

EXHIBIT "A"

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

PLAINTIFF

VS.

CAUSE NO. _____

DEFENDANT

I. GENERAL INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

HOME TELEPHONE: _____

DATE OF BIRTH: _____ SSN: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS AND TELEPHONE: _____

MINOR CHILDREN

Name	Date of Birth

II. INCOME STATEMENT

GROSS MONTHLY INCOME	AMOUNT
1. Salary and Wages, including commissions, bonuses, allowance and overtime NOTE: To arrive at a monthly income figure if paid weekly, multiply income by 2.16	\$
2. Pensions and retirements	\$
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. TOTAL MONTHLY INCOME	\$
ITEMIZED MONTHLY DEDUCTIONS	
1. State Income Tax	\$
2. Federal Income Tax	\$
3. Social Security	\$
4. Mandatory Insurance	\$
5. Mandatory Retirement	\$
6. Union or other dues	\$
7. Other (Specify)	\$
8. Other:	\$
9. TOTAL MONTHLY DEDUCTIONS	\$
10. NUMBER OF EXEMPTIONS	\$
11. NET MONTHLY PAY	\$

III. EXPENSE STATEMENT

A. 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 and 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 & Misc		
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/magazine		
29. Cable tv		
30. Pet Expenses		
31. Yard Expenses		
32. Maid		
33. Retirement (IRA, etc.)		
34. Pest Control		
B. TOTAL LIVING EXPENSES		
35. INSTALLMENTS PAYMENTS	SELF	CHILDREN
Notes, Loans, Charge Accounts, Etc.		
36.		
37.		
38.		
39. Other Expenses		
40.		
41.		
42.		
43.		
Total Installment Payments:		
Combined Total Expenses: Total Lines 1-43		

EXHIBIT "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 \$ _____

2. Title in the name of : _____
Address: _____

Who paid cost: _____
How cost paid: _____

Value (estimate) \$ _____
Mortgage Balance \$ _____
Equity \$ _____

3. Title in the name of : _____
Address: _____

Who paid cost: _____
How cost paid: _____

Value (estimate) \$ _____
Mortgage Balance \$ _____
Equity \$ _____

*List mortgage balance also under liabilities on the next page. List the amount of you monthly payment only under LIABILITIES.

B. MOTOR VEHICLES

1. Registered in the name of : _____
Year: _____ Model: _____ Mileage: _____
Who paid cost: _____ How cost paid _____

VALUE	\$
- Loan balance	\$
= Equity	\$

2. Registered in the name of : _____
Year: _____ Model: _____ Mileage: _____
Who paid cost: _____ How cost paid _____

VALUE	\$
- Loan balance	\$
= Equity	\$

3. Registered in the name of : _____
Year: _____ Model: _____ Mileage: _____
Who paid cost: _____ How cost paid _____

VALUE	\$
- Loan balance	\$
= Equity	\$

D. CHECKING/SAVINGS

(Name of Bank, Account Number and Amount in Account, including CD's, Money Markets, Passbook Accounts, etc.).

Names on account	Bank Name	Account #	Type of Account	Balance
				\$
				\$
				\$
				\$
				\$
			TOTAL	\$

E. OTHER INVESTMENTS

(IRA's, Stock(s), Mutual Funds, Pension Plans, etc.).

BANK/ACCOUNT NO.	TYPE OF INVESTMENT	BALANCE
		\$
		\$
		\$
		\$
	TOTAL VALUE	\$

F. LIFE INSURANCE (EXCLUDE CHILDREN)

INSURED	COMPANY	FACE AMOUNT LESS ANY LOANS	CASH	BENEFICIARY
		\$	\$	
		\$	\$	
		\$	\$	
	TOTAL	\$	\$	

G. ALL OTHER ASSETS

ITEM	DATE PURCHASED	VALUE (ASSETS)	LIENS	EQUITY
			TOTAL	\$

V. STATEMENT OF LIABILITIES

I. LIABILITIES (Include mortgage, car loan, credit cards, personal loans).
 (Include also under 35-44 on page 4 of Exhibit "A")

CREDITOR	WHOSE NAME	CURRENT BALANCE DUE	MONTHLY	WHO PAYS
	TOTAL LIABILITIES	\$	\$	

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing Exhibits "A" and "B", including any attachments, are true and correct and that this declaration was executed on the _____ of _____, A.D. 20____.

PARTY'S SIGNATURE

EXHIBIT "C"

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

PLAINTIFF

VS.

CAUSE NO. _____

DEFENDANT

CERTIFICATE OF COMPLIANCE

I, DAWN H. BEAM, attorney for the _____ herein, do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules, and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED on this, the _____ day of _____, 20__.

BY: _____