

**IN THE CHANCERY COURT OF DESOTO COUNTY
THIRD JUDICIAL DISTRICT, STATE OF MISSISSIPPI**

IN MATTER OF THE DISSOLUTION OF THE

MARRIAGE OF _____

CAUSE NO. _____

AND

EXHIBIT "A"

I. GENERAL INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

MINOR CHILDREN

NAME	DATE OF BIRTH

EXHIBIT "A" CONTINUED

II. INCOME STATEMENT

GROSS MONTHLY INCOME	AMOUNT
1. Salary and Wages, including commissions, bonuses, allowance and overtime. NOTE: To arrive at a monthly income figure if paid weekly, multiply weekly income by 4.3, if paid bi-weekly, multiply income by 2.16	
2. Pensions and retirement	
3. Social Security	
4. Disability and unemployment insurance	
5. Public assistance (welfare, AFDC payments, etc)	
6. Dividends and interest	
7. Rental income	
8. Other income	
9. Other income	
10. TOTAL MONTHLY INCOME	

ITEMIZED MONTHLY DEDUCTIONS:

1. State Income Taxes	
2. Federal Income Taxes	
3. Social Security	
4. Mandatory Insurance	
5. Mandatory Retirement	
6. Union or other dues	
7. Other (Specify):	
8. Other:	
9. TOTAL MONTHLY DEDUCTIONS	
10. NUMBER OF EXEMPTIONS:	
11. NET MONTHLY PAY	

EXHIBIT "A" CONTINUED

III. EXPENSE STATEMENT

A. LIVING EXPENSES	Self	Children
1. Rent/Mortgage (Residence)		
2. Real Property Taxes		
3. Real Property Taxes		
4. Maintenance (Residence)		
5. Food/Household Supplies		
6. Water, Sewer, etc		
7. Electricity		
8. Gas (Residence)		
9. Telephone		
10. Laundry & Cleaning		
11. Clothing		
12. Insurance (Not payroll deducted)		
13. Medical		

14. Dental		
15. Child Care		
16. Children's allowance		
17. Payment of child support/alimony (Prior marriage)		
18. School Expenses		
19. Entertainment		
20. Incidental & Miscellaneous		
21. Gasoline & Oil (auto)		
22. Transportation other than vehicle		
23. Repair (auto)		
24. Insurance (auto)		
25. Auto Payments		
26. Church donations		
27. Charitable donations		
28. Newspaper/Magazines		

29. Cable TV		
30. Pet Expenses		
31. Yard Expenses		
32. Maid		
33. Retirement (IRA etc)		
34. Pest Control		
TOTAL LIVING EXPENSES		
35. Installment Payments, Notes, Loans charge accounts, etc....		
36. Payment 2		
37. Payment 3		
38. Payment 4		
39. Other Expenses 1		
40. Other Expenses 2		
41. Other Expenses 3		
TOTAL INSTALLMENT PAYMENTS		
COMBINED TOTAL EXPENSES		

EXHIBIT "B"

IV. STATEMENT OF ASSETS

A. Real Estate

1. Title in the name of: _____
Address: _____
Who Paid cost: _____
How cost paid: _____
Value (estimate): _____
Mortgage Balance: _____
Equity: _____

2. Title in the name of: _____
Address: _____
Who Paid cost: _____
How cost paid: _____
Value (estimate): _____
Mortgage Balance: _____
Equity: _____

** List mortgage balance also under liabilities on the next page. List the amount of your monthly payment only under LIABILITIES.*

B. Motor Vehicles

1. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
How cost paid: _____

VALUE: _____

- LOAN BALANCE: _____

= EQUITY: _____

2. Registered in the name of: _____

Year: _____ Model: _____ Mileage: _____

How cost paid: _____

VALUE: _____

- LOAN BALANCE: _____

= EQUITY: _____

C. Other Personal Property (such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

PROPERTY	VALUES

D. Checking/Savings (name of Bank, Account Number and Amount in account, including CD's, money markets, passbook accounts, etc.)

Name(s) on Accounts	Bank/Account No.	Type of Account	Balance

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E. Other Investments (IRA's, stock(s), mutual funds, pension plans, etc)

Bank/Account Number	Type of Investment	Balance
	Total:	

F. Life Insurance (exclude children)

Insured Company	Face Amount	Cash	Beneficiary

Total CASH (less any loans):

G. *All Other Assets*

All Other Assets	Value

TOTAL OF ALL ASSETS:

EXHIBIT "B" CONTINUED

V. STATEMENT OF LIABILITIES

LIABILITIES (Include mortgage, car loan, credit cards, personal loans)
(Include also under Items 35-41 on Page 4 or 5 of Exhibit "A")

Creditor	Whose Name(s)	Monthly Payment	Balance Due	Who Pays Payment

B. TOTAL LIABILITIES:

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing Exhibits "A" and "B" including attachments are true and correct and that this declaration was executed on the _____ day of _____, _____.

SIGNATURE

PRINTED NAME

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

PLAINTIFF

V.

CASE NO: _____

DEFENDANT

CERTIFICATE OF COMPLIANCE

I, _____ do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED on this the ___ day of _____, 20__.

SIGNATURE