

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
FINANCIAL STATEMENT**

Jacket No. _____

Date _____

V.

NAME: _____	SOCIAL SECURITY NO: _____	OCCUPATION: _____
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NAME AND ADDRESS OF CURRENT EMPLOYER: _____	I claim _____ exemptions for withholding tax purposes.
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INCOME INFORMATION*	AVERAGE MONTHLY EXPENSES	
	Wife/Husband	Children
1. Monthly gross wages _____ \$ _____		
2. Less Mandatory Monthly Deductions:		
Federal Income Tax _____ \$ _____		
State Income Tax _____		
Retirement:		
FICA _____		
Social Security _____		
Medical Insurance _____		
Other _____ \$ _____		
TOTAL _____ \$ _____		
3. Monthly Net Wages _____ \$ _____ (Subtract Line 2 from line 1)		
4. Monthly income from all other sources (e.g., part-time or overtime wages, fees rents, dividends, commissions, unem- ployment compensation, disability, social security, retirement, interest, bonuses, etc.) _____ \$ _____		
5. Less Other Mandatory Monthly Deductions:		
Federal Income Tax _____ \$ _____		
State Income Tax _____		
Retirement:		
FICA _____		
Social Security _____		
Medical Insurance _____		
Other _____		
TOTAL _____ \$ _____		
6. Monthly Net Income form		
All other sources _____ \$ _____		
(Subtract Line 5 from Line 4)		
7. Total Monthly Net		
Disposable Income _____ \$ _____		
Total Monthly Gross Income _____ \$ _____		
8. Total Monthly Gross Income _____ \$ _____ (Add Lines 1 and 4)		
SUMMARY		
9. Total Monthly Net		
Disposable Income _____ \$ _____		
10. Less Total Monthly Expenses _____ \$ _____		
11. Difference: _____ \$ _____		
	Housing, etc	
	Rent/Mortgages _____	
	Utilities _____	
	Taxes _____	
	Food	
	Groceries/Household Supplies _____	
	Meals Out _____	
	Automobile	
	Payment _____	
	Gas/Oil _____	
	Repairs _____	
	Insurance _____	
	Tags _____	
	Life Insurance _____ (List beneficiaries)	

	Health Insurance (not listed as income deduction) _____	
	School	
	Tuition _____	
	Supplies/Fees _____	
	Child Care Expenses	
	To allow for employment/ Education _____	
	To allow for recreation _____	
	Lesson (e.g. music, dance, art) _____	
	Allowance _____	
	Clothing/Uniforms _____	
	Dry Cleaning/Laundry _____	
	Medical Expenses _____ (Unpaid by Insurance)	
	Charitable Contributions _____	
	Recreation _____	
	Vacations _____	
	Miscellaneous:	

	Period Payments Required on Bills:	

	Total Monthly Expenses _____	

*NOTE: If you are paid weekly, multiply your weekly gross wages by 4.3 to arrive at your monthly gross wage. If you are paid every two weeks multiply your bi-weekly gross wages by 2.15 to arrive at your monthly gross wage.

PLEASE ATTACH LATEST WAGE STATEMENTS SHOWING YOUR DEDUCTION

LIABILITIES

Type of Debt	To Whom Owned	Date Incurred	Total Amount of Debt	Amount Paid to Date	Balance Due
Total Liabilities:					

ASSETS (List as separately or jointly owned with spouse)			SUMMARY		
	Separate	Joint		Separate	Joint
Cash			Total Assets		
Automobiles			Less Total Liabilities		
Bank Accounts			Net Worth		
Bonds					
Notes					
Real Estates					
Stocks					
Personal Property					
Total Assets					

I certify that this statement indicates by current financial situation to the best of my knowledge.

Subscribed and sworn to before me this _____ day of _____ 20_____

(Deputy clerk or Notary Public)