|--|

IN THE _____, MISSOURI

| Judge or Division: | Case Number: | | |
|---------------------------------------|-------------------------------------|----------------|-----------------|
| In RE the Marriage of : Petitioner: | | | |
| SSN (Last Four Digits): | | | |
| Respondent: | | | |
| | | | |
| SSN (Last Four Digits): | | (D | ate File Stamp) |
| Income and Expense Sta | tement of | | |
| | I. My Income | | |
| A. Gross wages or salary and commiss | ions paid to me each pay period: — | | |
| Paid: Weekly Bi-W | eekly Semi-Monthly | Monthly | |
| B. My monthly gross wages or salary | : | \rightarrow | |
| C. My tax status claimed: Single | Married Head/Hou | usehold | |
| Number of persons claimed as dedu | ctions | | |
| D. Payroll deductions each pay perio | d: | | |
| FICA (social security tax) | | | |
| Federal withholding tax | | | |
| State withholding tax | | | |
| City earning tax | | | |
| Union dues | | | |
| Health insurance | | | |
| Others: (specify) | | | |
| | | | |
| My total deductions each pay period | \longrightarrow | | |
| My net take home pay each pay per | od: | | |
| E. My take home or net pay each mo | nth: | > | |
| | | 1 | 1 |
| Source | | Amount | |
| | | | |
| | | | |
| | | |] |
| F. My total monthly average gross a | ditional income from all sources | <u></u> | |
| G. My total monthly gross income from | m wages (line B) and additional inc | come (line F) | |
| H. Total gross income from my ta | | alendar years: | |
| | Year Income | _ | |
| | | \dashv | |
| | | \dashv | |
| | | | |
| | | | |

OSCA (6-95) CV100 1 of 4

| | II. My Spouse's Current Estimated Monthly Gross Inco | me |
|-------------|--|--------|
| | Source | Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | \longrightarrow | |
| | | |
| | III. My Anticipated Expenses (Monthly Average – Itemiz | ze) |
| A. | Rent or mortgage payments (include home association dues) | |
| B. | Maintenance & repairs of residence | |
| C. | Utilities | |
| | 1. Gas | |
| | 2. Water | |
| | | |
| | 3. Electricity | |
| | 4. Telephone5. Trash Service | |
| | 6. Other | |
| | Total Utility Expense | |
| | | |
| D. <i>i</i> | Automobiles | |
| | 1. Gas and oil | |
| | 2. Maintenance | |
| | 3. Tax and license | |
| | 4. Payment of Loan | |
| | 5. Other | |
| | Total Automobile Expense | |
| E. | Insurance | |
| | 1. Life | |
| | Health, accident & dental | |
| | 3. Disability | |
| | Homeowners (if not in mortgage payment) | |
| | 5. Automobile | |
| | 6. Other | |
| | Total Insurance Expense | |
| F. | Taxes | |
| | Real estate (if not in mortgage payment) | |
| | 2. Personal property | |
| | 3. Automobile | |
| | 4. Other | |
| | Total Tax Expense | |
| G. | Payments I make on debts | |
| Н. | Child support I pay to others for children not in my custody and not involved in this proceeding | |
| I. | Maintenance or alimony paid by me to persons other than my current spouse | |
| J. | Church and charitable contributions | |

| K. Other Living Expenses | Mine | Children in my Custody | Children in Spouse's Custody | Children in Joint Custody | |
|---|-------------------|---------------------------|------------------------------------|------------------------------|--|
| 1. Food | | | | | |
| 2. Clothing | | | | | |
| Medical care | | | | | |
| 4. Prescription drugs | | | | | |
| 5. Dental care | | | | | |
| 6. Recreation | | | | | |
| 7. Laundry and cleaning | | | | | |
| Barber and beauty shop | | | | | |
| School and books | | | | | |
| 10. School lunches | | | | | |
| 11. Lessons | | | | | |
| 12. Home maintenance | | | | | |
| 13. Other (itemize) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total other living expenses | | | | | |
| (total each column) —> | | | | | |
| (total oden column) | | | | | |
| L. Day care or babysitter | | | | | |
| Work related | | | | | |
| Non-work related | | | | | |
| Total daycare/babysitter expenses (total each column) | | | | | |
| | | | | | |
| M. All other expenses not already ide | entified (express | as monthly average) |) | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | 1 | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| Total all other expenses not already id | entified | | | | |
| Total average monthly expenses | s | | | | |

| (ii this stateme | nt is submitted in conne | V. Motion to Modify Info | tenance or child support, co | mplete this section) |
|-------------------|----------------------------|-------------------------------------|-------------------------------|-----------------------------|
| A. The date of t | he last order for mainte | nance and/or child support was - | \rightarrow | |
| B. At the date of | f the last order, the gros | ss monthly income of my former sp | oouse was | |
| C. At the date of | f the last order, my gros | ss monthly income was ———— | \longrightarrow | |
| D. Names and | elationship to me of all | persons residing at my residence | | |
| | Na | ame | Relationship | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| E. Income each | voor since modification | for each of the following persons | | |
| E. Income each | year since modification | i for each of the following persons | | , |
| Year | Petitioner | Petitioner's Co-Habitant | Respondent | Respondent's Co-Habitant |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Affidavit | | |
| | | Amavit | | |
| I certify under | r penalty of perjury that | the above Income and Expense S | Statement is complete, true a | nd accurate to the |
| best of my knowle | age and belier. | | | |
| | | | | |
| | | | Affiant | |
| | | | | |
| Subscribed and s | worn to before me, the | undersigned Notary Public, on | | (date) |
| | , | J, | | |
| | Expires: | | | |
| My Commission I | | | | |
| My Commission I | Date | | Notary Public | |