

Form CAFC250 - Income and Expense Statement

For use in Child Custody and Support Cases and Paternity Cases

In what Missouri County is this case to be decided?

In the Circuit Court of MISSOURI
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What is the case number? *(This number is assigned at time of filing)*

Case Number	Division Number
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Answer all questions on this form completely.

Your Information

My full name is:			
_____	_____	_____	_____
<i>(First Name)</i>	<i>(Middle Name)</i>	<i>(Last Name)</i>	<i>(Jr./Sr./III)</i>
<input type="checkbox"/> I filed this case. (Petitioner/Plaintiff)			
<input type="checkbox"/> I did not file this case. (Respondent/Defendant)			
<input type="checkbox"/> I am the Mother			
<input type="checkbox"/> I am the Father			

Other Party's Information

The full name of the other party is:			
_____	_____	_____	_____
<i>(First Name)</i>	<i>(Middle Name)</i>	<i>(Last Name)</i>	<i>(Jr./Sr./III)</i>

Monthly Income Information

	Mother	Father
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)

	Mother	Father
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 parent (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 parent (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

	Mother	Father
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 parent 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 Parent (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed in paragraph 8, etc.)	_____	_____

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

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).

(To be used only by written consent of the party filed with the court) 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 _____.

Notary Public

My Commission Expires: _____

Sign here in front of
a Notary Public