

IN THE CIRCUIT COURT OF MARYLAND FOR ANNE ARUNDEL COUNTY

_____ *

Plaintiff *

v. *

_____ *

Defendant * CASE NO. _____

FINANCIAL STATEMENT OF

<u>Children</u>	<u>Date of Birth</u>	<u>Custody</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

MONTHLY EXPENSES

<u>A. PRIMARY RESIDENCE</u>	<u>Self</u>	<u>Children</u>	<u>Total</u>
Mortgage			
Insurance (homeowners)			
Rent/Ground Rent			
Taxes			
Gas & Electric			
Electric Only			
Heat (oil)			
Telephone			
Trash Removal			
Water Bill			

Cell Phone/Pager			
Repairs			
Lawn & Yard Care (snow removal)			
Replacement			
Furnishings/Appliances			
Condominium Fee (not included anywhere else)			
Painting/Wallpapering			
Carpet Cleaning			
Domestic			
Assistance/Housekeeper			
Pool			
Other			
SUBTOTAL			

<u>B. SECONDARY RESIDENCE</u> (i.e., Summer Home/Rental)	<u>Self</u>	<u>Children</u>	<u>Total</u>
Mortgage			
Insurance (homeowners)			
Rent/Ground Rent			
Taxes			
Gas & Electric			
Electric Only			
Heat (oil)			
Telephone			
Trash Removal			
Water Bill			

Cell Phone/Pager			
Repairs			
Lawn & Yard Care (snow removal)			
Replacement			
Furnishings/Appliances			
Condominium Fee (not included anywhere else)			
Painting/Wallpapering			
Carpet Cleaning			
Domestic			
Assistance/Housekeeper			
Pool			
Other			
SUBTOTAL			

<u>C. OTHER HOUSEHOLD</u>	<u>Party</u>	<u>Children</u>	<u>Total</u>
<u>NECESSITIES</u>			
Food			
Drug Store Items			
Household Supplies			
Other			
SUBTOTAL			

<u>D. MEDICAL/DENTAL</u>	<u>Party</u>	<u>Children</u>	<u>Total</u>
Health Insurance			
Therapist/Counselor			

Extraordinary Medical			
Dental/Orthodontia			
Ophthalmologist/Glasses			
Other			
SUBTOTAL			

<u>E. SCHOOL EXPENSES</u>	<u>Party</u>	<u>Children</u>	<u>Total</u>
Tuition/Books			
School Lunch			
Extracurricular activities			
Clothing/Uniforms			
Room & Board			
Daycare/Nursery School			
Other			
SUBTOTAL			

<u>F. RECREATION & ENTERTAINMENT</u>	<u>Party</u>	<u>Children</u>	<u>Total</u>
Vacations			
Videos/Theater			
Dining Out			
Cable TV/Internet			
Allowance			
Camp			
Memberships			
Dance/Music Lessons, etc.			
Horseback Riding			

Other			
SUBTOTAL			

<u>G. TRANSPORTATION EXPENSE</u>	<u>Party</u>	<u>Children</u>	<u>Total</u>
Automobile Payment			
Automobile Repairs			
Maintenance/Tags/Tires/etc.			
Oil/Gas			
Automobile Insurance			
Parking Fees			
Bus/Taxi			
Other			
SUBTOTAL			

<u>H. GIFTS</u>	<u>Party</u>	<u>Children</u>	<u>Total</u>
Holiday Gifts			
Birthdays			
Gifts to Others			
Charities			
SUBTOTAL			

<u>I. CLOTHING</u>	<u>Party</u>	<u>Children</u>	<u>Total</u>
Purchasing			
Laundry			
Alterations/Dry Cleaning			
Other			
SUBTOTAL			

<u>J. INCIDENTALS</u>	<u>Party</u>	<u>Children</u>	<u>Total</u>
Books & Magazines			
Newspapers			
Stamps/Stationary			
Banking Expense			
Other			
SUBTOTAL			

<u>K. MISCELLANEOUS/OTHER</u>	<u>Party</u>	<u>Children</u>	<u>Total</u>
Alimony/Child Support (from a previous Order)			
Religious Contributions			
Hairdresser/Haircuts			
Manicure/Pedicure			
Pets/Boarding			
Life Insurance			
Other			
SUBTOTAL			

TOTAL MONTHLY EXPENSES:

INCOME STATEMENT

A.	Gross Monthly Wages		\$ _____
	Deductions:		
	Federal Tax	\$ _____	
	State Tax	\$ _____	
	FICA	\$ _____	
	Retirement	\$ _____	
	Total Deductions	\$ _____	
	NET INCOME FROM WAGES:		\$ _____
	OTHER GROSS INCOME: (alimony, part-time job, rentals, etc.)		\$ _____
	Deductions:		
	a. _____	_____	
	b. _____	_____	
	c. _____	_____	
	Total deductions from other income:	\$ _____	
	NET OTHER INCOME		\$ _____
	TOTAL MONTHLY INCOME		\$ _____

ASSETS AND LIABILITIES

ASSETS:

Real Estate	\$ _____	
Furniture (in the marital home)	\$ _____	
Bank Accounts/Savings	\$ _____	
U.S. Bonds	\$ _____	
Stocks/Investments	\$ _____	
Personal Property	\$ _____	
Jewelry	\$ _____	
Automobiles	\$ _____	
Boats	\$ _____	
Other:	\$ _____	
TOTAL ASSETS		\$ _____

LIABILITIES:

Mortgage	\$ _____
Automobiles	\$ _____
Notes payable to relatives	\$ _____
Bank Loans	\$ _____
Accrued Taxes	\$ _____
Balance of Credit Card Accounts	\$ _____
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
Other:	\$ _____

TOTAL LIABILITIES \$ _____

TOTAL NET WORTH: \$ _____

SUMMARY:

TOTAL INCOME: \$ _____

TOTAL EXPENSE: \$ _____

EXCESS OR DEFICIT: \$ _____

I solemnly affirm under the penalties of perjury that the contents of the foregoing Financial Statement, Monthly Expense List and Assets and Liabilities Statement are true to the best of my knowledge, information and belief.

Date: _____

Signature