



CIRCUIT COURT FOR _____, **MARYLAND**

City/County

Located at _____ **Case No.** _____

Court Address

Plaintiff

vs.

Defendant

Street Address

Street Address

City, State, Zip

Telephone

City, State, Zip

Telephone

FINANCIAL STATEMENT OF _____

Name

(General)

(Md Rule 9-203(a))

Children	Age

MONTHLY EXPENSES

ITEM	SELF	CHILDREN	TOTAL
A. PRIMARY RESIDENCE			
Mortgage			
Insurance (homeowners)			
Rent/Ground Rent			
Taxes			
Gas & Electric			
Electric Only			
Heat (oil)			
Telephone			
Trash Removal			
Water Bill			
Cell Phone/Pager			
Repairs			

Lawn & Yard Care (snow removal)			
Replacement Furnishings/Appliances			
Condominium Fee (not included elsewhere)			
Painting/Wallpapering			
Carpet Cleaning			
Domestic Assistance/Housekeeper			
Pool			
Other:			
SUB TOTAL			
B. SECONDARY RESIDENCE			
(i.e. Summer Home/Rental)			
Mortgage			
Insurance (homeowners)			
Rent/Ground Rent			
Taxes			
Gas & Electric			
Electric Only			
Heat (oil)			
Telephone			
Trash Removal			
Water Bill			
Cell Phone/Pager			
Repairs			
Lawn & Yard Care (snow removal)			
Replacement Furnishings/Appliances			
Condominium Fee (not included elsewhere)			
Painting/Wallpapering			
Carpet Cleaning			
Domestic Assistance/Housekeeper			
Pool			
Other:			
SUB TOTAL			
C. OTHER HOUSEHOLD NECESSITIES			
Food			

Drug Store Items			
Household Supplies			
Other:			
SUB TOTAL			
D. MEDICAL/DENTAL			
Health Insurance			
Therapist/Counselor			
Extraordinary Medical			
Dental/Orthodontia			
Ophthalmologist/Glasses			
Other:			
SUB TOTAL			
E. SCHOOL EXPENSES			
Tuition/Books			
School lunch			
Extracurricular activities			
Clothing/Uniforms			
Room & Board			
Daycare/Nursery School			
Other:			
SUB TOTAL			
F. RECREATION & ENTERTAINMENT			
Vacations			
Videos/Theater			
Dining Out			
Cable TV/Internet			
Allowance			
Camp			
Memberships			
Dance/Music Lessons etc.			
Horseback Riding			
Other:			
SUB TOTAL			

G. TRANSPORTATION EXPENSE			
Automobile Payment			
Automobile Repairs			
Maintenance/Tags/Tires/etc.			
Oil/Gas			
Automobile Insurance			
Parking Fees			
Bus/Taxi			
Other: _____			
SUB TOTAL			
H. GIFTS			
Holiday Gifts			
Birthdays			
Gifts to Others			
Charities			
SUB TOTAL			
I. CLOTHING			
Purchasing			
Laundry			
Alterations/Dry Cleaning			
Other: _____			
SUB TOTAL			
J. INCIDENTALS			
Books & Magazines			
Newspapers			
Stamps/Stationery			
Banking Expense			
Other: _____			
SUB TOTAL			

K. MISCELLANEOUS/OTHER			
Alimony/Child Support (from a previous Order)			
Religious Contributions			
Hairdresser/Haircuts			
Manicure/Pedicure			
Pets/Boarding			
Life Insurance			
Other:			
SUB TOTAL			
TOTAL MONTHLY EXPENSES:			

Number of Dependent Children, including children who have not attained the age of 19 years, are not married or self-supporting, and are enrolled in secondary school:

INCOME STATEMENT

GROSS MONTHLY WAGES:		
Deductions:		
Federal		
State		
Medicare		
F.I.C.A.		
Retirement		
Total Deductions:		
NET INCOME FROM WAGES:		
OTHER GROSS INCOME: (alimony, part-time job, rentals etc.)		
Deductions:		
a.		
b.		
c.		
Total deductions from Other income:		
NET OTHER INCOME		
TOTAL MONTHLY INCOME		

ASSETS & LIABILITIES

ASSETS:		
Real Estate		
Furniture (in the marital house)		
Bank Accounts/Savings		
U.S. Bonds		
Stocks/Investments		
Personal Property		
Jewelry		
Automobiles		
Boats		
Other:		
TOTAL ASSETS:		
LIABILITIES:		
Mortgage		
Automobiles		
Notes payable to relatives		
Bank Loans		
Accrued Taxes		
Balance of Credit Card Accounts		
a.		
b.		
c.		
Other:		
TOTAL LIABILITIES		
TOTAL NET WORTH:		
SUMMARY:		
TOTAL INCOME:		
TOTAL EXPENSES:		
EXCESS OR DEFICIT:		

I solemnly affirm under the penalties of perjury that the contents of this document, Monthly Expense List, and Assets and Liabilities Statement are true to the best of my knowledge, information, and belief.

_____ Date

_____ Signature