



Name(s) of Children  
of Marriage

Age

Date of Birth

Parent Child  
Living With

Grade in School

Do you have any natural, adopted, stepchildren, foster children or children of partners who are living in your household half the time or more? Yes  No

If so, how many children (please give names and ages):

Do you receive any support or payment to help defray their expenses? Yes  No

Do you have any other person who resides in your household? Yes  No

If so, please describe the individual(s), their name, relationship to you, and what their contribution to the payment of the household expenses are.

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CLIENT'S EMPLOYMENT INFORMATION

Your Occupation:

Your Primary Employer:

Address:

Telephone Number:

Wages: \_\_\_\_\_

Please check how paid:

Weekly       Bi-weekly

Monthly       Bi-monthly

Salary       Hourly

No. of Exemptions claimed: \_\_\_\_\_

Gross Amount Paid  
Per Pay Period: \_\_\_\_\_  
(Amount before Deductions)

Do you have any other job or source of income?

Explanation

Please describe second  
source of income:

If so, please specify employer or second job:

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Address of employer or second job:

Wages received from second job:

Payroll Deductions:

Yes

No

Amount of Deduction  
If Known

Federal Tax Withholding:

\$ \_\_\_\_\_

State Tax Withholding:

\$ \_\_\_\_\_

F.I.C.A.:

\$ \_\_\_\_\_

Medicare:

\$ \_\_\_\_\_

Medical Insurance:

\$ \_\_\_\_\_

Dental Insurance:

\$ \_\_\_\_\_

Union Dues:

\$ \_\_\_\_\_

Child Support:

\$ \_\_\_\_\_

Spousal Support:

\$ \_\_\_\_\_

Retirement:

\$ \_\_\_\_\_

- 401(k) Plan:

- Ordinary Retirement Plan:

- Stock Option:

- Stock Purchase Plan:

Savings:

\$ \_\_\_\_\_

Deferred Compensation:

\$ \_\_\_\_\_

Credit Union (Loan):

\$ \_\_\_\_\_

Credit Union (Savings):

\$ \_\_\_\_\_

Charitable Contributions:

\$ \_\_\_\_\_

Life Insurance:

\$ \_\_\_\_\_

Other (specify):

\$ \_\_\_\_\_

Other (specify):

\$ \_\_\_\_\_

Other (specify):

\$ \_\_\_\_\_

Available through Your Employment

(Please check the ones that apply)

	<u>Yes</u>	<u>No</u>
Bonuses and Commissions:	<input type="checkbox"/>	<input type="checkbox"/>
Cost of Living:	<input type="checkbox"/>	<input type="checkbox"/>
Disability Insurance:	<input type="checkbox"/>	<input type="checkbox"/>
Reimbursement of Expenses including travel and meals:	<input type="checkbox"/>	<input type="checkbox"/>
Company Car Provided:	<input type="checkbox"/>	<input type="checkbox"/>
Auto Expenses Reimbursed:	<input type="checkbox"/>	<input type="checkbox"/>
Educational Benefits:	<input type="checkbox"/>	<input type="checkbox"/>

Gross Income from Prior Year:

(Attach copy of all W-2 and 1099 Forms for prior year)

*If Self-employed, see Schedule A attached, and provide information including your most recent business financial statement and tax return.*

Do you pay or receive (circle the appropriate response) alimony or child support from or pay to a former spouse for self or children?

If so, please state the amount paid or received and provide a copy of the Court Order or Agreement whose terms direct the payment.

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TO THE EXTENT YOU KNOW  
SPOUSE'S EMPLOYMENT INFORMATION  
PLEASE PROVIDE

Spouse's Employer:

Name: \_\_\_\_\_

No. of Exemptions Claimed: \_\_\_\_\_

Address: \_\_\_\_\_

Work Hours: \_\_\_\_\_

\_\_\_\_\_

Overtime: \_\_\_\_\_

\_\_\_\_\_

Anticipated promotions, raises and bonuses:

How long employed: \_\_\_\_\_

Yes  No  Unknown:

Nature of Job: \_\_\_\_\_

Gross Amount: \_\_\_\_\_

(Amount before Deductions)

Salary  Hourly

When Paid: \_\_\_\_\_

Benefits:

Bonuses, Commissions, Cost of Living:

Retirement, Pension, Disability Insurance:

Expense Account:

Medical Insurance:

Auto Loan or Other Loan at Work:

Company Car or Auto Expenses Provided:

Stocks, Bonds:

Educational Benefits:

Other Benefits and/or Deductions at Work i.e., Thrift Plan or Savings:

Other income from any source: Yes  No

Spouse's Employment Information (Cont.)

