

IN THE CHANCERY COURT OF JACKSON COUNTY, MISSISSIPPI

PLAINTIFF

VERSUS

CAUSE NO: _____

DEFENDANT

RULE 8.05 FINANCIAL STATEMENT

I.GENERAL INFORMTION

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

DATE OF BIRTH: _____

SOCIAL SECURTY NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYERS ADDRESS: _____

NAME	M/F	DATE OF BIRTH	SOCIAL SEC. #
MINOR CHILDREN: _____			

II. INCOME STATEMENT

GROSS MONTHLY INCOME

- 1. Salary and Wages, including commissions
bonuses, allowance and overtime
NOTE: To arrive at a monthly income figure
if paid weekly, multiply weekly income by
4.3, if paid bi-weekly, multiply income by 3.16
- 1. _____
- 2. Pensions and retirement
- 2. _____
- 3. Social Security
- 3. _____
- 4. Disability
- 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
NUMBER OF EXEMPTIONS: _____ | 9. _____ |
| 10. NET MONTHLY PAY | 10. _____ |

III. EXPENSE STATEMENT

A. LIVING EXPENSES

AS OF _____
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 (Not Payroll Deducted) | _____ | _____ |
| 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 | _____ | _____ |
| 26. Church Donations | _____ | _____ |
| 27. Charitable Donations | _____ | _____ |
| 28. Newspaper/Magazines | _____ | _____ |
| 29. Cable TV | _____ | _____ |
| 30. Pet Expenses | _____ | _____ |
| 31. Yard Expenses | _____ | _____ |
| 32. Maid | _____ | _____ |

33. Retirement (IRA, etc.) _____

34. Pest Control _____

TOTAL LIVING EXPENSES: _____

35. Installment Payments (Notes, loans,
Charge accounts, etc.) _____

36. _____

37. _____

38. _____

39. OTHER EXPENSES:

40. _____

41. _____

TOTAL INSTALLMENT PAYMENTS: _____

COMBINED TOTAL EXPENSES _____

Tax Returns provided for the following years: _____

Forms W-2 provided for the following years: _____

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 your 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 _____

TOTAL VEHICLE EQUITY _____

C. **OTHER PERSONAL PROPERTY** (such as home computers, guns, lawnmowers, televisions, jewelry, household furnishings, etc.)

Values

_____	_____
_____	_____
_____	_____
_____	_____

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/Acct. No.	Type Acct.	Balance
--------------------	----------------	------------	---------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. **OTHER INVESTMENTS** (IRA's stock(s), mutual funds, pension plans, etc.)

Bank/Acct. No.	Type of Investment	Balance
----------------	--------------------	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. **LIFE INSURANCE** (exclude children)

Insured	Company	Face Amt Less any Loans	Cash	Beneficiary
---------	---------	-------------------------------	------	-------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL CASH VALUE (LESS LOANS) \$ _____

G. ALL OTHER ASSETS

VALUES

TOTAL VALUE \$ _____

TOTAL OF ALL ASSETS \$ _____

V. STATEMENT OF LIABILITIES

LIABILITIES (Include mortgage, car loan, credit cards, personal loans).
(Include also under 35-44 of III B)

Creditor	Whose Name(s)	Current Bal. Due	Monthly payment	Who Pays P or D
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

TOTAL LIABILITIES \$ _____

VI. GENERAL STATEMENT DESCRIBING EMPLOYMENT HISTORY

Date of Marriage/Divorce _____

Dates	Employer/Address	Earnings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACKNOWLEDGMENT OF TRUTHFULNESS

I DECLARE TO THE Court that the foregoing Rule 8.05 Financial Statement including attachments, is true and correct and that this declaration was executed on the _____ day of _____, 20____.

Party's Signature