

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