Rule 8.05 Financial Statement

EXHIBIT "A"

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

_____ PLAINTIFF

V. CAUSE NUMBER: _____

_____ DEFENDANT

****

I. General Information

Name: _____

Address: _____

City, State and Zip Code: _____

Home Telephone: _____

Date of Birth: _____

Occupation: _____

Employer: _____

Employer's Address: _____

Employer's 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 weekly income by 4.3, if paid biweekly, 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. Expenses 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. INSTALLMENT PAYMENTS	**SELF**	**CHILDREN**
Notes, Loans, Charge Accounts, Etc.		
36.		
37.		
38.		
39. Other Expenses		
40.		
41.		
42.		
43.		
Total Installments Payments:		
Combined Total Expenses: Total Line 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: _____

   Mortgage Balance: _____

   Equity: _____

2. Title in the name of: _____

   Address: _____

   _____

   Who paid cost: _____

   How cost paid: _____

   Value: _____

   Mortgage Balance: _____

   Equity: _____

3. Title in the name of: _____

   Address: _____

   _____

   Who paid cost: _____

   How cost paid: _____

   Value: _____

   Mortgage Balance: _____

   Equity: _____

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: _____

C. **OTHER PERSONAL PROPERTY**
(Such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

Property Listing	Estimated Value	Property Listing	Estimated Value
TOTAL	**$**	**TOTAL**	**$**

******IF YOU HAVE MORE TO LIST PLEASE USE A SEPARATE SHEET OF PAPER*****

D. CHECKING/SAVINGS

NAMES ON ACCOUNT	BANK NAME	ACCOUNT NUMBER	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 mortgages, car loans, credit cards, personal loans.) (Include also under35-44 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 financial information, including attachments, is true and correct and that this declaration was executed on the _____ day of _____, 20__.

_____

(Plaintiff or Defendant)

EXHIBIT "C"

IN THE CHANCERY COURT OF _____, COUNTY, MISSISSIPPI

_____ PLAINTIFF

V. CIVIL ACTION NUMBER: _____

_____ DEFENDANT

CERTIFICATE OF COMPLIANCE

I, (name of party or attorney), 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__.

_____

_____
Attorney for Opposing Party