

EXHIBIT "A" CONTINUED

II. INCOME STATEMENT

GROSS MONTHLY INCOME

AMOUNT

- | | | | |
|-----|---|-----|-------|
| 1. | Salary and Wages, including commissions
bonuses, allowance and overtime | 1. | _____ |
| | NOTE: To arrive at a monthly income figure if
paid weekly, multiply weekly income by
4.3, if paid bi-weekly, multiply income
by 2.16 | | |
| 2. | Pensions and retirement | 2. | _____ |
| 3. | Social Security | 3. | _____ |
| 4. | Disability and unemployment insurance | 4. | _____ |
| 5. | Public assistance (welfare, AFDC payments, etc.) | 5. | _____ |
| 6. | Dividends and interest | 6. | _____ |
| 7. | Rental income | 7. | _____ |
| 8. | Other income _____ | 8. | _____ |
| 9. | Other income _____ | 9. | _____ |
| 10. | TOTAL MONTHLY INCOME | 10. | _____ |

ITEMIZED MONTHLY DEDUCTIONS:

- | | | | |
|-----|-----------------------------|-----|-------|
| 1. | State Income Taxes | 1. | _____ |
| 2. | Federal Income Taxes | 2. | _____ |
| 3. | Social Security | 3. | _____ |
| 4. | Mandatory Insurance | 4. | _____ |
| 5. | Mandatory Retirement | 5. | _____ |
| 6. | Union or other dues | 6. | _____ |
| 7. | Other:(Specify) _____ | 7. | _____ |
| 8. | Other _____ | 8. | _____ |
| 9. | TOTAL MONTHLY DEDUCTIONS | 9. | _____ |
| 10. | NUMBER OF EXEMPTIONS: _____ | | |
| 11. | NET MONTHLY PAY | 11. | _____ |

EXHIBIT "A" CONTINUED

III. EXPENSE STATEMENT

A. LIVING EXPENSES

AS OF _____ AS OF _____
 Self Children Self Children

	AS OF _____	AS OF _____	AS OF _____	AS OF _____
	Self	Children	Self	Children
1. Rent/Mortgage (Residence)				
2. Real Property Taxes				
3. Real Property Insurance				
4. Maintenance (Residence)				
5. Food/Household Supplies				
6. Water, Sewer, etc.				
7. Electricity				
8. Gas (Residence)				
9. Telephone				
10. Laundry & Cleaning				
11. Clothing				
12. Insurance				
13. Medical				
14. Dental				
15. Child Care				
16. Children's allowance				
17. Payment of child support/alimony (Prior marriage)				
18. School Expenses				
19. Entertainment				
20. Incidentals & Miscellaneous				
21. Transportation other than vehicle				
22. Gasoline & Oil (auto)				
23. Repair (auto)				
24. Insurance (auto)				
25. Auto payments				

EXHIBIT "B"

IV. STATEMENT OF ASSETS

A. Real Estate

1. Title in the name of: _____
Address: _____
Who paid cost: _____
How cost paid: _____

Value (estimate) _____
Mortgage Balance _____
Equity _____

2. Title in the name of: _____
Address: _____
Who paid cost: _____
How cost paid: _____

Value (estimate) _____
Mortgage Balance _____
Equity _____

*List mortgage balance also under liabilities on the next page. List the amount of monthly payment only under LIABILITIES.

B. Motor Vehicles

1. Registered in the name of: _____
Year: _____ Model: _____ Mileage _____
Who paid cost: _____ How cost paid: _____

VALUE _____
- Loan balance _____
= Equity _____

2. Registered in the name of: _____
Year: _____ Model: _____ Mileage _____
Who paid cost: _____ How cost paid: _____

VALUE _____
- Loan balance _____
= Equity _____

3. Registered in the name of: _____
 Year: _____ Model: _____ Mileage _____
 Who paid cost: _____ How cost paid: _____

VALUE _____
 - Loan balance _____
 = Equity _____

C. Other Personal Property (such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

	VALUES
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL:	_____

D. Checking/Savings (name of Bank, Account Number and Amount in Account, including CD's, money markets, passbook accounts, etc.)

Name(s) on Account	Bank/Account No.	Type of Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL VALUE			_____

E. Other Investments (IRA's, stock(s), mutual funds, pension plans, etc.)

Bank Account Number	Type of Investment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Life Insurance (exclude children)

Insured	Company	Face Amount less any loans	Cash	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL CASH VALUE (less loans)				_____

G. All Other Assets

_____	_____
_____	_____
_____	_____
TOTAL VALUE	_____

TOTAL OF ALL ASSETS \$ _____

V. STATEMENT OF LIABILITIES

II. LIABILITIES (include mortgage, car loan, credit cards, personal loans).
(include also under 35-44 on Page 4 of Exhibit "A")

A.

	Creditor	Whose Name(s)	Current Balance Due	Monthly Payment	Who Pays
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

B. TOTAL LIABILITIES _____

ACKNOWLEDGEMENT OF TRUTHFULNESS

I declare to the Court that the foregoing Exhibits "A" and "B" including attachments, are true and correct and that this declaration was executed on the _____ day of _____, A.D. 20__.

PARTY'S SIGNATURE