

INCOME AND EXPENSE FORM

MONTHLY EXPENSES PAID

MONTHLY INCOME RECEIVED

Mortgage/Rent	\$ _____	Take-Home Pay (Self)	\$ _____
Second Mortgage	\$ _____	Take-Home Pay (Spouse)	\$ _____
Utilities		Unemployment	\$ _____
Electric	\$ _____	Worker's Comp.	\$ _____
Gas	\$ _____	Welfare _____	\$ _____
Phone	\$ _____	(Type)	
Water/Sewer/Trash	\$ _____	Retirement/Pension	\$ _____
Cable TV	\$ _____	Child Support	\$ _____
Food	\$ _____	Alimony	\$ _____
Vehicle Loan(s)	\$ _____	Disability	\$ _____
Health/Life Insurance	\$ _____	Parents	\$ _____
All Bank Credit Cards	\$ _____	Veteran's Benefits	\$ _____
All other Credit Cards	\$ _____	Accident Benefits	\$ _____
Charge Accts/Gas/Dept Store		Total Monthly Income	\$ _____
Loans (Personal/Student)	\$ _____		
Medical/Hospital/Dentist	\$ _____		
Child Care	\$ _____		
Total Monthly Expenses	\$ _____		

I Swear (affirm) under penalty of perjury that the preceding information is true and correct. I understand that providing false and/or incomplete information to the Superior Court Collection Division may result in further legal action against me. The Court has my permission to make any necessary inquiries to verify the information provided and to obtain any additional information required by the Court.

Defendant's Signature _____

Date: _____