

## 8.05 Financial Statement Instruction Sheet

### I. Income Statement

- A. Should reflect monthly income and deductions
- B. Calculating your income
  1. Paid weekly, multiply by 4.3
  2. Paid bi-weekly, multiply by 2.16
  3. Paid on the 15th and 30th/31st, multiply by 2
- C. If a deduction from your paycheck is voluntarily withdrawn by you (not a criteria for employment by your employer), then signify so by writing "Voluntary" beside the deduction (i.e. health insurance).
- D. On page 2, denote the document or documents used to derive net monthly pay (i.e. paycheck stub, tax return, W-2) and provide a copy of these documents with the completed financial statement.
- E. Do not forget to include the number of exemptions you claim for tax purposes.

### II. Expense statement

- A. Should reflect monthly expenses (the "As of" columns will be explained by your attorney).
- B. Line 13 & 14 denote expenses not paid by insurance
- C. Installment Payments
  1. Include notes, loans, charge accounts, credit cards, etc.
  2. The monthly expense shown here should coincide with the information disclosed under Section V. Statement of Liabilities
  3. Do not duplicate expenses previously disclosed (i.e. Mortgage)

### III. Statement of Assets

- A. Real Estate: signify the basis of the value assigned (ie., appraisal, estimate).
- B. Motor Vehicles: The appropriate values for automobiles is the NADA value or a value from a similar source such as Kelly's Blue Book ([www.kbb.com](http://www.kbb.com)) or Edmond's Blue Book ([www.edmonds.com](http://www.edmonds.com)). If values are acquired from these or similar sources, produce with the financial statement a printout of the assessment. If values are not acquired from these or similar sources, provide adequate information about the characteristics of the automobile such that our office can obtain the value via these sources.
- C. Personal property: should be valued at an amount which the item could be sold to a willing buyer (newspaper prices, flea market prices, etc.). Do not use replacement value or purchase price.
- D. Checking/Savings, Other Investments & Life Insurance: These should all be valued as of your most recent statement. A copy of this most recent statement should be produced with your financial statement.

### IV. Liabilities

- A. Disclose all creditors you have knowledge of, including creditors of your spouse
- B. Provide the most recent statement in your possession, which reflects the current balance of the liability.

### V. Employment History

- A. Provide the required information for each of your employers you have had throughout your marriage.

### VI. Please produce all documentation you relied on in preparation of your financial statement.

IN THE CHANCERY COURT OF  
COUNTY, MISSISSIPPI

PLAINTIFF

\_\_\_\_\_  
CIVIL ACTION NUMBER

DEFENDANT

\*\*\*\*\*  
**I. GENERAL INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

MINOR CHILDREN:

NAME:

DATE OF BIRTH:

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

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

**II. MONTHLY INCOME STATEMENT**

Source: \_\_\_\_\_

*GROSS MONTHLY INCOME*

1. Salary and Wages, including commissions, bonuses, allowance and overtime

NOTE: weekly X 4.3, bi-weekly X 2.16 \_\_\_\_\_

2. Pensions and Retirement \_\_\_\_\_

3. Social Security \_\_\_\_\_

4. Disability and Unemployment Insurance \_\_\_\_\_

5. Public assistance (welfare, AFDC payments, etc.) \_\_\_\_\_

6. Dividends and Interest \_\_\_\_\_

7. Rental Income: \_\_\_\_\_

8. Other Income \_\_\_\_\_

9. Other Income \_\_\_\_\_

*TOTAL MONTHLY INCOME*

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*ITEMIZED MONTHLY DEDUCTIONS*

1. State Income Taxes \_\_\_\_\_

2. Federal Income Taxes \_\_\_\_\_

3. Social Security \_\_\_\_\_

4. Mandatory Insurance \_\_\_\_\_

5. Mandatory Retirement \_\_\_\_\_

6. Union or Other Dues \_\_\_\_\_

7. Other: \_\_\_\_\_

*TOTAL MONTHLY DEDUCTIONS*

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**NET MONTHLY PAY**

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Number of exemptions: \_\_\_\_\_

