

**IN THE CHANCERY COURT OF HARRISON COUNTY, MISSISSIPPI
FIRST JUDICIAL DISTRICT**

_____ PLAINTIFF
VS. 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

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.		\$0.00
2. Pensions and retirement		\$0.00
3. Social Security		
4. Disability		\$0.00
5. Public assistance (Welfare, AFDC payments, etc.)		
6. Dividends and interest		\$0.00
7. Rental income		
8. Other income		
9. Other income		
10. TOTAL MONTHLY INCOME		\$0.00
ITEMIZED MONTHLY DEDUCTIONS		
1. State Income Taxes		\$0.00
2. Federal Income Taxes		\$0.00
3. Social Security		\$0.00
4. Mandatory Insurance		\$0.00
5. Mandatory Retirement		\$0.00
6. Union or other dues		\$0.00
7. Other (Specify) Medicare		\$0.00
8. TOTAL MONTHLY DEDUCTIONS		\$0.00
9. NUMBER OF EXEMPTIONS	0	
10. NET MONTHLY PAY		\$0.00

III.	EXPENSE STATEMENT	AS OF	AS OF
A.	LIVING EXPENSES	DATE	
	1. Rent/Mortgage (Residence)	\$0.00	
	2. Real Property Taxes	\$0.00	
	3. Real Property Insurance	\$0.00	
	4. Maintenance (Residence	\$0.00	
	5. Food/Household Supplies	\$0.00	
	6. Water, Sewer, etc.	\$0.00	
	7. Electricity	\$0.00	
	8. Gas (Residence)	\$0.00	
	9. Telephone	\$0.00	
	10. Laundry & Cleaning	\$0.00	
	11. Clothing	\$0.00	
	12. Insurance (Not payroll deducted)	\$0.00	
	13. Medical	\$0.00	
	14. Dental	\$0.00	
	15. Child Care	\$0.00	
	16. Children's allowance	\$0.00	
	17. Payment of child support/ alimony (prior marriage)	\$0.00	
	18. School Expenses	\$0.00	
	19. Entertainment	\$0.00	
	20. Incidentals & Miscellaneous	\$0.00	
	21. Transportation other than vehicle	\$0.00	
	22. Gasoline & Oil (auto)	\$0.00	
	23. Repair (auto)	\$0.00	
	24. Insurance (auto)	\$0.00	

	25. Auto Payments	\$0.00	
	26. Church donations	\$0.00	
	27. Charitable donations	\$0.00	
	28. Newspaper/Magazines	\$0.00	
	29. Cable TV	\$0.00	
	30. Pet Expenses	\$0.00	
	31. Yard Expenses	\$0.00	
	32. Maid	\$0.00	
	33. Retirement (IRA etc.)	\$0.00	
	34. Pest Control	\$0.00	
B.	TOTAL LIVING EXPENSES:	\$0.00	
	35. Installment Payments (Notes, loans, charge accounts, etc.)		
	36. _____		
	37. _____		
	38. _____		
	39. Other Expenses: _____		
	40. _____		
	41. _____		
	TOTAL INSTALLMENT PAYMENTS	\$0.00	
COMBINED TOTAL EXPENSES		\$0.00	

Tax Returns provided for the following years: _____

Forms W-2 provided for the following years: _____

IV. GENERAL STATEMENT DESCRIBING EMPLOYMENT HISTORY

Date of Marriage/Divorce: _____

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

ACKNOWLEDGEMENT 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 _____, 2018.

Party's Signature