

IN THE CIRCUIT COURT OF _____, MISSOURI

(County where court is located. City of Saint Louis is considered a county.)

In re the Marriage of:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Petitioner, (Enter your spouse's full legal name above)

**Case
Number** _____
(Assigned when case is filed)

-and-

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Respondent. (Enter your full legal name above)

**Division
Number** _____
(Assigned when case is filed)

**Statement of Income and Expenses
(For use in Dissolution of Marriage Cases)**

This form shall be filled out by the Respondent who is responding to the *Petition for Dissolution of Marriage*.

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 worker's compensation benefits
12. Monthly disability insurance benefits
13. Monthly veteran's disability benefits

_____	_____
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_____	_____

Monthly Income Information (Continued)

Petitioner

Respondent

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 Medicaid benefits

19. Food stamps

20. 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))21. Monthly maintenance received in **this** case22. Monthly maintenance received in **other** cases23. **Total monthly court-ordered maintenance received. Add paragraphs 21 and 22.** (Form 14 - Line 1a)**Monthly Expense Information**24. Monthly court- or administratively-ordered child support being paid for children who are **not** the subject of this proceeding (Form 14 - Line 2a)

25. Monthly Maintenance

a. Monthly maintenance paid in **this** caseb. Monthly maintenance paid in **other** cases**Total monthly court-ordered maintenance paid. Add paragraphs 25a and 25b.** (Form 14 - Line 2b)

26. 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)

27. Health insurance costs for the children who are the subject of this proceeding (Form 14 - Line 6c)

Monthly Expense Information (Continued)

Petitioner

Respondent

28. Uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 - Line 6d)

29. Other extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14 - Line 6e)

30. 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 27, etc.)

31. **Total monthly expenses. Add paragraphs 24 through 30. (Do not include 25a and 25b. Use the total amounts from 25.)**

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.

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

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

The following information must be completed by a notary public.

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.

_____, Notary Public
County, State of Missouri

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This form is available for free at www.selfrepresent.mo.gov