

**EXHIBIT "A"**

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

\_\_\_\_\_  
\_\_\_\_\_ **PLAINTIFF**

**VS.** **CAUSE NO.:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ **DEFENDANT**

**FINANCIAL DECLARATION OF \_\_\_\_\_**

**I. GENERAL INFORMATION**

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

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

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

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

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

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

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

**NAME**

**DATE OF BIRTH**

**MINOR CHILDREN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXHIBIT "A" CONTINUED**

**II. INCOME STATEMENT**

\*Attach copies of State and Federal Income Tax Return for the last two (2) taxable years and your last two (2) pay stubs from your employer.

<u>Gross Monthly Income</u>	<u>Amount</u>
1. Salary and wages, including commissions, bonuses, allowance, and overtime. NOTE: To arrive to a monthly income figure if paid weekly, multiply income by 4.3. If paid bi-weekly, multiply income by 2.16.....	_____
2. Pensions and retirement.....	_____
3. Social Security.....	_____
4. Disability and unemployment payments.....	_____
5. Public Assistance (welfare, AFDC payments, etc.).....	_____
6. Child support from prior order.....	_____
7. Dividends and interest.....	_____
8. Rental income.....	_____
9. Other income: _____.....	_____
10. Other income: _____.....	_____

\*\*\*Total Monthly Income \_\_\_\_\_

**Monthly Deductions from Gross Income**

1. State Income Taxes.....	_____
2. Federal Income Taxes.....	_____
3. Social Security.....	_____
4. Mandatory Medical Insurance.....	_____
5. Mandatory Retirement.....	_____
6. Union or other dues.....	_____
7. Medicare.....	_____
8. Other: _____.....	_____
9. Other: _____.....	_____

\*\*\*Total Monthly Deductions \_\_\_\_\_

**NET MONTHLY INCOME:** \_\_\_\_\_

**EXHIBIT "A" CONTINUED**

**III. EXPENSE STATEMENT**

<b>A. Living Expenses</b>	<b>Self</b>	<b>Child(ren)</b>	<b>Self</b>	<b>Child(ren)</b>
1. Rent/Mortgage				
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 Expenses/Pharmaceutical				
14. Dental Expenses				
15. Child Care				
16. Child(ren) Allowance				
17. Payment of Child Support/Alimony				
18. School Expenses				
19. Entertainment				
20. Incidental and Miscellaneous				
21. Gasoline and Oil (automobile)				
22. Transportation (other)				
23. Car Repairs and Maintenance				
24. Insurance (automobile)				
25. Automobile Payment				

**EXHIBIT "A" CONTINUED**

26. Church Donations				
27. Charitable Donations				
28. Newspaper/Magazines				
29. Cable TV				
30. Pet Expenses				
31. Yard Expenses				
32. Maid				
33. Retirement				
34. Pest Control				
35. Dining Out				
<b>Total Living Expenses</b>				
<b>B. Living Expenses</b> <small>(notes, loans, charge accounts, credit cards, etc.)</small>				
36.				
37.				
38.				
<b>C. Other Expenses</b>				
39.				
40.				
<b>Total Installment Payments</b>				

**COMBINED TOTAL EXPENSES:** \_\_\_\_\_

**EXHIBIT "B"**

**IV. STATEMENT OF ASSETS**

**A. Real Estate**

1. **Address:** \_\_\_\_\_  
**Name(s) on Title:** \_\_\_\_\_  
**Original Cost:** \_\_\_\_\_ **Mortgage Balance:** \_\_\_\_\_  
**Other Liens:** \_\_\_\_\_  
**Monthly Payment:** \_\_\_\_\_ **To whom:** \_\_\_\_\_  
**Present Value:** \_\_\_\_\_ **Individual Contributions:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_  
**Name(s) on Title:** \_\_\_\_\_  
**Original Cost:** \_\_\_\_\_ **Mortgage Balance:** \_\_\_\_\_  
**Other Liens:** \_\_\_\_\_  
**Monthly Payment:** \_\_\_\_\_ **To whom:** \_\_\_\_\_  
**Present Value:** \_\_\_\_\_ **Individual Contributions:** \_\_\_\_\_

**B. Motor Vehicle**

1. **Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_  
**Registered in the name(s) of:** \_\_\_\_\_  
**Mileage:** \_\_\_\_\_ **Value:** \_\_\_\_\_ **Loan Balance:** \_\_\_\_\_  
**Equity:** \_\_\_\_\_ **How costs paid:** \_\_\_\_\_

2. **Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_  
**Registered in the name(s) of:** \_\_\_\_\_  
**Mileage:** \_\_\_\_\_ **Value:** \_\_\_\_\_ **Loan Balance:** \_\_\_\_\_  
**Equity:** \_\_\_\_\_ **How costs paid:** \_\_\_\_\_

**EXHIBIT "B" CONTINUED**

**C. OTHER PERSONAL PROPERTY**

(home computers, guns, lawn mowers, TV's, jewelry, household furnishings, etc.)

<u>Items</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL VALUE:	_____

**D. CHECKING/SAVINGS ACCOUNT**

<u>Name(s) on Account</u>	<u>Bank/Account #</u>	<u>Type</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL VALUE:			_____

**E. OTHER INVESTMENTS**

(IRA's stocks, mutual funds, pension plans, retirement, 401k, etc.)

<u>Name(s) on Account</u>	<u>Type of Investment</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL VALUE:		_____

**EXHIBIT "B" CONTINUED**

**F. LIFE INSURANCE**  
(exclude children)

<u>Insured</u>	<u>Company</u>	<u>Face Amount</u>	<u>Cash Value</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL VALUE:				_____

**G. ALL OTHER ASSETS**

<u>Description</u>	<u>Value</u>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
TOTAL VALUE:		_____

**TOTAL VALUE OF ALL ASSETS:** \_\_\_\_\_

**H. STATEMENT OF LIABILITIES**  
(include mortgage, car loan, credit cards, personal loans.)  
\*\* include each of these on Page 4 under #36-#38

<u>Creditor</u>	<u>Name(s) of</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Who Pays</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL LIABILITIES:				_____

**ACKNOWLEDGEMENT OF TRUTHFULNESS**

I, \_\_\_\_\_, declare to the Court that the foregoing statements, exhibits, and attachments, are true and correct and that this declaration was executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_