

# FINANCIAL INFORMATION STATEMENT

<b>CLIENT:</b>
<b>CAUSE NUMBER:</b>

**MONTHLY INCOME**

Gross Income \$

Total Monthly Payroll Deductions:

Withholding	\$
FICA (Social Security)	\$
Mandatory Retirement	\$
Voluntary Retirement	\$
Deferred Compensation	\$
Life Insurance	\$
Credit Union (savings)	\$
Credit Union (loan payment)	\$
Health Insurance	\$
Other Deductions:	
	\$
	\$

Total Deductions \$

NET PAY \$

Other Income: (itemize below)

	\$
	\$
	\$

**TOTAL MONTHLY INCOME** \$

**MONTHLY EXPENSES**

Rent or mortgage payment	\$
Real property taxes (if not included in the mortgage payment)	\$
Homeowner's insurance (if not included in mortgage payment)	\$
Renter's or fire insurance	\$
Maintenance of residence (repairs, yardwork, etc.)	\$
Utilities (gas, water, electric, garbage, sewer, etc.)	\$
Telephone	\$
Groceries	\$
Dining out	\$
School lunches	\$
Uninsured doctor expenses	\$
Uninsured prescription and pharmaceutical expenses	\$
Uninsured routine dental care	\$
Uninsured orthodontal care	\$
Health and hospitalization insurance (if not paid by employer or deducted from wages)	\$
Life insurance (if not paid by employer or deducted from wages)	\$
Clothing purchases	\$
Laundry and dry cleaning	\$
Vehicle payment	\$
Gas and oil for vehicle	\$
Vehicle repair and maintenance	\$
Vehicle insurance	\$
Parking fees	\$
School tuition	\$
School supplies	\$
Children's extracurricular activities	\$
Childcare while at work	\$
Childcare for other times	\$
Entertainment	\$
Hairstyling, barber	\$
Contributions	\$

Dues

\$

Subscriptions

\$

Prior obligations for child support or alimony

\$

Other Creditors: (itemize below)

NAME	PURPOSE	BALANCE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Total monthly payments to other creditors

\$

**TOTAL MONTHLY EXPENSES**

\$

STATE OF TEXAS

§

COUNTY OF GRAYSON

§

§

I, \_\_\_\_\_, state on oath that, to the best of my knowledge and belief, the foregoing financial information statement contains a full and complete accounting of my monthly income from all sources and my monthly expenses.

SIGNED on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PARTY

SIGNED under oath before me on the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, State of Texas

**COMPOSITE INVENTORY**

**CAUSE NUMBER** \_\_\_\_\_

**STATE OF TEXAS**  
**COUNTY OF GRAYSON**

§  
§

I, Petitioner in the above-styled and numbered cause, state- on oath that, to the best of my knowledge and belief, the foregoing composite inventory contains:

- (1) a full and complete list of all properties in my possession or subject to my control that I claim belong to the community estate of myself and my spouse, with the values thereof;
- (2) a full and complete list of all properties in my possession or subject to my control that I claim or admit as my or my spouse's separate property and estate, with the values thereof;
- (3) a full and complete list of the debts claimed by me or my spouse.

SIGNED on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**PETITIONER**

SIGNED under oath before me on the \_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC, State of Texas**

**COMPOSITE INVENTORY**

CAUSE NUMBER \_\_\_\_\_

STATE OF TEXAS           §  
  §  
COUNTY OF GRAYSON   §

I, Respondent in the above-styled and numbered cause, state on oath that, to the best of my knowledge and belief, the foregoing composite inventory contains:

- (1) a full and complete list of all properties in my possession or subject to my control that I claim belong to the community estate of myself and my spouse, with the values thereof;
- (2) a full and complete list of all properties in my possession or subject to my control that I claim or admit as my or my spouse's separate property and estate, with the values thereof;
- (3) a full and complete list of the debts claimed by me or my spouse.

SIGNED on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

RESPONDENT

\_\_\_\_\_  
**NOTARY PUBLIC, State of Texas**





# COMPOSITE INVENTORY

CAUSE NUMBER \_\_\_\_\_

IN THE MATTER OF THE MARRIAGE OF

\_\_\_\_\_ AND \_\_\_\_\_

PETITIONER: \_\_\_\_\_ RESPONDENT: \_\_\_\_\_

PETITIONER'S ATTORNEY: \_\_\_\_\_

RESPONDENT'S ATTORNEY: \_\_\_\_\_