

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

_____ PLAINTIFF
V. _____ CAUSE NO. _____
_____ DEFENDANT

RULE 8.05 FINANCIAL STATEMENT

I. GENERAL INFORMATION

NAME: _____
ADDRESS: _____
CITY, STATE and ZIP CODE: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____
OCCUPATION: _____
EMPLOYER: _____
EMPLOYER'S ADDRESS: _____

	NAME	M/F	DATE OF BIRTH
MINOR CHILDREN:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

II. INCOME STATEMENT

GROSS MONTHLY INCOME	AMOUNT
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 2.16.	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.. TOTAL MONTHLY DEDUCTIONS	8. _____
9. NUMBER OF EXEMPTIONS: _____	
10. NET MONTHLY PAY	10. _____

III. EXPENSE STATEMENT

A. LIVING EXPENSES

AS OF _____ AS OF _____

- | | | | |
|-----|---|-------|-------|
| 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	_____	_____
B.	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 _____

C. Other Personal Property (such as home computers, guns, lawnmowers, TVs, 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/Account No.	Type of Account	Balance
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

F. Life Insurance (exclude children)

Insured	Company	Face Amt less any loans	Cash	Beneficiary
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 PL/DEF
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____

TOTAL LIABILITIES _____

TOTAL ASSETS - LIABILITIES = NET WORTH _____

