IN THE CIRCUIT COURT OF _____ , MISSOURI
(County where court is located. City of Saint Louis is considered a county.)

Case Number _____ **Division Number** _____
(Use number on Motion)

_____ _____ _____ _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Petitioner, *(Enter full legal name of the person who filed the original petition)*

v.

_____ _____ _____ _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Respondent. *(Enter full legal name of the person who responded to the original petition)*

Statement of Income and Expenses (For use in Modification Cases)

Statement completed by _____ _____ _____ _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
(Enter your full legal name above)

Monthly Income Information	Petitioner	Respondent
1. Monthly gross income from salaries, wages and commissions including bonuses	_____	_____
2. Monthly self-employment income	_____	_____
3. Monthly social security benefits not including Supplemental Security Income (SSI)	_____	_____
4. Monthly retirement benefits	_____	_____
5. Monthly pension income	_____	_____
6. Monthly interest income	_____	_____
7. Monthly trust and annuity income	_____	_____
8. Monthly income from dividends and partnership distributions	_____	_____
9. Monthly unemployment compensation benefits	_____	_____
10. Monthly severance pay	_____	_____
11 Monthly workers compensation benefits	_____	_____
12. Monthly disability insurance benefits	_____	_____

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Monthly Income Information (Continued)

	Petitioner	Respondent
13. Monthly veterans disability benefits		
14. Monthly military allowances for subsistence and quarters		
15. **Total monthly gross income. Add paragraphs 1 through 14.** (Form 14 - Line 1)		
16. Monthly Supplemental Security Income benefits (SSI)		
17. Monthly payments of Temporary Assistance for Needy Families (TANF)		
18. Monthly food stamps (SNAP)		
19. Number of unemancipated children who are **not** the subject of this proceeding that primarily reside with each party (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 (Form 14 - Line 2c(3))		
20. Monthly maintenance received in **this** case		
21. Monthly maintenance received in **other** cases		
22. **Total monthly court-ordered maintenance received. Add paragraphs 20 and 21.** (Form 14 - Line 1a)		

Monthly Expense Information

23. Monthly court- or administratively-ordered child support being paid for children who are **not** the subject of this proceeding (Form 14 - Line 2a)		
24. Monthly Maintenance		
a. Monthly maintenance paid in **this** case		
b. Monthly maintenance paid in **other** cases		
Total monthly court-ordered maintenance paid. Add paragraphs 24a and 24b. (Form 14 - Line 2b)		
25. Reasonable monthly 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)		
26. Monthly health insurance costs for the children who are the subject of this proceeding (Form 14 - Line 6c)		

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Monthly Expense Information (Continued)	Petitioner	Respondent
27. Monthly uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 - Line 6d)		
28. Other monthly extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14 - Line 6e)		
29. All other monthly expenses of each person (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 26, etc.)		
30. **Total monthly expenses. Add paragraphs 23 through 29. (Do not include 24a and 24b. Use the total amounts from 24.)**		

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Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on _____ (date) I have sent/given a copy of this *Statement of Income and Expenses (For use in Modification Cases)* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number

Sign Below in the Presence of a Notary Public

_____ , of lawful age, being duly sworn on his or her oath, states that he or she is the person named above and that the facts stated in this *Statement of Income and Expenses (For use in Modification Cases)* are true according to his or her best knowledge, information and belief.

▶ _____ _____

(Sign above in the presence of a Notary Public) *(Print your name above)*

The following information must be completed by a notary public.

STATE OF _____)
) SS
COUNTY OF_____)

On this _____ day of _____ , 20____ , before me personally appeared, _____ , to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

_____

_____ , Notary Public

_____County, State of Missouri

My commission expires: _____

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