

APPENDIX B

IN THE CIRCUIT COURT OF (PETTIS)(COOPER) COUNTY, MISSOURI

CIRCUIT DIVISION _____

In re the Marriage of

Petitioner}

Case No. _____

and

Respondent}

**VERIFIED STATEMENT
ASSETS AND INCOME**

1. NAME, ADDRESS and TELEPHONE NUMBER of party requesting to file as a pauper:

_____ Name	_____ Street Address, Rte., Box No.	
_____ City, State	_____ Zip Code	_____ Telephone No.

2. State whether or not you own any interest or claim any interest in and to any real estate, describing it and its location.

If so, state:

- a) whether you own same individually, as tenant by entirety, tenant in common or in joint tenancy _____
- b) the names and addresses of any joint owner(s) _____
- c) the percentage of the whole you claim to own _____
and
-the fair market value of the whole _____
-the amount of current debt thereon (perfected lien) _____
-the equity or net value thereof _____

3. State whether or not you own any motor vehicles, farm machinery, boats, motors, trailers, etc., and, if so, describe same by make, model and serial number, stating:

- a) where located _____
- b) the names and addresses of any joint owner(s) _____
- c) -the fair market value of the whole _____
-the amount of current debt thereon (perfected lien) _____

-the equity or net value thereof _____

4. List generally all other tangible personal property owned by you (household goods, tools, collections, livestock, etc.).

If so, state:

- a) where located _____
- b) the names and addresses of any joint owner(s) _____
- c) -the fair market value of the whole _____
-the amount of current debt thereon (perfected lien) _____
-the equity or net value thereof _____

5. List all checking or savings accounts, stocks, bonds, deposits, claims for money against others, cash surrender value of any insurance policies, or other intangible assets owned or claimed by you and for each, state:

- 1) identification by account or serial number and name and address of institution, corporation or individual indebted to you thereon.
- 2) the names and addresses of any joint owners with you, if any.
- 3) the present cash or market value thereof.

6. State if you are employed (by others or self) in any capacity and by whom, stating name, address and telephone number.

7. State whether or not you are now receiving or expect to receive in the next six months from any source, stating the source any of the following, and the amount thereof:

- a) wages or salary or other compensation for labor or services performed by or on your behalf. If so, state the amount or rate of pay and when payment thereof is expected and from whom. _____

- b) payment of any other indebtednesses due you from any source: _____

- c) whether or not you are now receiving or expect to receive any monies on account of social security, public aid, ADC, food stamps, unemployment or workers compensation, retirement, disability maintenance or support, trust funds or

estates, etc., stating the amount thereof, date(s) payment expected, and name and address from whom payment is made.

8. State whether or not you are incarcerated in any penal institution and, if so, where, your address, the length of time you expect to be incarcerated. Also state if you receive by way of employment or allowance any funds from the institution where you are held, giving the total amount now held to your credit, the name of the offices in charge thereof, and the expected rate of pay or income you expect during the next six months. _____
9. If you have filed or propose to file an action for divorce and you have minor children or a motion to modify a prior order of child support, state whether any party to the proposed action is the recipient of Aid to Dependent Children (ADC) and, if so, the agency or office from which such benefits are received.

Signature

* * * * *

STATE OF MISSOURI)
) ss
COUNTY OF _____)

Comes now _____ being of lawful age, who, after being duly sworn, states that the foregoing statement of assets and income are true and correct according to affiant's best knowledge and belief.

Affiant's Signature

Subscribed and sworn to before me, the undersigned Notary Public, on this _____ day of _____, 2000.

Notary Public

My Commission expires:

