

**LAW OFFICES OF
BREWER JACKSON & LANG, P.C.**

**INSTRUCTIONS FOR PREPARATION OF MONTHLY EXPENSE WORKSHEET
AND FINANCIAL INFORMATION**

1. General Information

Accurate information concerning your average monthly living expenses and income is very important in cases in which child support and/or temporary spousal support is an issue. Please fill out the attached forms as completely as you can, drawing on any source of information to which you have access. Do not enlist your spouse's help unless I specifically request it. **DO NOT LET ANYONE SEE THIS DOCUMENT. THIS PREPARATION IS A CONFIDENTIAL MATTER BETWEEN YOU AND YOUR ATTORNEY.** This task will not be easy. Do not expect to complete the form in one sitting. Be assured, however, that your effort is necessary and worthwhile.

2. Child Support

Child support in Texas is normally set by the court according to guidelines established by the state legislature. The guidelines are applied to the child-support –paying parent's "net resources". Net resources are defined as all of that parent's gross income (wages, salary, commissions, overtime pay, interest, dividends, royalty income, self-employment income, net rental income, etc.) less social security taxes and federal income tax for a single person claiming one person exemption and the standard deduction.

3. Monthly Living Expenses

Courts require all litigants who expect to pay or receive child support or temporary spousal support to file a Financial Information Statement with the Court at any hearing at which child support or temporary spousal support is in issue. This information will always be required at the initial hearing for temporary hearings and at the final trial. I will prepare a formal version of your Financial Information Statement from the information you supply to me on the attached statement. The form should list all of your reasonable and necessary average monthly expenses. One way to compute your monthly living expenses is to review your financial records (canceled checks, utility bills, store receipts, etc.) for the last twelve months and average your expenses over that period.

4. Copies of Documents to be returned

Here is a checklist of copies of items you should return with this Monthly Expense Worksheet:

- a. Yours and your spouse's last three (3) federal income tax returns (personal and business);
- b. All of yours and your spouse's W-2's and 1099's for the last three (3) years;
- c. Records of other income of you or your spouse;
- d. Yours and your spouse's last three (3) paycheck stubs;
- e. Last statement from each creditor (MasterCard, Visa, etc.); and
- f. Any other documents that may support income or liabilities.

Cause No. _____

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IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT
OF _____ COUNTY, TEXAS

FINANCIAL INFORMATION STATEMENT
(REQUIRED IN ALL FINANCIAL HEARINGS)

AGES OF CHILDREN THE SUBJECT OF THIS SUIT: _____

AGES OF CHILDREN NOT THE SUBJECT OF THIS SUIT: _____

<u>MONTHLY EXPENSES</u>			<u>MONTHLY EXPENSES (CONT'D.)</u>		
	<u>PRIOR ORDER</u>	<u>PRESENT</u>		<u>PRIOR ORDER</u>	<u>PRESENT</u>
<u>HOUSING</u>			<u>YOUR CHILDREN</u>		
House Mortgage/Rent	_____	_____	Child Care	_____	_____
Utilities (Gas, Water, etc)	_____	_____	School Tuition, Fees	_____	_____
Maintenance & Repair	_____	_____	Lunches	_____	_____
Other _____	_____	_____	Supplies	_____	_____
<u>TRANSPORTATION</u>			Medical Expenses (not paid by ins.)	_____	_____
Car Payment/Lease	_____	_____	Drugs	_____	_____
Gas, Oil, Maintenance	_____	_____	Doctors, Dentists	_____	_____
Parking & Tolls	_____	_____	Clothing	_____	_____
<u>INSURANCE</u>			Grooming	_____	_____
Auto(s)	_____	_____	Entertainment	_____	_____
Life	_____	_____	Sports Lessons, etc.	_____	_____
Medical	_____	_____	Other: _____	_____	_____
Other _____	_____	_____	_____	_____	_____
<u>GROCERIES</u>			<u>TOTAL EXPENSES</u>		
Food & Household Supplies	_____	_____	_____	_____	_____
<u>PERSONAL EXPENSES</u>			INCOME: (ATTACH CURRENT PAY STUBS)		
Work Expenses:			() Paid monthly	() Paid semi-monthly	
Lunches, etc.	_____	_____	() Paid weekly	() Paid every two weeks	
Dues, Fees, etc.	_____	_____			
Medical Expenses (not paid by ins.):			<u>GROSS INCOME</u>		
Drugs	_____	_____	_____	_____	_____
Doctors, Dentists	_____	_____	<u>DEDUCTIONS:</u>		
Clothing	_____	_____	Withholding Tax	_____	_____
Cleaning, Laundry	_____	_____	FICA	_____	_____
Grooming	_____	_____	Medicare	_____	_____
Entertainment	_____	_____	Mandatory Retirement	_____	_____
Current Child Support	_____	_____	Medical Insurance	_____	_____
Other: _____	_____	_____	Children	_____	_____
<u>CREDIT CARDS/DEBTS</u>			Other Family	_____	_____
_____	_____	_____	<u>OTHER INCOME</u>		
_____	_____	_____	_____		
_____	_____	_____	<u>NET INCOME</u>		
MONTHLY ATTY. FEES	_____	_____	_____		
	_____	_____	<u>LIQUID ASSETS</u>		
	_____	_____	_____		
	_____	_____	I HEREBY CERTIFY THAT THE ANSWERS TO THE ABOVE QUESTIONS AS LISTED ARE TRUE AND CORRECT.		
	_____	_____	DATE _____ SIGNED _____		