

County, Pennsylvania

Phone:

Fax:

) Docket Number
	Plaintiff)
vs.) PACSES Case Number
)
	Defendant) Other State ID Number

Please note: All correspondence must include the PACSES Case Number.

Income Statement

THIS FORM MUST BE FILLED OUT AND YOU MUST PROVIDE DOCUMENTS TO SUPPORT ALL AMOUNTS PROVIDED IN THIS INCOME STATEMENT

(If you are self-employed or if you are salaried by a business of which you are owner in whole or in part, you must also fill out the Supplemental Income Statement which appears below.)

INCOME STATEMENT OF

(Name)

(Paces Number)

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

Date: _____

Plaintiff or Defendant

INCOME

Employer: _____

Address: _____

Type of Work:

Payroll Number: _____

Pay Period (weekly, biweekly, etc):

Gross Pay per Pay Period \$

Itemized Payroll Deductions:

Federal Withholding	\$
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FICA _____

Local Wage Tax

State Income Tax

Mandatory Retirement

Union Dues

Health Insurance

Other (specify) _____

Net Pay per Pay Period: \$

Income Statement (Continued)

PACSES Case Number

Other Income:

	Week	Month	Year
	(Fill in Appropriate Column)		
Interest	\$ _____	\$ _____	\$ _____
Dividends	_____	_____	_____
Pension Distributions	_____	_____	_____
Annuity	_____	_____	_____
Social Security	_____	_____	_____
Rents	_____	_____	_____
Royalties	_____	_____	_____
Unemployment Comp.	_____	_____	_____
Workers Comp.	_____	_____	_____
Employer Fringe Benefits	_____	_____	_____
Other	_____	_____	_____
		\$ _____	\$ _____
TOTAL INCOME		\$ _____	

PROPERTY OWNED

Description	Value	Ownership*		
		H	W	J
Checking accounts	\$ _____	_____	_____	_____
Savings accounts	_____	_____	_____	_____
Credit Union	_____	_____	_____	_____
Stocks/bonds	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total	\$ _____			

INSURANCE

Company	Policy No.	Coverage*		
		H	W	C
Hospital				
Blue Cross	_____	_____	_____	_____
Other	_____	_____	_____	_____
Medical				
Blue Shield	_____	_____	_____	_____
Other	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____
Disability Income	_____	_____	_____	_____
Dental	_____	_____	_____	_____
Other	_____	_____	_____	_____

*H=Husband; W=Wife; J=Joint; C=Child

SUPPLEMENTAL INCOME STATEMENT (You only need to complete the below portion if you are self-employed or if you are salaried by a business of which you are owner in whole or in part)

(a) This form is to be filled out by a person (check one):

- ☐ (1) who operates a business or practices a profession, or
- ☐ (2) who is a member of a partnership or joint venture, or
- ☐ (3) who is a shareholder in and is salaried by a closed corporation or similar entity.

(b) Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, profession, corporation or similar entity:

- (1) the most recent Federal Income Tax Return, and
- (2) the most recent Profit and Loss Statement.

(c) Name of business: _____

Address and telephone number: _____

(d) Nature of business

(check one)

- ☐ (1) partnership
- ☐ (2) joint venture
- ☐ (3) profession
- ☐ (4) closed corporation
- ☐ (5) other

(f) Annual income from business: _____

- (1) How often is income received? _____
- (2) Gross income per pay period: _____
- (3) Net income per pay period: _____
- (4) Specific deductions, if any: _____

DELAWARE

County, Pennsylvania

Phone:

Fax:

) Docket Number
	Plaintiff)
vs.) PACSES Case Number
)
	Defendant) Other State ID Number

Please note: All correspondence must include the PACSES Case Number.

Guidelines Expense Statement

EXPENSE STATEMENT OF

(Name)

(Paces 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.A. § 4904 relating to unsworn falsification to authorities.

Date: _____

Plaintiff or Defendant

Instructions: Guidelines Expense Statement - This form should only be completed when:

- 1) You are requesting an adjustment to the amount of support pursuant to Rule 1910.16-5 because of unusual needs and unusual fixed obligations, other support obligations, medical expenses not covered by insurance, or any other relevant factors, or
- 2) You are requesting that the other party share in the following expenses pursuant to Rule 1910.16-6: child care expenses, health insurance premiums, unreimbursed medical expenses, private school tuition, summer camp, or other needs, or mortgage payment.

You must provide documents to support all amounts provided in this Expense Statement

	Weekly	Monthly	Yearly
	(Fill in Appropriate Column)		
Mortgage (including real estate taxes and homeowner's insurance) or	\$	\$	\$
Health Insurance Premiums			
Unreimbursed Medical Expenses:			
Doctor			
Dentist			
Orthodontist			
Hospital			
Medicine			
Special Needs (glasses, braces, orthopedic devices, therapy)			

Service Type

Form IN-008 Rev. 2
Worker ID

Guidelines Expense Statement (Continued)

PACSES Case Number

	Weekly	Monthly	Yearly
Child Care			
Private school			
Parochial school			
Loans/Debts			
Support of Other Dependents:			
Other child support			
Alimony payments			
Other: (Specify)			
Total	\$	\$	\$

EXPENSE STATEMENT OF

Statement for _____

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							
Telephone				EDUCATION			
Cell Phone				Tuition			
Water				Tutoring			
Sewer				Lessons			
Cable TV				Other			
Internet							
Trash/Recycling				PERSONAL			
				Debt Service			
TAXES				Clothing			
Real Estate				Groceries			
Personal Property				Haircare			
				Memberships			
INSURANCE							
Homeowners /				MISCELLANEOUS			
Renters				Child Care			
Automobile				Household Help			
Life				Summer Camp			
Accident/Disability				Papers/Books/			
Excess Coverage				Magazines			
Long-term Care				Entertainment			
				Pet Expenses			
AUTOMOBILE				Vacations			
Lease or Loan				Gifts			
Payments				Legal/Professional			
Fuel				Fees			
Repairs				Charitable			
Memberships				Contributions			
				Children Birthday			
				Parties			
				Children Allowances			
				Other Child Support			
				Alimony Payments			
TOTAL				TOTAL			
MONTHLY				MONTHLY			
EXPENSES				EXPENSES			