IN THE MATTER OF: _____ JUDICIAL CIRCUIT _____ COUNTY, MISSOURI
CASE NO. _____

PETITIONER AND RESPONDENT

FORM NO. 14 PRESUMED CHILD SUPPORT AMOUNT
CALCULATION WORKSHEET

	<u>CUSTODIAL PARENT</u>	<u>NON-CUSTODIAL PARENT</u>	<u>COMBINED</u>
1. MONTHLY GROSS INCOME:	\$ _____	\$ _____	
2. ADJUSTMENTS			
A. MINUS OTHER COURT OR ADMINISTRATIVELY- ORDERED CHILD SUPPORT PAYMENTS BEING MADE:	\$ _____	\$ _____	
B. MINUS OTHER COURT-ORDERED SPOUSAL SUPPORT PAYMENTS BEING MADE:	\$ _____	\$ _____	
C. MINUS SUPPORT RESPONSIBILITY FOR OTHER CHILDREN IN PRIMARY PHYSICAL CUSTODY:	\$ _____	\$ _____	
3. ADJUSTED GROSS INCOME (LINE 1 MINUS LINES 2A, 2B AND 2C):	\$ _____	\$ _____	\$ _____
4. A. CHILD SUPPORT AMOUNT (FROM CHILD SUPPORT CHART USING COMBINED ADJUSTED GROSS INCOME, LINE 3)			\$ _____
B. CUSTODIAL PARENTS REASONABLE WORK- RELATED CHILD CARE COSTS (ACTUAL COSTS LESS FEDERAL TAX CREDIT)			\$ _____
C. HEALTH INSURANCE COST FOR MINOR CHILD OR CHILDREN (WHO ARE SUBJECT TO THIS ORDER)			\$ _____
D. UNINSURED EXTRAORDINARY MEDICAL EXPENSES			\$ _____
E. EXTRAORDINARY EXPENSE (AGREED BY PARENTS OR ORDERED BY COURT)			\$ _____
5. COMBINED CHILD SUPPORT COSTS (LINES 4A, 4B, 4C, 4D AND 4E COMBINED)			\$ _____
6. PROPORTIONATE SHARES OF COMBINED INCOME (EACH PARENT'S LINE 3 INCOME DIVIDED BY LINE 3 COMBINED INCOME)	_____ %	_____ %	
7. EACH PARENT'S CHILD SUPPORT OBLIGATION (MULTIPLY LINE 6 AND LINE 5)	\$ _____	\$ _____	
8. CREDIT FOR HEALTH INSURANCE COSTS (ONLY IF PAID BY NON-CUSTODIAL PARENT)		\$ _____	
9. PRESUMED CHILD SUPPORT AMOUNT (LINE 7 MINUS LINE 8)		\$ _____	

SUBMITTED BY:

DATE:

ATTORNEY FOR:

IN THE CIRCUIT COURT OF (COOPER)(PETTIS) COUNTY, MISSOURI

CIRCUIT DIVISION _____

In re the Marriage of

Petitioner}

Case No. _____

and

Respondent}

STATEMENT OF INCOME & EXPENSES OF PETITIONER/RESPONDENT

1. INCOME

A. Gross wages and commissions each pay period \$ _____

Paid: weekly _____ bi-weekly _____ semi-monthly _____ monthly _____

Payroll deductions each pay period:

F.I.C.A. (Social Security tax) \$ _____

Federal income tax withheld \$ _____

State income tax withheld \$ _____

Total of above deductions \$ _____

Net take-home each pay period

\$ _____

B. Other income from business, self-employment, rentals,
dividends, etc. (list sources and give monthly average):

_____ \$ _____

Total of above other income each month

\$ _____

C. Additional income from Social Security, AFDC, VA, pensions,
annuities, bonuses, and all other sources (list sources
and give monthly average):

_____ \$ _____

Total of above additional income each month

\$ _____

Total average monthly net income (from A, B and C)

\$ _____

Your share of gross income as shown on last year's
federal income tax return:

\$ _____

2. EXPENSES (Give all expenses on a monthly average.)

A. Rent or mortgage payments

\$ _____

B. Utilities

Gas \$ _____

Water _____

	Electricity	\$ _____	
	Telephone	\$ _____	
	Trash service	\$ _____	
			\$ _____
C.	Automobiles		
	Gas and oil	\$ _____	
	Maintenance (routine)	_____	
	Taxes & license	_____	
	Payment on auto loan	_____	
			\$ _____
D.	Insurance		
	Life	\$ _____	
	Health and Accident	_____	
	Disability	_____	
	Homeowners (if not included in mortgage payment)	\$ _____	
	Automobile	\$ _____	\$ _____
E.	Total payment on installment contracts		\$ _____
F.	Child support paid to others for children not in your custody		\$ _____
G.	Maintenance or alimony		\$ _____
H.	Church and charitable contributions		\$ _____
I.	Other living expenses		
		<u>Yours</u>	<u>Children in your custody</u>
	Food	\$ _____	\$ _____
	Clothing	_____	_____
	Medical care	_____	_____
	Prescription drugs	_____	_____
	Dental care	_____	_____
	Recreation	_____	_____
	Laundry & cleaning	_____	_____
	Barber shop	_____	_____
	Beauty shop	_____	_____
	School & books	_____	_____
	Totals,	\$ _____	\$ _____
J.	Daycare center or babysitter		\$ _____
K.	All other expenses not presently identified		\$ _____
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	\$ _____
	Total average monthly expenses (from A through K)		\$ _____

STATE OF MISSOURI)
) ss
COUNTY OF _____)

The undersigned affiant, being first duly sworn, says that affiant is of lawful age, that affiant has read the foregoing

Statement of Income & Expenses, and that the facts and information set forth therein are true and correct according to the best knowledge and belief of the affiant.

Petitioner/Respondent

Subscribed and sworn to before me on this ____ day of _____, 20____.

Clerk/Notary Public

My Commission expires:
