

IN THE CHANCERY COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

PLAINTIFF

V

CAUSE NO. \_\_\_\_\_

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**I. GENERAL INFORMATION**

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

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

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

TELEPHONE NUMBER: \_\_\_\_\_

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

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

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

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

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

EMPLOYER'S PHONE NO.: \_\_\_\_\_

NAME

DATE OF BIRTH

SSN

MINOR CHILDREN

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**EXHIBIT "A" CONTINUED**

**II. INCOME STATEMENT**

<b>GROSS MONTHLY INCOME</b>	<b>AMOUNT</b>
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.	
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:	
10. TOTAL MONTHLY INCOME	

<b>ITEMIZED MONTHLY DEDUCTIONS</b>	<b>AMOUNT</b>
1. State Income Taxes	
2. Federal Income Taxes	
3. Social Security	
4. Mandatory Insurance	
5. Mandatory Retirement	
6. Union or other dues	
7. Other: (Specify)	
8. Other:	
9. TOTAL MONTHLY DEDUCTIONS	
10. NET MONTHLY PAY	
11. NUMBER OF EXEMPTIONS: _____	

EXHIBIT "A" CONTINUED

**III. EXPENSE STATEMENT**

LIVING EXPENSES	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 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</b>		
35. Installment Payments		
36. Other Expenses		
<b>TOTAL INSTALLMENT EXPENSES</b>		
<b>COMBINE TOTAL EXPENSES</b>		

**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: \_\_\_\_\_

**B. Motor Vehicles**

1. Registered in the name of: \_\_\_\_\_  
Year: \_\_\_\_\_ Model: \_\_\_\_\_  
Mileage: \_\_\_\_\_  
  
Value: \_\_\_\_\_  
Loan Balance: \_\_\_\_\_  
Equity: \_\_\_\_\_
2. Registered in the name of: \_\_\_\_\_  
Year: \_\_\_\_\_ Model: \_\_\_\_\_  
Mileage: \_\_\_\_\_  
  
Value: \_\_\_\_\_  
Loan Balance: \_\_\_\_\_  
Equity: \_\_\_\_\_

**C. Other Personal Property (such as home computers, guns, lawnmowers, TVS, jewelry, household furnishings, etc.)**

DESCRIPTION OF PERSONAL PROPERTY	VALUE

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

NAME ON ACCOUNT	ACCOUNT NO.	TYPE OF ACCOUNT	BALANCE

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

ACCOUNT NUMBER	TYPE OF INVESTMENT	BALANCE

F. Life Insurance (exclude children)

INSURED	COMPANY	FACE AMOUNT	CASH	BENEFICIARY

G. All Other Assets


TOTAL OF ALL ASSETS:

**V. STATEMENT OF LIABILITIES**

LIABILITIES (include mortgage, car loan, credit cards, personal loans)

CREDITOR	WHOSE NAME	BALANCE DUE	MONTHLY PAY	WHO PAYS
1.				
2.				
3.				
4.				
5.				
6.				

**TOTAL LIABILITIES**

**ACKNOWLEDGMENT OF TRUTHFULNESS**

I, declare to the Court that the foregoing Exhibit "A", including any attachments, is true and correct as therein stated and that this declarations was executed in the \_\_\_\_\_ day of \_\_\_\_\_, 2005.

\_\_\_\_\_  
PARTY'S SIGNATURE