

**STATEMENT OF EXPENSES
WORKSHEET**

NAME

I. List the monthly expenses you predict you will incur living separately. (Assume it is 6 months after your divorce.)

A. HOUSING (Monthly)

1. Rent or Mortgage Payments \$ _____

2. Second Mortgage/Home Improvement Loan

3. Principal & Interest
(If NOT already figured into your monthly mortgage payments)

4. Real Estate Taxes
(If NOT already figured into your monthly mortgage payments)

5. Homeowners Insurance.....

HOUSING SUBTOTAL \$ _____

B. UTILITIES (Monthly)

1. Gas \$ _____

2. Water

3. Electricity

4. Telephone
(Including long distance)

5. Trash Service

6. Sewer

UTILITIES SUBTOTAL \$ _____

C. AUTOMOBILES (Monthly)

- 1. Gas & Oil \$ _____
- 2. Maintenance _____
(Routine)
- 3. Personal Property Tax _____
(Monthly)
- 4. Payment on Auto Loan _____

AUTOMOBILE SUBTOTAL \$ _____

D. INSURANCE

- 1. Life Insurance \$ _____
- 2. Health & Hospitalization _____
(You only)
- 3. Disability _____
- 4. Automobile _____
- 5. Health & Hospitalization _____
(On Children If You plan to bear
the expense of insuring them.)
- 6. Other _____

INSURANCE SUBTOTAL \$ _____

E. **TOTAL PAYMENT INSTALLMENTS
CONTRACTS**

(Leave blank for now.)

\$ _____

F. CHILD SUPPORT PAID TO OTHERS FOR CHILDREN NOT IN YOUR CUSTODY \$ _____
 (Excluding children of this marriage)

G. MAINTENANCE OR ALIMONY \$ _____
 (Excluding Petitioner or Respondent herein)

H. CHURCH AND CHARITABLE CONTRIBUTIONS \$ _____

I. OTHER LIVING EXPENSES

	<u>Yours</u>	<u>Children In Your Custody</u>
1. Food	\$ _____	_____
2. Clothing	_____	_____
3. Medical Care, Dental Care, and Drugs (Amounts not covered by insurance; copayments)	_____	_____
4. Recreation	_____	_____
5. Laundry and Dry Cleaning	_____	_____
6. Barber Shop or Beauty Shop	_____	_____
7. School and Books (Private School or College)	_____	_____
SUBTOTAL OF 1 - 7	\$ _____	_____

**OTHER LIVING EXPENSES
 COMBINED SUBTOTAL** \$ _____

J. ALL OTHER EXPENSES

	<u>Yours</u>	<u>Children In Your Custody</u>
1. Organizations/Club Memberships	\$ _____	_____
2. Lessons	_____	_____
(Music, Dance, Soccer Fees, Little League)		
3. Gifts for Birthdays/Christmas/etc.	_____	_____
(Average to Monthly Expenditure)		
4. Summer Camps or Vacations	_____	_____
5. Counseling or Therapy	_____	_____
6. Family Pets	_____	_____
7. Other	_____	_____
SUBTOTAL OF 1 - 9	\$ _____	_____

**ALL OTHER EXPENSES
COMBINED SUBTOTAL**

..... \$ _____

K. DAY CARE CENTER OR BABYSITTER \$ _____

L. TOTAL AVERAGE MONTHLY EXPENSES \$ _____