SIXTH JUDICIAL CIRCUIT – APPENDICES
Appendix A – Form 3

IN THE CIRCUIT COURT OF PLATTE COUNTY, MISSOURI

IN RE THE MARRIAGE OF:

_____ Petitioner,

and

_____ Respondent

Case No. _____

Div._____

INCOME AND EXPENSE STATEMENT OF

I. INCOME

A. GROSS WAGES PER PAY PERIOD $_____
PAID : Weekly ___ Bi-Weekly ___ Semi-monthly___ Monthly ____

B. My **MONTHLY** Gross Wages or Salary: $ _____

C. TAX STATUS: Single ____ Married ____ Head/household _____
Number of Dependents Claimed _____

D. PAYROLL DEDUCTIONS EACH PAY PERIOD:

FICA (Social Security Tax) $_____
Medicare $_____
Federal Withholding Tax $_____
State Withholding Tax $_____
City Earnings Tax $_____
Union dues $_____
Health Insurance Premium $_____
Others: $_____
_____
_____
_____
My total deductions each pay period $_____

E. MY NET TAKE HOME PAY PER PAY PERIOD $_____

F. Additional Income: (List income from second jobs, rentals, dividends, social security, retirement, V.A., business enterprises, TANF, annuities, bonuses and all other sources.)

Source	Income
_____	$_____
_____	$_____
_____	$_____

My total average monthly additional gross income $_____

G. The value of fringe benefits paid partially or totally by employer, i.e. health, disability insurance, etc. $_____

H. **MY TOTAL MONTHLY GROSS INCOME (Add Line B, F and G)** $_____

II. ANTICIPATED MONTHLY EXPENSES

A. Rent or mortgage payments (include home association dues) $_____

B. Maintenance and repairs of residence $_____

C. Utilities
1. Gas $_____
2. Water $_____
3. Electric $_____
4. Telephone $_____
5. Mobile/Cell/Pager $_____
6. Trash Service $_____

TOTAL UTILITIES EXPENSE $_____

D. Automobiles
1. Gas and Oil $_____
2. Maintenance $_____
3. Tax and License $_____
4. Payment of Loan/Lease $_____

TOTAL AUTOMOBILE EXPENSE $_____

E. Insurance
1. Life $_____
2. Health $_____
3. Dental $_____
4. Vision $_____
5. Disability $_____
6. Homeowners/Rental (if not included in mortgage) $_____
7. Automobile $_____

TOTAL INSURANCE EXPENSE $_____

F. Taxes
1. Real Estate (if not included in mortgage payment) $_____
2. Personal Property $_____

TOTAL TAX EXPENSE $_____

G. Regular monthly payments I make on debts, i.e. credit cards, etc. $_____

H. Child Support paid to other for children not in my custody and not involved in this proceeding $_____

I. Maintenance or Alimony paid by me to persons other than my current spouse $_____

J. Work-related Child Care (average school year and summer childcare) $_____

K. Other Monthly Living Expenses

	MINE	CHILDREN
1. Food	$_____	$_____
2. Clothing	$_____	$_____
3. Medical Care	$_____	$_____
4. Prescription Drugs	$_____	$_____
5. Dental Care	$_____	$_____
6. Vision Care	$_____	$_____
7. Recreation	$_____	$_____
8. Barber/Beauty Shop	$_____	$_____
9. School Books	$_____	$_____
10. School Lunches	$_____	$_____
11. Sports	$_____	$_____
12. Activities	$_____	$_____
13. Tutoring	$_____	$_____
14. Lessons	$_____	$_____
15. Newspapers/Magazines	$_____	$_____
16. Church/charitable	$_____	$_____
17. Cable TV/Dish	$_____	$_____
18. Internet	$_____	$_____
19. Toiletries	$_____	$_____
20. Vacation	$_____	$_____
21. Gifts	$_____	$_____
22. Pet Expenses	$_____	$_____
23. College Expenses	$_____	$_____
24. Other Expenses		
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
TOTAL OTHER EXPENSES	$_____	$_____

TOTAL AVERAGE MONTHLY EXPENSES (Add A through K) **$_____**

III. MOTION TO MODIFY MAINTENANCE OR CHILD SUPPORT

A. At the date of the last Order, the gross monthly income of the other party was $_____

B. At the date of the last Order, my gross monthly income was $_____

C. Names and Relationships of all persons residing in my residence:

_____

_____

_____

D. My spouse or co-habitant's current monthly gross income is $_____

STATE OF MISSOURI)
) SS.
COUNTY OF _____)

COMES NOW _____, being of lawful age and after being duly sworn, states that the affiant has read the foregoing Statement of Income and Expenses, and that the facts therein are true and correct according to the affiant's best knowledge and belief.

_____
AFFIANT

Subscribed and sworn to before me on _____, 20__.

_____
Notary Public

My Commission Expires: