This form contains Restricted Information.

Located at	Case No.	
Court Address		
titioner	Respondent	
Vs.		
ddress	Address	
ity, State, Zip	City, State, Zip	
ome Telephone No. Work Telephone No. FINANCIAL S	Home Telephone No. Work Telep	phone No.
IDEC counties only: You must file a Notice Regard 0-201.1 (form MDJ-008) with this submission. erson for whom support is needed: Name Birth Date		
MONTHLY INCOME My pay before taxes\$	MONTHLY EXPESNES: (see below	,
My pay after taxes \$	Rent/MortgageFood	\$ \$
Other deductions from my pay	Transportation	\$ \$
explain)	Light/Gas/Heat	\$
\$	Telephone	\$
Final amount of my paycheck \$	Child Care (during working hours)	\$
am paid every \square week \square 2 weeks \square month \square other	Health Ins. (if children covered)	\$
	Court-Ordered Child Support	Ψ
Name of my employer:	or Alimony	\$
Address of my employer:	Other (explain)	\$
I have other income as follows (list second job, AFDC, unemployment, court-ordered support, etc. List how much you receive, how often, and who pays it.)		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
ASSETS	DEBTS	
I own the following items of value, either by myself or with someone else: (List cash, cars, bank accounts, houses, and any other property either owned separately or jointly with another. State how much each is worth.)	I owe the following amounts to creditors: (List the person/compand how much is owed.)	
SS		. \$
\$	-	. \$
\$		\$
Date	Signature	

^{*}Expenses should include expenses for children if they are residing with you. To figure the monthly amount, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 12. If you do not pay the same amount each month for any of the categories listed, figure what your <u>average</u> monthly expense is.