

**IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS**  
**388<sup>TH</sup> JUDICIAL DISTRICT COURT**

**IN THE MATTER OF THE MARRIAGE OF**

\_\_\_\_\_  
**AND**

\_\_\_\_\_  
**AND IN THE INTEREST OF:**

\_\_\_\_\_  
 \_\_\_\_\_

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§  
§  
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§  
§  
§

**CAUSE NO.** \_\_\_\_\_

**FINANCIAL INFORMATION STATEMENT**

**PRESENT MONTHLY EXPENSES:**

**HOUSING:**

House Payment / Rent	\$ _____
Utilities (Gas, Water, Etc.)	\$ _____
Maintenance, Repair	\$ _____
Insurance	\$ _____

**TRANSPORTATION:**

Car Payments	\$ _____
Insurance	\$ _____
Gasoline, Oil, Maintenance, etc.	\$ _____
Parking, Other	\$ _____
Repairs	\$ _____

**INSURANCE:**

Life	\$ _____
Health	\$ _____
Other	\$ _____

**FOOD:**

Groceries	\$ _____
Restaurant Meals	\$ _____

**PERSONAL:**

Work expenses	\$ _____
Lunches	\$ _____
Dues, fees	\$ _____
Medical (Not covered by insurance)	\$ _____
Physicians / Dentists	\$ _____
Prescription Drugs	\$ _____
Clothing	\$ _____
Cleaning/Laundry	\$ _____
Grooming (Barber / Hairdresser)	\$ _____
Entertainment	\$ _____
Other _____	\$ _____

**CHILDREN:**

Child Care	\$ _____
School	\$ _____
Tuition	\$ _____
Lunches	\$ _____
Supplies	\$ _____
Medical (Not covered by insurance)	\$ _____
Physicians / Dentists	\$ _____
Prescription Drugs	\$ _____
Clothing	\$ _____
Cleaning/Laundry	\$ _____
Grooming (Barber/Hairdresser)	\$ _____
Entertainment	\$ _____
Lessons and Activities	\$ _____
Allowance	\$ _____
Other _____	\$ _____

MISCELLANEOUS: \_\_\_\_\_ \$ \_\_\_\_\_

OTHER DEBTS: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_

**MONTHLY INCOME:**

PAY PERIOD: ( ) Monthly ( ) Weekly ( ) Twice Monthly

GROSS INCOME (Attach last three pay stubs) \$ \_\_\_\_\_

**DEDUCTIONS:**

Withholding Tax	\$ _____
F.I.C.A	\$ _____
Retirement	\$ _____
Health, Hospitalization, Life	\$ _____
Insurance	\$ _____
Other _____	\$ _____

NET INCOME: \$ \_\_\_\_\_

CURRENT CHILD SUPORT RECEIVED: \$ \_\_\_\_\_

OTHER INCOME: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

**SPOUSE'S INCOME:**

PAY PERIOD: ( ) Monthly ( ) Weekly ( ) Twice Monthly

GROSS INCOME (Attach last three pay stubs) \$ \_\_\_\_\_

DEDUCTIONS:

Withholding Tax	\$ _____
F.I.C.A	\$ _____
Retirement	\$ _____
Health, Hospitalization, Life	\$ _____
Insurance	\$ _____
Other _____	\$ _____

NET INCOME: \$ \_\_\_\_\_

CURRENT CHILD SUPORT RECEIVED: \$ \_\_\_\_\_

OTHER INCOME: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION INCLUDED HEREIN IS TRUE AND CORRECT.**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Petitioner**

\_\_\_\_\_  
**Respondent**

\_\_\_\_\_  
**Attorney**

\_\_\_\_\_  
**Attorney**