Jobs, rental income:

Interests, dividends, trusts:

Social Security, veterans:

Unemployment, welfare, etc.:

Disability or other income:

Support payments from prior marriage:

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HEALTH INSURANCE INFORMATION

Certificate No. \_\_\_\_\_ Master Medical Yes  No

Name of Carrier: \_\_\_\_\_

Is it through employment? Yes  No

Dental Plan: Yes  No

If more than one policy, state same information as above:

Cert. No.: \_\_\_\_\_ Name: \_\_\_\_\_

Cert. No.: \_\_\_\_\_ Name: \_\_\_\_\_

Who pays the premium? \_\_\_\_\_ What is premium, if you know? \_\_\_\_\_

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LIFE INSURANCE INFORMATION

Policy 1

Policy 2

Name of Company \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy No. \_\_\_\_\_

Policy No. \_\_\_\_\_

Type of Insurance: \_\_\_\_\_  
(Whole, Term, etc.)

Type of Insurance: \_\_\_\_\_  
(Whole, Term, etc.)

Insured: \_\_\_\_\_

Insured: \_\_\_\_\_

Cash Surrender Value: \_\_\_\_\_

Cash Surrender Value: \_\_\_\_\_

Loan Against Cash Surrender Value: \_\_\_\_\_

Loan Against Cash Surrender Value: \_\_\_\_\_

Death Benefit Amount: \_\_\_\_\_

Death Benefit Amount: \_\_\_\_\_

How Long Been Paying: \_\_\_\_\_

How Long Been Paying: \_\_\_\_\_

Beneficiary and whether revocable: Yes  No

Beneficiary and whether revocable: Yes  No

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner: \_\_\_\_\_

Who holds policy: \_\_\_\_\_

Who holds policy: \_\_\_\_\_

Who Pays Premiums: \_\_\_\_\_

Who Pays Premiums: \_\_\_\_\_

*If more than two policies, please use additional paper and attach.  
Please be sure to list all information as required above.*

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REAL ESTATE INFORMATION

Property No. 1

Description of Real Estate: Example - Single-family house, marital domicile, etc.

Location (Street Address, Town and State): \_\_\_\_\_  
\_\_\_\_\_

Title in whose name: \_\_\_\_\_

Year of Purchase: \_\_\_\_\_

Original Purchase Price: \_\_\_\_\_

Amount of Down Payment: \_\_\_\_\_

Source of Down Payment: Example - Sale of prior house, gift, savings, etc.  
\_\_\_\_\_

Present Assessed Value by City or Town: \_\_\_\_\_

Date of Last Assessment: \_\_\_\_\_

Present Estimated  
Fair Market Value: \$ \_\_\_\_\_

Amount of Present  
Balance on Mortgage(s): \_\_\_\_\_

Name of Bank or persons holding mortgage(s): \_\_\_\_\_

Who presently occupies the house? \_\_\_\_\_

Any Rental Income Associated with House? Yes  No

How much per month? \$ \_\_\_\_\_

Are Utilities Included? Yes  No

Property No. 2

Description of Real Estate: Example - Single-family house, summer home, rental property, etc.

Location (Street Address, Town and State): \_\_\_\_\_

Title in whose name: \_\_\_\_\_

Year of Purchase: \_\_\_\_\_

Original Purchase Price: \_\_\_\_\_

Amount of Down Payment: \_\_\_\_\_

Source of Down Payment: Example - Sale of prior house, gift; savings, etc.

