

Instructions: Please list the monthly amount of each of these expenses. If you have an expense that is only paid a few times per year then calculate the yearly cost and then divide that by 12 and list the number below. You may have additional expenses that are not listed below. Please provide those as well.

NO. _____

**IN THE MATTER OF
THE MARRIAGE OF**

**PETITIONER
AND
RESPONDENT**

§ **IN THE DISTRICT COURT**
 §
 § **____TH JUDICIAL DISTRICT**
 §
 §
 § **HARRIS COUNTY, TEXAS**

FINANCIAL STATEMENT - EXPENSES

MONTHLY EXPENSES

1. HOUSING:

- a. Mortgage or rent\$ _____
- b. Insurance (Homeowner or Tenant)\$ _____
- c. Electric Utility.....\$ _____
- d. Natural Gas Utility\$ _____
- e. Water Utility\$ _____
- f. Telephone.....\$ _____

2. VEHICLE AND TRANSPORTATION:

- a. Vehicle Lease Payments\$ _____
- b. Vehicle Insurance.....\$ _____
- c. Gasoline\$ _____
- d. Maintenance and Repair.....\$ _____

3. PERSONAL INSURANCE:

- a. Medical, Dental & Health Insurance.....\$ _____
- b. Life Insurance.....\$ _____

4. FOOD, CLOTHING AND PERSONAL:

- a. Groceries\$ _____
- b. Restaurant Meals.....\$ _____
- c. Supplies, Fees and Other Costs.....\$ _____
- d. Clothing.....\$ _____
- e. Grooming (Barber, Stylist, etc.).....\$ _____
- f. Cleaning and Laundry\$ _____
- g. Entertainment.....\$ _____

5. HEALTH CARE: (Not paid by Insurance)

- a. Physicians and Hospitals.....\$ _____
- b. Dentists\$ _____
- c. Prescription Drugs\$ _____

6. LOANS AND CREDIT CARDS:

- a. _____ (_____ approx. total).....\$ _____
- a. _____ (_____ approx. total).....\$ _____
- a. _____ (_____ approx. total).....\$ _____

TOTAL MONTHLY EXPENSES:\$ _____

SIGNED on the _____ day of _____, 2017.

CLIENT NAME