

MONTHLY INCOME AND EXPENSES

FOOD

Groceries (do not include children)

Restaurants (do not include children)

UTILITIES

Electricity

Gas

Sewer/water

Telephone

Cell Phone

Cable/Internet

HOUSE MAINTENANCE/TAX

Property Taxes

Maintenance & repairs

Landscaping/upkeep etc.

Housekeeping services

TRANSPORTATION

Car payment

Car maintenance & repairs

Gas & oil

Parking

Public transportation

MEDICAL CARE

Doctor

Dentist

Orthodontist

Eye Glasses/Contacts

Medicine (over the counter)

Prescriptions

Therapy

CREDIT CARD DEBT

Card	Balance	Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Schulte Anderson Downes Aronson & Bittner
811 SW Naito Pkwy., Suite 500
Portland, Oregon 97204
503-223-4131
503-223-1346 (Fax)

DEBTS

Mortgage/Rent

Line of Credit/Second Mortgage

Bank Loan (i.e. auto loan)

Credit Union

Finance Company

Student Loans

Personal Loans (friend/relative)

INCOME

Hourly wage

Hours worked each week

Gross monthly income (salary)

Tips/Bonuses/Commissions

Other sources of income

Annuity Income

Self-Employment

Dividends

Interest Income

Trust Income

Other (Specify)

Social Security

Workers' Compensation Benefits

Unemployment

Disability Income

Expense Reimbursements

ADC Benefits

FCAS (food stamps)

Social Security for a child

Spousal Support - this proceeding

Spousal Support - former spouse

Child Support - received

MISCELLANEOUS EXPENSES

Child Support **PAID** by you

Spousal Support **PAID** by you

Mandatory Union Dues

Food & Household Items

Medicine & Pharmaceutical

MONTHLY INCOME AND EXPENSES

INSURANCE (not deducted by employer)

Life	<input type="text"/>
Health/Dental	<input type="text"/>
Automobile	<input type="text"/>
Homeowner's	<input type="text"/>
Renters	<input type="text"/>

Health Insurance Information

Name of Insurance Co.	<input type="text"/>
Plan or Group Name	<input type="text"/>
Plan or Group Number	<input type="text"/>
Individual ID Number	<input type="text"/>
Claims Address	<input type="text"/>
Claims Phone Number	<input type="text"/>
Amount Annual Deductable	<input type="text"/>
Premium Paid by You	<input type="text"/>
Premium to cover you only	<input type="text"/>
Premium dependents only	<input type="text"/>

YOUR CHILDCARE EXPENSES

Paid to:	Name of Child:	Age	Average Monthly Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does anyone else share the cost of childcare for the joint children? Yes No

YOUR PARENTING TIME Proposed Occurring Existing Plan or Written Agreement

Name of the Child:	<input type="text"/>	# of overnights?	<input type="text"/>
Name of the Child:	<input type="text"/>	# of overnights?	<input type="text"/>
Name of the Child;	<input type="text"/>	# of overnights?	<input type="text"/>

YOUR REBUTTAL FACTORS Are you seeking an adjustment to the support amount? Yes No

Explain briefly: