

		Gross Monthly Income
a.	NAME OF PRIMARY EMPLOYER: _____ _____	\$ _____
	Paid <input type="checkbox"/> monthly <input type="checkbox"/> 2 times per month <input type="checkbox"/> every 2 weeks <input type="checkbox"/> weekly <input type="checkbox"/> other: _____	\$ _____
b.	OTHER INCOME:	
	Name of Second Employer: _____	\$ _____
	Interest Income: (name of financial institution(s)): _____ _____	\$ _____
	Net Rental Income: (location) _____ _____	\$ _____
	Other: (i.e., Social Security, workers' compensation, etc.) _____ _____	\$ _____
c.	MONEY RECEIVED FROM WELFARE BENEFITS.....	\$ _____
2.	EXPENSES	
a.	Child care expenses paid by you, on behalf of the child(ren) involved in this case.....	\$ _____
b.	Medical and Dental Insurance paid for yourself \$ _____	\$ _____
c.	Medical and Dental Insurance paid by you for your child(ren) involved in this case.....	\$ _____
	TOTAL	\$ _____
3.	ASSETS List the total amounts of the following:	
a.	Credit Union/Bank Saving Accounts Balances.....	\$ _____
b.	Securities values, Stocks, Bonds, etc.....	\$ _____
c.	Real Property Values.....	\$ _____
d.	Personal Property (car, jewelry, etc.).....	\$ _____
e.	_____	\$ _____
f.	_____	\$ _____

