

**NOTICE: THIS DOCUMENT  
CONTAINS SENSITIVE DATA**

**NO.**

<b>IN THE MATTER OF</b>	§	<b>IN THE DISTRICT COURT</b>
<b>THE MARRIAGE OF</b>	§	
_____	§	
<b>AND</b>	§	<b>_____ JUDICIAL DISTRICT</b>
_____	§	
<b>AND IN THE INTEREST OF</b>	§	
<b>_____ CHILDREN</b>	§	<b>BEXAR COUNTY, TEXAS</b>

**FINANCIAL INFORMATION STATEMENT  
FOR HEARINGS ON TEMPORARY ORDERS**

1. Date of marriage: \_\_\_\_\_ in \_\_\_\_\_.
  
2. There are \_\_\_\_ children from the marriage, as follows:

Name:	Name
Birth date:	Birth date:
Present Age:	Present Age:
  
3. Husband's employer: (name, address, occupation, dates of employment)

Company Name:
Address:
City, State, Zip:
Job title: _____
Employment dates: _____ - present (____ years)
  
4. Husband's gross earnings from primary employment per month (\$\_\_\_\_\_/yr) \$\_\_\_\_\_

Withholding/FICA	\$_____
Social Security	\$_____
Medicare	\$_____
Major Medical Ins.	\$_____
Dental Insurance	\$_____

Vision Insurance	\$ _____
Flex. Spending Acct.	\$ _____
Life Insurance – Basic	\$ _____
Life Ins. – Involuntary	\$ _____
Life Ins. – Voluntary	\$ _____
Disability Insurance	\$ _____
Other Insurance (accident, cancer, ICU)	\$ _____
Retirement	\$ _____
Other	\$ _____
<b>Total deductions</b>	<b>\$ _____</b>

Husband's net income from primary employment per month \$ \_\_\_\_\_

Husband's average income from other sources per month (describe) \$ \_\_\_\_\_

Husband's net income per month \$ \_\_\_\_\_

**(Please attach applicable 1040s, W-2s or most recent pay stub.)**

5. Wife's occupation and employer:

\_\_\_\_\_

Length of employment: \_\_\_\_\_

6. Wife's gross earnings from primary employment per month \$ \_\_\_\_\_/hr \$0

Withholding/FICA	\$ _____
Social Security	\$ _____
Medicare	\$ _____
Major Medical Ins.	\$ _____
Dental Insurance	\$ _____
Vision Insurance	\$ _____
Flex. Spending Acct.	\$ _____
Life Insurance – Basic	\$ _____
Life Ins. – Involuntary	\$ _____
Life Ins. – Voluntary	\$ _____

Disability Insurance	\$ _____
Other Insurance (accident, cancer, ICU)	\$ _____
Retirement	\$ _____
Other	\$ _____
 Total deductions	 \$ _____

Wife's net income from primary employment per month \$0

Wife's average income from other sources per month \$ \_\_\_\_\_

Wife's net income per month \$ \_\_\_\_\_

**(Please attach applicable 1040s, W-2s or most recent pay stub.)**

**MONTHLY EXPENSES**

- |     |                                      |          |
|-----|--------------------------------------|----------|
| 1.  | Mortgage/Rent Payment .....          | \$ _____ |
| 2.  | Home Improvement Loans .....         | \$ _____ |
| 3.  | Property Taxes .....                 | \$ _____ |
| 4.  | Homeowner's/Renter's Insurance ..... | \$ _____ |
| 5.  | Security (Home) .....                | \$ _____ |
| 6.  | Homeowner's Association Dues .....   | \$ _____ |
| 7.  | Maintenance of Residence .....       | \$ _____ |
| 8.  | Water/Garbage.....                   | \$ _____ |
| 9.  | Electricity/Gas .....                | \$ _____ |
| 10. | Telephone .....                      | \$ _____ |
| 11. | Long Distance Telephone .....        | \$ _____ |
| 12. | Cable Television .....               | \$ _____ |
| 13. | Pest Control .....                   | \$ _____ |
| 14. | Groceries & Supplies .....           | \$ _____ |
| 15. | Cleaning Supplies .....              | \$ _____ |
| 16. | Automobile Payment .....             | \$ _____ |
| 17. | Automobile Insurance .....           | \$ _____ |
| 18. | Automobile Maintenance .....         | \$ _____ |
| 19. | Automobile Fuel/Oil .....            | \$ _____ |
| 20. | Automobile Licensing Fee .....       | \$ _____ |
| 21. | Automobile Inspection Fee .....      | \$ _____ |
| 22. | Parking Fees .....                   | \$ _____ |
| 23. | Health and Medical Insurance .....   | \$ _____ |
| 24. | Life Insurance .....                 | \$ _____ |

25.	Disability Insurance .....	\$ _____
26.	Doctor and Medical Expenses .....	\$ _____
27.	Pharmacy (Drugs) .....	\$ _____
28.	Dental Care (Cleaning, X-Rays, Checkups, Etc.) .....	\$ _____
29.	Extraordinary Dental Care .....	\$ _____
30.	Orthodontic Care .....	\$ _____
31.	Clothing Purchases .....	\$ _____
32.	Dry-cleaning .....	\$ _____
33.	Laundry .....	\$ _____
34.	Maid Service .....	\$ _____
35.	Nanny Salary .....	\$ _____
36.	Daycare Expenses .....	\$ _____
37.	Babysitting .....	\$ _____
38.	Private School Tuition .....	\$ _____
39.	Private School Uniforms.....	\$ _____
40.	Private School Transportation.....	\$ _____
41.	School Supplies.....	\$ _____
42.	School Lunches.....	\$ _____
43.	School Activities.....	\$ _____
44.	Lessons (Piano, Violin, Horseback Riding, etc.) .....	\$ _____
45.	Haircuts, Hairdresser.....	\$ _____
46.	Newspaper Subscriptions.....	\$ _____
47.	Magazine Subscriptions.....	\$ _____
48.	Dues/Subscriptions.....	\$ _____
49.	Entertainment (Children) .....	\$ _____
50.	Entertainment (Adult) .....	\$ _____
51.	Meals Away From Home .....	\$ _____
52.	Animal Food .....	\$ _____
53.	Animal Care (Veterinarian) .....	\$ _____
54.	Animal Boarding .....	\$ _____
55.	Church Donations ( St. John Newman & St. Peter.....	\$ _____
56.	Charity ( _____ ) .....	\$ _____
57.	Occasional Gifts (Birthday/Christmas, Etc.) (Children).....	\$ _____
58.	Occasional Gifts (Birthday/Christmas, Etc.) (Children's Friends).....	\$ _____
59.	Occasional Gifts (Birthday/Christmas, Etc.) (Adult) .....	\$ _____
60.	Vacations .....	\$ _____
61.	Savings .....	\$ _____
62.	Retirement Fund.....	\$ _____
63.	IRA Deposits .....	\$ _____
64.	Keogh Deposits.....	\$ _____
65.	College Education Fund.....	\$ _____
66.	Emergency Fund.....	\$ _____
67.	Country Club Dues .....	\$ _____
68.	Country Club Expenses.....	\$ _____

69.	Union Dues .....	\$ _____
70.	Professional Dues.....	\$ _____
71.	Child Support Payable [Previous Marriage(s)].....	\$ _____
72.	Personal Loans (Monthly Payments) .....	\$ _____
73.	Charge Cards (Monthly Minimum Payments):	
	_____ .....	\$ _____
	_____ .....	\$ _____
	_____ .....	\$ _____
	_____ .....	\$ _____
	<b>TOTAL MONTHLY EXPENSES: .....</b>	<b>\$ _____</b>