



Medical Insurance (children only)	\$ _____
Medical Insurance (other family)	\$ _____
Dental Insurance	\$ _____
Vision Insurance	\$ _____
Life Insurance	\$ _____
401(k)/Retirement Deduction	\$ _____
Other	\$ _____
<b>Total deductions</b>	<b>\$ _____</b>

My net income from other sources per month \$ \_\_\_\_\_

**My TOTAL net income per month \$ \_\_\_\_\_**

3. My necessary monthly living expenses:

**Housing**

House Mortgage/Rent \$ \_\_\_\_\_

Utilities, Gas, Water, Trash \$ \_\_\_\_\_

Home Phone, Cable, Internet \$ \_\_\_\_\_

Maintenance/Repairs \$ \_\_\_\_\_

HOA Dues \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Transportation**

Car Payment/Lease \$ \_\_\_\_\_

Gasoline, Oil, Car Maintenance \$ \_\_\_\_\_

Parking/Tolls \$ \_\_\_\_\_

**Insurance**

Auto Insurance \$ \_\_\_\_\_  
Life Insurance (not deducted from my income) \$ \_\_\_\_\_  
Medical Insurance for children (not deducted from my income) \$ \_\_\_\_\_  
Medical Insurance for others (not deducted from my income) \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

**Groceries**

Food and Household Supplies \$ \_\_\_\_\_

**My personal**

Work Expenses (Lunches, etc) \$ \_\_\_\_\_

Uninsured medical expenses/dental expenses/drug expenses \$ \_\_\_\_\_

Personal clothing \$ \_\_\_\_\_

Personal cell phone \$ \_\_\_\_\_

Dry Cleaning/Laundry \$ \_\_\_\_\_

Grooming \$ \_\_\_\_\_

Entertainment \$ \_\_\_\_\_

Child support for children not the subject of this suit \$ \_\_\_\_\_

Child support currently paid for the children the subject of this suit \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Attorney's fees**

Monthly Attorney's fees \$ \_\_\_\_\_

**Our children**

Child Care \$ \_\_\_\_\_

School Tuition, Fees \$ \_\_\_\_\_

School Lunches	\$ _____
School Supplies	\$ _____
Uninsured medical expenses/dental expenses/drug expenses	\$ _____
Grooming	\$ _____
Entertainment	\$ _____
Sports, lessons, etc.	\$ _____
Cell phone	\$ _____
Other _____	\$ _____

**Debt (Minimum payment per month)**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL EXPENSES:** \$ \_\_\_\_\_

I (am/am not) requesting Temporary Spousal Support.

I request that the Court order my spouse to pay \$\_\_\_\_\_ per month in Temporary Spousal Support while this case is pending.

SIGNED on \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_, (Wife/ Husband)