Present Assessed Value by City or Town: \_\_\_\_\_

Date of Last Assessment: \_\_\_\_\_

Present Estimated  
Fair Market Value: \$ \_\_\_\_\_

Amount of Present  
Balance on Mortgage(s): \_\_\_\_\_

Name of Bank or persons holding mortgage(s): \_\_\_\_\_

Who presently occupies the house? \_\_\_\_\_

Any Rental Income Associated with House? Yes  No

How much per month? \$ \_\_\_\_\_ Are Utilities Included? Yes  No

*If more than two policies, please use additional paper and attach.  
Please be sure to list all information as required above.*

## MOTOR VEHICLE INFORMATION

(These include automobiles, trucks, ATV's, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft or farm machinery)

### Vehicle 1

Year, Make and Model: \_\_\_\_\_

Purchase Price of Vehicle: \_\_\_\_\_

Year of Purchase: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

Outstanding Loan: \_\_\_\_\_

Equity: \_\_\_\_\_

Who Currently has Possession: \_\_\_\_\_

Who Currently Insures and Maintains: \_\_\_\_\_

Who Holds Title: \_\_\_\_\_

### Vehicle 2

Year, Make and Model: \_\_\_\_\_

Purchase Price of Vehicle: \_\_\_\_\_

Year of Purchase: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

Outstanding Loan: \_\_\_\_\_

Equity: \_\_\_\_\_

Who Currently has Possession: \_\_\_\_\_

Who Currently Insures and Maintains: \_\_\_\_\_

Who Holds Title: \_\_\_\_\_

Vehicle 3

Year, Make and Model: \_\_\_\_\_

Purchase Price of Vehicle: \_\_\_\_\_

Year of Purchase: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

Outstanding Loan: \_\_\_\_\_

Equity: \_\_\_\_\_

Who Currently has Possession: \_\_\_\_\_

Who Currently Insures and Maintains: \_\_\_\_\_

Who Holds Title: \_\_\_\_\_

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PENSION INFORMATION

	Institution Name of Company	Account Number	Listed Beneficiary In Event of Your Death	Current Balance/Value
Defined Benefit Plan				
Defined Contribution Plan				

OTHER ASSET INFORMATION

List assets which are held individually, jointly, in the name of another person for your benefit, or held by you for the benefit of your minor child(ren).

List particulars as indicated, e.g., name(s) of bank or company and account number(s), owners or beneficiaries and current balances, if applicable.

	Name of Bank	Account Number	Names of Owner or Beneficiary	Current Balance
Checking Account				
Checking Account				
Savings Account				
Savings Account				
Savings Account				
Cash on Hand				
Certificate of Deposit				

	Name of Bank	Account Number	Names of Owner or Beneficiary	Current Balance
Certificate of Deposit				
Credit Union Account				
Credit Union Account				
Funds Held In Escrow				
Stocks				
Cash In Brokerage Account(s)				
Money Market Account(s)				
IRA's				
Keough				

	Name of Bank	Account Number	Names of Owner or Beneficiary	Current Balance
Profit Sharing				
Deferred Compensation				
Other Retirement Plans				
Annuity (please specify whether a tax deferred annuity or a tax sheltered annuity).				
Life Insurance Cash Value (please specify whether a term or a whole/universal life insurance policy).				
Judgments/Liens by which you are owed money				
Pending Legacies and/or Inheritances				
Jewelry				



	Name of Bank	Account Number	Names of Owner or Beneficiary	Current Balance
Contents of Safe or Safe Deposit Box				
Collections				
Tools/Equipment				
Crops/Livestock				
Home Furnishings (value)				
Art and Antiques				
Other (specify)				
Other (specify)				
Other (specify)				



DETAIL CREDIT CARD STRUCTURE

Does spouse have authority to change your name: Yes  No

Who has possession of above cards: I do  Spouse does  Both

Have any credit cards been canceled? Yes  No

If answer is yes, list names of credit cards:

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Religion: \_\_\_\_\_

Participation: Active  Non-Active

Educational background and training:

Client:

Spouse:

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Are parties presently in good health? Yes  No

Any serious illness, operations, diseases for either:

Any history of mental illness in parties, children, family:

Ever any suicide attempts by the parties?

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Did the parties ever attend any marriage or other counseling?