**III. MONTHLY EXPENSE STATEMENT**

| A. LIVING EXPENSES                           | As of _____ |          | As of _____ |          |
|--|-------------|----------|-------------|----------|
|  | Self        | Children | 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) |             |          |             |          |
| 18. School Expenses                          |             |          |             |          |
| 19. Entertainment                            |             |          |             |          |
| 20. Incidentals & Miscellaneous              |             |          |             |          |
| 21. Transportation                           |             |          |             |          |
| 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</b>                 |             |          |             |          |

| <i>B. INSTALLMENT PAYMENTS</i><br>(Notes, loans, charge accts., etc.) | As of _____ |          | As of _____ |          |
|---|-------------|----------|-------------|----------|
|   | Self        | Children | Self        | Children |
| 35. Creditor:   |             |          |             |          |
| 36. Creditor:   |             |          |             |          |
| 37. Creditor:   |             |          |             |          |
| 38. Creditor:   |             |          |             |          |
| 39. Creditor:   |             |          |             |          |
| <b>TOTAL INSTALLMENT PAYMENTS</b>                                     |             |          |             |          |
| <i>C. OTHER EXPENSES</i>  | As of _____ |          | As of _____ |          |
|   | Self        | Children | Self        | Children |
| 40. Other:  |             |          |             |          |
| 41. Other:  |             |          |             |          |
| 42. Other:  |             |          |             |          |
| 43. Other:  |             |          |             |          |
| 44. Other:  |             |          |             |          |
| <b>TOTAL OTHER EXPENSES</b>   |             |          |             |          |
| <b>TOTAL MONTHLY EXPENSES</b>   |             |          |             |          |

**IV. STATEMENT OF ASSETS**

**A. REAL ESTATE**

1 Titled in the name of:

Address:

Who paid cost:

How cost paid:

Value:

Balance owed: \_\_\_\_\_

Equity:

2 Titled in the name of:

Address:

Who paid cost:

How cost paid:

Value:

Balance owed: \_\_\_\_\_

Equity:

**TOTAL REAL ESTATE VALUE**

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**B. MOTOR VEHICLES**

1 Registered in the name of:

Model:

Year:

How cost paid:

Mileage:

Cost paid by:

Value:

Balance owed: \_\_\_\_\_

Equity:

2 Registered in the name of:

Model:

Year:

How cost paid:

Mileage:

Cost paid by:

Value:

Balance owed: \_\_\_\_\_

Equity:

**TOTAL VEHICLE VALUE**

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

| <u>Item</u> | <u>Value</u> |
|-------------|--------------|
|-------------|--------------|

*TOTAL OTHER PERSONAL VALUE* \_\_\_\_\_

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D. *CHECKING/SAVINGS* (name of bank, account number and amount in account, including CD's, money markets, passbook accounts, etc.)

| <u>Names on account</u> | <u>Account number</u> | <u>Type of account</u> | <u>Balance</u> |
|-------------------------|-----------------------|------------------------|----------------|
|-------------------------|-----------------------|------------------------|----------------|

*TOTAL CHECKING/SAVING VALUE* \_\_\_\_\_

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E. *OTHER INVESTMENTS* (IRAs, mutual funds, pension plans, etc.)

| <u>Bank/Account number</u> | <u>Type of investment</u> | <u>Balance</u> |
|----------------------------|---------------------------|----------------|
|----------------------------|---------------------------|----------------|

*TOTAL INVESTMENTS VALUE* \_\_\_\_\_

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F. *LIFE INSURANCE* (exclude children)

| <u>Insured</u> | <u>Company</u> | <u>Beneficiary</u> | <u>Face amount</u> | <u>Cash value</u> |
|----------------|----------------|--------------------|--------------------|-------------------|
|----------------|----------------|--------------------|--------------------|-------------------|

*TOTAL CASH VALUE* (less loans) \_\_\_\_\_

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G. *ALL OTHER ASSETS*

*TOTAL OF ALL OTHER ASSETS* \_\_\_\_\_

***TOTAL OF ALL ASSETS***

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**V. STATEMENT OF LIABILITIES** (includes mortgage, car loan, credit cards, personal loans)  
(include also under 35-44 on page 3 & 4 of Exhibit "A")

| <u>Creditor</u> | <u>Debtor</u> | <u>Who pays</u> | <u>Payment</u> | <u>Balance</u> |
|-----------------|---------------|-----------------|----------------|----------------|
|-----------------|---------------|-----------------|----------------|----------------|

|                          |  |  |  |       |
|--------------------------|--|--|--|-------|
| <b>TOTAL LIABILITIES</b> |  |  |  | <hr/> |
|--------------------------|--|--|--|-------|

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**ACKNOWLEDGMENT OF TRUTHFULNESS**

I declare to the Court that the foregoing EXHIBIT "A" and EXHIBIT "B," including attachments, are true and correct and this declaration was executed on the \_\_\_\_ day of \_\_\_\_\_, 2008.

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**EMPLOYMENT HISTORY**

Please list your employment history since the date of marriage or date of divorce, whichever is applicable. If unemployed for any time during your marriage, please indicate.

| <u>DATES OF EMPLOYMENT:</u> | <u>EMPLOYER</u> | <u>POSITION</u> | <u>RATE OF PAY</u> |
|-----------------------------|-----------------|-----------------|--------------------|
|-----------------------------|-----------------|-----------------|--------------------|