

EXHIBIT "A"

**IN THE CHANCERY COURT OF
_____ COUNTY, MISSISSIPPI**

_____ **PLAINTIFF**

VS. **CAUSE NO.:** _____

_____ **DEFENDANT**

FINANCIAL DECLARATION OF _____

I. GENERAL INFORMATION

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

ADDRESS: _____

NAME

DATE OF BIRTH

MINOR CHILDREN: _____

EXHIBIT "A" CONTINUED

II. INCOME STATEMENT

*Attach copies of State and Federal Income Tax Return for the last two (2) taxable years and your last two (2) pay stubs from your employer.

<u>Gross Monthly Income</u>	<u>Amount</u>
1. Salary and wages, including commissions, bonuses, allowance, and overtime. NOTE: To arrive to a monthly income figure if paid weekly, multiply income by 4.3. If paid bi-weekly, multiply income by 2.16.....	_____
2. Pensions and retirement.....	_____
3. Social Security.....	_____
4. Disability and unemployment payments.....	_____
5. Public Assistance (welfare, AFDC payments, etc.).....	_____
6. Child support from prior order.....	_____
7. Dividends and interest.....	_____
8. Rental income.....	_____
9. Other income: _____.....	_____
10. Other income: _____.....	_____

***Total Monthly Income _____

Monthly Deductions from Gross Income

1. State Income Taxes.....	_____
2. Federal Income Taxes.....	_____
3. Social Security.....	_____
4. Mandatory Medical Insurance.....	_____
5. Mandatory Retirement.....	_____
6. Union or other dues.....	_____
7. Medicare.....	_____
8. Other: _____.....	_____
9. Other: _____.....	_____

***Total Monthly Deductions _____

NET MONTHLY INCOME: _____

EXHIBIT "A" CONTINUED

III. EXPENSE STATEMENT

A. Living Expenses	Self	Child(ren)	Self	Child(ren)
1. Rent/Mortgage				
2. Real Property Taxes				
3. Real Property Insurance				
4. Maintenance (Residence)				
5. Food/Household Supplies				
6. Water, Sewer, Etc.				
7. Electricity				
8. Gas (Residence)				
9. Telephone				
10. Laundry and Cleaning				
11. Clothing				
12. Insurance (not payroll deducted)				
13. Medical Expenses/Pharmaceutical				
14. Dental Expenses				
15. Child Care				
16. Child(ren) Allowance				
17. Payment of Child Support/Alimony				
18. School Expenses				
19. Entertainment				
20. Incidental and Miscellaneous				
21. Gasoline and Oil (automobile)				
22. Transportation (other)				
23. Car Repairs and Maintenance				
24. Insurance (automobile)				
25. Automobile Payment				

EXHIBIT "A" CONTINUED

26. Church Donations				
27. Charitable Donations				
28. Newspaper/Magazines				
29. Cable TV				
30. Pet Expenses				
31. Yard Expenses				
32. Maid				
33. Retirement				
34. Pest Control				
35. Dining Out				
Total Living Expenses				
B. Living Expenses <small>(notes, loans, charge accounts, credit cards, etc.)</small>				
36.				
37.				
38.				
C. Other Expenses				
39.				
40.				
Total Installment Payments				

COMBINED TOTAL EXPENSES: _____

EXHIBIT "B"

IV. STATEMENT OF ASSETS

A. Real Estate

1. **Address:** _____
Name(s) on Title: _____
Original Cost: _____ **Mortgage Balance:** _____
Other Liens: _____
Monthly Payment: _____ **To whom:** _____
Present Value: _____ **Individual Contributions:** _____

2. **Address:** _____
Name(s) on Title: _____
Original Cost: _____ **Mortgage Balance:** _____
Other Liens: _____
Monthly Payment: _____ **To whom:** _____
Present Value: _____ **Individual Contributions:** _____

B. Motor Vehicle

1. **Year:** _____ **Make:** _____ **Model:** _____
Registered in the name(s) of: _____
Mileage: _____ **Value:** _____ **Loan Balance:** _____
Equity: _____ **How costs paid:** _____

2. **Year:** _____ **Make:** _____ **Model:** _____
Registered in the name(s) of: _____
Mileage: _____ **Value:** _____ **Loan Balance:** _____
Equity: _____ **How costs paid:** _____

EXHIBIT "B" CONTINUED

C. OTHER PERSONAL PROPERTY

(home computers, guns, lawn mowers, TV's, jewelry, household furnishings, etc.)

<u>Items</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL VALUE:	_____

D. CHECKING/SAVINGS ACCOUNT

<u>Name(s) on Account</u>	<u>Bank/Account #</u>	<u>Type</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL VALUE:			_____

E. OTHER INVESTMENTS

(IRA's stocks, mutual funds, pension plans, retirement, 401k, etc.)

<u>Name(s) on Account</u>	<u>Type of Investment</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL VALUE:		_____

EXHIBIT "B" CONTINUED

F. LIFE INSURANCE
(exclude children)

<u>Insured</u>	<u>Company</u>	<u>Face Amount</u>	<u>Cash Value</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL VALUE:				_____

G. ALL OTHER ASSETS

<u>Description</u>	<u>Value</u>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
TOTAL VALUE:		_____

TOTAL VALUE OF ALL ASSETS: _____

H. STATEMENT OF LIABILITIES
(include mortgage, car loan, credit cards, personal loans.)
** include each of these on Page 4 under #36-#38

<u>Creditor</u>	<u>Name(s) of</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Who Pays</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL LIABILITIES:				_____

ACKNOWLEDGEMENT OF TRUTHFULNESS

I, _____, declare to the Court that the foregoing statements, exhibits, and attachments, are true and correct and that this declaration was executed on the _____ day of _____, _____.

SIGNATURE