Name of counselor:

Address:

Number of sessions:

Who attended:

Who suggested:

Either or both presently attending:

Any children who died after birth:

Any pregnancies interrupted for any reason:

Does client anticipate custody dispute:

Client's relationship with children:

Spouse's relationship with children:

How children will react to separation:

Parties communicating about children:    Yes     No     Well     Poorly

Children's special needs:

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List for Client

List for Spouse

Prior marriages:

How terminated:

When terminated:

Where terminated:

Attach copy of judgment:

Any children: (ages and addresses)

*Cash or other support received from former spouse:*

*Cash or other support paid to former spouse:*  
*(Please attach copy of Court Order or Agreement)*

Do you have a will?                    Yes     No

Does your spouse have a will?      Yes     No

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(Date)

(Client's Signature)

## CLIENT'S INSTRUCTION SHEET

In order to assist both of us in better understanding your financial matters and expenses and costs of living, it is essential that you take a great deal of time and patience in filling out the attached financial information schedule. **Every item must be answered, even if there is none, in which case you insert the word "none".**

Please follow these instructions carefully, as it will save a great deal of time, effort and money for you in the long run.

1. Please fill in the exact financial information or, in cases where the exact amount is unavailable, your best estimate as to the amount in the first column if monthly, in the second column if weekly. Fill in only the lines that apply to your financial circumstances and specify in the middle column whether this is yearly or monthly.

PLEASE DO NOT FILL IN ANYTHING NEXT TO WORD "SUBTOTAL" WHEREVER IT APPEARS. THAT IS FOR OUR OFFICE PURPOSES ONLY.

2. Where the bills for each of these are available, please clip them to the form when completed and return to the office. This would include such things as mortgage statements, real estate tax bills, telephone bills, credit card statements, automobile credit card statements, college statements or bills, dues from clubs, insurance statements or bank statements.

If you need any help or feel you do not understand anything, please be sure to contact us before you complete this.

SCHEDULE OF LIVING EXPENSES OF \_\_\_\_\_

(PLEASE PRINT YOUR FULL NAME)

**I. HOUSEHOLD EXPENSES**

DESIGNATE WHETHER YEARLY OR  
MONTHLY EXPENSE

WEEKLY

NO.	ITEM			
1. a)	Mortgage, principal and Interest	\$	_____	
	or			
	Principal, Int. & Taxes	\$	_____	
b)	Real Estate Taxes & Assessments (if paid separately)	\$	_____	
c)	Water & Sewer	\$	_____	
d)	Homeowner's Insurance	\$	_____	
e)	Other, i.e., pool loan, 2nd mortgage, home improvement loan (Please specify)	\$	_____	
2. a)	Apartment Rent	\$	_____	
b)	Condo fees/Maintenance Fees	\$	_____	
c)	Tenants Insurance	\$	_____	
d)	Room & Board if Living with Relatives or Friends	\$	_____	
e)	Other (specify)	\$	_____	
3.	Allowance for Major Home Repairs and maintenance (interior & exterior)			
a)	Yardwork	\$	_____	
b)	Supplies	\$	_____	
c)	Equipment	\$	_____	
d)	Snow Removal	\$	_____	
e)	Rubbish Removal	\$	_____	
f)	Cesspool/Septic tank	\$	_____	
g)	Storm Windows	\$	_____	
h)	Plumbing	\$	_____	
i)	Other, (specify) i.e., roof shingles, porch repairs, pool maintenance	\$	_____	

NO.	ITEM	DESIGNATE WHETHER YEARLY OR MONTHLY EXPENSE	WEEKLY
4.	Allowance for repair and replacement of household furniture and appliances		
a)	Cost of appliance service insurance or maintenance	\$ _____	
b)	Replacement of appliances cost, specify	\$ _____	
c)	Furniture Purchase	\$ _____	
5.	Fuel, Oil Cost		
a)	Cost of service insurance or burner cleaning repairs	\$ _____	
b)	Fuel, Oil	\$ _____	
6.	Major House Cleaning including professional rug & drape cleaning, etc.	\$ _____	
7.	Telephone	\$ _____	
8.	Electric. (Specify if used for heating)	\$ _____	
	House Gas. (Specify if used for heating)	\$ _____	
10.	Cable TV	\$ _____	
11.	Miscellaneous. Additional expenses for household (include tools, linens, light bulbs, pesticides, etc.)	\$ _____	
<b>SUB TOTAL:</b>			
<b>II. PERSONAL EXPENSES</b>			
1. a)	Household food, including soaps, household cleaners and paper products	\$ _____	
b)	School Lunches	\$ _____	
c)	Meals Eaten at Work	\$ _____	
2.	Dry cleaning and laundry	\$ _____	

