Form CAFC050 - Income and Expense Statement

For use in Dissolution of Marriage Cases

In what Missouri County is this case to be decided?

In the Circuit Court of

MISSOURI

What is the case number? *(This number is assigned at time of filing)*

Case Number

Division Number

Answer all questions on this form completely.

Your Information

My full name is:

_____ _____ _____ _____

(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

☐ I filed this case. (I am the Petitioner)
☐ I did not file this case. (I am the Respondent)

Other Party's Information

The full name of my husband or wife is:

_____ _____ _____ _____

(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

Monthly Income Information

	Wife	Husband
1. Monthly Gross Income from Salaries, Wages and Commissions including Bonuses		
2. Monthly Self-Employment Income		
3. Imputed Monthly Income		
4. Monthly Social Security Benefits not including Supplemental Security Income (SSI)		
5. Monthly Retirement Benefits		
6. Monthly Pension Income		
7. Monthly Interest Income		
8. Monthly Trust and Annuity Income		
9. Monthly Income from Dividends and Partnership Distributions		
10. Monthly Unemployment Compensation Benefits		
11. Monthly Severance Pay		
12. Monthly Worker's Compensation Benefits		

Monthly Income Information (Continued)

	Wife	Husband
13. Monthly Disability Insurance Benefits	_____	_____
14. Monthly Veterans Disability Benefits	_____	_____
15. Monthly Military Allowances for Subsistence and Quarters	_____	_____
16. Total Monthly Gross Income from Paragraphs 1 through 15 (Also enter on Form 14 – Line 1)	_____	_____
17. Monthly Supplemental Security Income Benefits (SSI)	_____	_____
18. Monthly Payments of Temporary Assistance for Needy Families (TANF)	_____	_____
19. Monthly Medicaid Benefits	_____	_____
20. Food Stamps	_____	_____
21. Number of unemancipated children who are NOT the subject of this proceeding that primarily reside with each party (also enter on Form 14 – Line 2c(1))	_____	_____
Monthly amount of child support received pursuant to a court or administrative order for unemancipated children who are NOT the subject of this proceeding that primarily reside with each party (Also enter on Form 14 – Line 2c(3))	_____	_____
22. Monthly Maintenance Received in THIS case	_____	_____
23. Monthly Maintenance Received in OTHER cases	_____	_____
24. Total Monthly court ordered maintenance being received. Add lines 22 and 23. (Form 14 – Line 1a)	_____	_____

Monthly Expense Information

	Wife	Husband
25. Monthly court or administratively ordered child support being paid for children who are NOT the subject of this Proceeding (Form 14 – Line 2a)	_____	_____
26. Monthly Maintenance Paid in THIS case	_____	_____
27. Monthly Maintenance Paid in OTHER cases	_____	_____
28. Total Monthly Court Ordered Maintenance being Paid. Add lines 26 and 27. (Form 14 – Line 2b)	_____	_____
29. Reasonable work-related child care costs of each party for the children who are the subject of this proceeding (Form 14 – Line 6a and Line 6b)	_____	_____
30. Health insurance costs for the children who are the subject of this proceeding (Form 14 – Line 6c)	_____	_____
31. Uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 – Line 6d)	_____	_____
32. Other extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14- Line 6e)	_____	_____
33. All Other Expenses of each person (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 30, etc.)	_____	_____

I certify under oath that I have given the other party a copy of this Income and Expense Statement pursuant to Supreme Court Rule 43.01(d) by: *(You MUST check at least ONE of the following five boxes)*

☐ Serving a copy with the original pleadings herein.

☐ Mailing a copy to the other party or his or her attorney on _____ *(Date)* at the following address:

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

☐ Handing a copy to the other party or his or her attorney on _____*(Date)*.

☐ Sending a copy to the other party or his or her attorney by fax to _____ *(fax number)* on _____ *(Date)* at _____ *(Time)*.

☐ Sending a copy via electronic mail to the other party or his or her attorney at _____ *(Email Address)* on _____ *(Date)*.

Instructions: The following information MUST be filled in before a notary public. This Income and Expense Statement is required to be verified before a notary public. The "Affiant" is the person that is completing this document.

COUNTY OF _____)
) ss.
STATE OF _____)

Affiant, of lawful age, being duly sworn on his or her oath, states that he or she is the affiant named herein and that the facts stated in this Income and Expense Statement are true according to his or her best knowledge and belief.

▶ _____ _____
Affiant – SIGN HERE Affiant – PRINT YOUR NAME HERE

Subscribed and sworn to on _____.

Sign here in front of a Notary Public

_____
Notary Public

My Commission Expires: _____