

Plaintiff or Defendant

EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT	EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT
HOME				MEDICAL			
Mortgage/Rent				Medical Insurance			
Maintenance				Doctor			
Lawn Care				Dentist			
2 nd Mortgages				Hospital			
				Medication			
UTILITIES				Counseling / Therapy			
Electric				Orthodontist			
Gas				Special Needs (glasses, etc.)			
Oil				EDUCATION			
Telephone				Tuition \$250.00 - Student Loans (temporarily deferred)			
Cell Phone \$100.00				Tutoring			
Water				Lessons			
Sewer				Other			
Cable TV				PERSONAL			
Internet				Debt Service			
Trash/Recycling				Clothing			
Streaming - \$40.00				Groceries \$75.00 per week			
TAXES				Haircare			
Real Estate				Memberships			
Personal Property				MISCELLANEOUS			
INSURANCE				Child Care			
Homeowners /				Household Help			
Renters				Summer Camp			
Automobile				Papers/Books/			
Life \$65.69				Magazines			
Accident/Disability				Entertainment			
Excess Coverage				Pet Expenses			
Long-term Care				Vacations			
AUTOMOBILE				Gifts			
Lease or Loan				Legal/Professional			
Payments				Fees			
Fuel				Charitable			
Repairs				Contributions			
Memberships				Children Birthday			
				Parties			
				Children Allowances			
				Other Child Support			
				Alimony Payments			
TOTAL				TOTAL			
MONTHLY				MONTHLY			
EXPENSES				EXPENSES			