NO.	ITEM	DESIGNATE WHETHER YEARLY OR MONTHLY EXPENSE	WEEKLY
3. Domestic Help			
a)	Handyman	\$ _____	
b)	Cleaning Man	\$ _____	
c)	Babysitter	\$ _____	
d)	Other	\$ _____	
4. Clothing			
a)	Self	\$ _____	
b)	Children	\$ _____	
<b>SUB TOTAL:</b>			
<b>III. MEDICAL EXPENSES</b>			
(Specify if for self only or includes other family members)			
1. Medical			
a)	Internist, general medicine	\$ _____	
b)	Psychiatrist	\$ _____	
c)	Gynecologist	\$ _____	
d)	Medical insurance (if not taken as Payroll deduction)	\$ _____	
e)	Other, specify i.e., psychologist, etc.	\$ _____	
2. a) Dental (general)			
b)	Orthodontist	\$ _____	
c)	Other (specify) i.e., periodontist	\$ _____	
3. Eye Doctor			
a)	Purchase of Glasses	\$ _____	
b)	Ophthalmologist (examinations)	\$ _____	
4. a) Prescriptions			
b)	Cosmetics, aspirin, etc.	\$ _____	
<b>SUB TOTAL:</b>			



DESIGNATE WHETHER YEARLY OR  
MONTHLY EXPENSE

NO. ITEM WEEKLY

IV. AUTO EXPENSES

(Specify: Make, Year and Model of each car and in whose possession)

- a) Auto Loan payment \$ \_\_\_\_\_
- b) Gasoline & Oil \$ \_\_\_\_\_
- c) Auto insurance \$ \_\_\_\_\_
- d) Excise Tax \$ \_\_\_\_\_
- e) Repairs Allowance, i.e., tune ups, etc. \$ \_\_\_\_\_
- f) AAA of ALA dues \$ \_\_\_\_\_
- g) Registration, inspection & license costs \$ \_\_\_\_\_
- h) Other expenses, i.e. - tires, battery, etc. \$ \_\_\_\_\_

AUTO EXPENSES

- a) Auto Loan payment \$ \_\_\_\_\_
- b) Gasoline & Oil \$ \_\_\_\_\_
- c) Auto insurance \$ \_\_\_\_\_
- d) Excise Tax \$ \_\_\_\_\_
- e) Repairs Allowance, i.e., tune ups, etc. \$ \_\_\_\_\_
- f) AAA or ALA dues \$ \_\_\_\_\_
- g) Registration, inspection & license costs \$ \_\_\_\_\_
- h) Other expenses, i.e. - tires, battery, etc. \$ \_\_\_\_\_

SUB TOTAL:

V. MISCELLANEOUS

- 1. Contributions \$ \_\_\_\_\_
- a) Church \$ \_\_\_\_\_
- b) Charity \$ \_\_\_\_\_
- c) Miscellaneous, (Specify) \$ \_\_\_\_\_

DESIGNATE WHETHER YEARLY OR  
MONTHLY EXPENSE

NO. ITEM WEEKLY

2. Gifts to family

- a) Birthdays \$ \_\_\_\_\_
- b) Weddings \$ \_\_\_\_\_
- c) Anniversaries \$ \_\_\_\_\_
- d) Christmas \$ \_\_\_\_\_
- e) Miscellaneous \$ \_\_\_\_\_

3. Life Insurance Premiums

a) Name of Insurance Co. \_\_\_\_\_

Type: Whole - Term (specify) \_\_\_\_\_

Policy No. \_\_\_\_\_

Cash Surrender Value \$ \_\_\_\_\_; Payment \_\_\_\_\_  
mo./yr. (specify)

b) Name of Insurance Co. \_\_\_\_\_

Type: Whole - Term (specify) \_\_\_\_\_

Policy No. \_\_\_\_\_

Cash Surrender Value \$ \_\_\_\_\_; Payment \_\_\_\_\_  
mo./yr. (specify)

c) Name of Insurance Co. \_\_\_\_\_

Type: Whole - Term (specify) \_\_\_\_\_

Policy No. \_\_\_\_\_

Cash Surrender Value \$ \_\_\_\_\_; Payment \_\_\_\_\_  
mo./yr. (specify)

- 4. a) Husband - Haircuts \$ \_\_\_\_\_
- Wife - Hairdresser \$ \_\_\_\_\_
- Children \$ \_\_\_\_\_
- b) Self (additional miscellaneous) toiletries, grooming, etc. \$ \_\_\_\_\_

5. Higher Education (If more than one child, use another sheet of paper and attach. Please specify child and name of school.)

