

ESTIMATED MONTHLY EXPENSES: (Specify which party is the custodial parent and list name and relationship of all members of the household whose expenses are included)

	Husband	Wife
Rent (residence)	_____	_____
Note or mortgage payments (residence)	_____	_____
Real property taxes (residence)	_____	_____
Real property insurance (residence)	_____	_____
Maintenance (residence)	_____	_____
Food and household supplies	_____	_____
Utilities	_____	_____
Telephone	_____	_____
Laundry and cleaning	_____	_____
Clothing	_____	_____
Medical	_____	_____
Dental	_____	_____
Insurance (life, health, accident, etc.)	_____	_____
Child care	_____	_____
Payment of child/spousal support (prior marriage, etc.)	_____	_____
School	_____	_____
Entertainment	_____	_____
Incidentals	_____	_____
Auto expenses (insurance, gas, oil, repair)	_____	_____
Auto payments	_____	_____
Other Installment payment(s) (total here & itemize below)	_____	_____

Creditor's Name	For	Monthly Payment	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other (Specify)	Husband	Wife
_____	_____	_____
_____	_____	_____
TOTAL EXPENSES	_____	_____

Other debts and obligations not payable in monthly installments:

Creditor's Name	For	Date Payable	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All property of the parties known to me includes the following:

	Husband	Wife
Cash on hand	_____	_____
Money in checking account(s)	_____	_____
Money in savings account(s)	_____	_____
Money in credit union(s)	_____	_____
Money in any other account(s) or deposit(s)	_____	_____
Life insurance cash value	_____	_____
Value of any stock(s) & bond(s)	_____	_____
Value of real estate	_____	_____
Value of all other property	_____	_____
TOTAL PROPERTY	_____	_____

Sworn to and Subscribed before me)
this _____ day of _____ , 20____)
_____)
Notary Public for South Carolina)
My Commission expires _____)

Signature