- a) Tuition \$ \_\_\_\_\_
- b) Board & Room \$ \_\_\_\_\_
- c) Transportation \$ \_\_\_\_\_
- d) Books & Records \$ \_\_\_\_\_
- e) Activity fees \$ \_\_\_\_\_
- f) Lab fees \$ \_\_\_\_\_
- g) Insurance \$ \_\_\_\_\_
- h) Supplies \$ \_\_\_\_\_
- i) Food \$ \_\_\_\_\_
- j) Miscellaneous \$ \_\_\_\_\_

NO.	ITEM	DESIGNATE WHETHER YEARLY OR MONTHLY EXPENSE	WEEKLY
6.	Entertainment, i.e. - movies, restaurants, trips, camping, etc.		
	a) Children	\$ _____	
	b) Self	\$ _____	
7.	Sports activities equipment, etc. (Please specify)	\$ _____	
8.	Vacations (Be as specific as possible)		
	a) Weekends	\$ _____	
	b) Winter	\$ _____	
	c) Summer	\$ _____	
	d) Other	\$ _____	
9.	Club Dues		
	a) Country Club	\$ _____	
	b) Swim Club	\$ _____	
	c) Health Club	\$ _____	
	d) Other, i.e., - fraternal organizations, etc. (Please specify)	\$ _____	
10.	Children's Allowances		
	a) Child _____ age	\$ _____	
	b) Child _____ age	\$ _____	
	c) Child _____ age	\$ _____	
	d) Child _____ age	\$ _____	
11.	Allowance for Regular Savings Program (specify if IRA or Tax Savings)	\$ _____	
12.	Newspaper, magazines	\$ _____	

NO.	ITEM	DESIGNATE WHETHER YEARLY OR MONTHLY EXPENSE	WEEKLY
13.	Professional dues, books and periodicals & equipment	\$ _____	
	Miscellaneous Insurance		
	a) Accidental death	\$ _____	
	b) Flight	\$ _____	
	c) Income or disability insurance	\$ _____	
	d) Mortgage Insurance	\$ _____	
15.	Miscellaneous		
	a) Cobbler, tailor	\$ _____	
	b) Checking Account service charge	\$ _____	
	c) Household pets, i.e., dogs, cats, etc. (Please specify)	\$ _____	
	d) Lottery tickets	\$ _____	
16.	Child Support (attach a copy of the order, if issued by a different court)	\$ _____	
17.	Employment Related Expenses (which are not reimbursed)		
	a) Uniforms	\$ _____	
	b) Travel	\$ _____	
	c) Required Continuing Education	\$ _____	
	d) Other (specify)	\$ _____	
18.	Extraordinary Travel Expenses for Visitation with Child(ren) i.e., public transportation or if long drives state mileage one way	\$ _____	
19.	DayCare Expenses	\$ _____	
20.	List any other expenses you have which you have not listed above	\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
SUB TOTAL:			

DESIGNATE WHETHER YEARLY OR  
MONTHLY EXPENSE

NO.

ITEM

WEEKLY

VI. MISCELLANEOUS BILL PAYMENT

Please Specify

Nature of charges for each  
card or payment i.e., clothes,  
family business, etc.

Installment Payments, i.e., credit cards, store  
charges, etc.

	(Name of Creditor)	Monthly Payments
a)	_____	\$ _____
b)	_____	\$ _____
c)	_____	\$ _____
d)	_____	\$ _____
e)	_____	\$ _____
f)	_____	\$ _____
g)	_____	\$ _____
h)	_____	\$ _____
i)	_____	\$ _____
j)	_____	\$ _____
k)	_____	\$ _____
l)	_____	\$ _____
m)	_____	\$ _____
n)	_____	\$ _____
o)	_____	\$ _____
p)	_____	\$ _____

TOTAL WEEKLY EXPENDITURES

\$ \_\_\_\_\_  
(For Office Use Only)