THIS IS NOT A SUBSTITUTE FOR THE ADVICE OF AN ATTORNEY

(Print court information exactly as it appears on the Petition filed in your case)

		Number:		
		In the _	Сог	urt Number
		Dis	strict Court	County Court
				County, Tex
Propo	sed Support De	cision and Informa	ation of	
(A)	GROSS MONEY E	ARNED PER MONTH	:	
()		and salary income	_	
	(2) Commissions	, tips and bonuses	\$	
		ent income (net of er than depreciation s)	\$	
	(4) Rental income other than dep	e (net of expenses preciation)	\$	
	(5) All other incor received (spe			
			\$	
			\$	
	GROSS MONE	Y FARNED PER MON	тн с	(A)
	GROSS MONE	Y EARNED PER MON	TH \$	(A)

(3)	Health Insurance	9	6
(0)	i loaian inioaranoo	•	

Proposed Support Decision and Information

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(4) Ur	nion dues	\$	-
(5) Ot	her (specify):	\$	-
		\$	-
TOTAL ACT	UAL DEDUCTIONS PER MONTH	\$	_(B)
(C) <u>NET </u>	MONEY ACTUALLY RECEIVED PER M	ONTH. SUBTRAC	T (B) FROM (A).
		\$	_(C)
(D) <u>STA</u>	TUTORY NET RESOURCES DEDUCTION	ONS ALLOWED PI	ER MONTH:
(1)	Income tax withholding for a single person claiming one personal exemption and standard deduction	\$	-
(2)	FICA (Social Security)	\$	-
(3)	Health insurance attributable to child(ren)	\$	-
(4)	Union dues	\$	-
-	UTORY NET RESOURCES ICTIONS ALLOWED PER MONTH:	\$	<u>(</u> D)
(E) <u>Stat</u>	UTORY NET RESOURCES PER MONT	<u>'H. SUBTRACT (D</u>) FROM (A).
		\$	_(E)
LIVIN	AL MONEY NEEDED PER MONTH BY M G WITH ME. For items which are not pain nt as a monthly average.		
(1)	Rent or house payment	\$	-
(2)	Real property taxes (omit if part of house payment)	\$	-

(3) Residence maint. (repairs, yard)	\$
(4) Insurance – home or renters (omit if part of house payment)	\$
(5) Utilities – Gas	\$
(6) Utilities – Electric and water	\$
(7) Telephone (incl. avg. long dist.)	\$
(8) Utilities – Garbage service	\$
(9) Groceries and household items	\$
(10) Meals away from home	\$
(11) School lunches	\$
(12) Dental and orthodontia	\$
(13) Medical and prescriptions	\$
(14) Laundry and dry cleaning	\$
(15) Car payment	\$
(16) Gas and vehicle maintenance	\$
(17) Clothing and Shoes	\$
(18) Insurance – Car	\$
(19) Insurance – Life	\$
(20) Insurance – Health (omit if payroll deduction)	\$
(21) Child care	\$
(22) Children's activities	\$

(23)	Entertainment	\$
(24)	Haircuts	\$
(25)	Cable TV and newspaper	\$
. ,	Total monthly payments on debts (list below at G and only show total here)	\$
. ,	Support or alimony payments to other persons Other (specify):	\$
-		\$
-		\$

TOTAL MONEY NEEDED PER MONTH

\$<u>_____</u>

(G) TOTAL MONTHLY PAYMENTS ON DEBTS:

Description Of Debt	Balance Now Owed	Date of Final Payment	Amount of Monthly Payment
TOTAL MONTHLY PAYM	ENTS ON DEE	STS \$	(G)

(H) <u>DIFFERENCE BETWEEN MONEY RECEIVED AND MONEY NEEDED.</u> <u>SUBTRACT (F) FROM (C)</u>

\$_____(H)

() <u>STATUTORY PRESUMED CHILD SUPPORT. MULTIPLY (E) BY THE</u> <u>GUIDELINE PRECENTAGE</u> <u>%</u>

\$____(I)

I,_____, would testify under oath in open court that

the foregoing information is true and correct. I understand that at such a court hearing I may be required to prove these amounts by testimony and by records such as pay vouchers, cancelled checks, receipts, and bills.

SIGNED this ______ day of ______, 20_____.

Signature of party

I intend to ask the court to set support at \$_____ per month.

SIGNED this ______, 20_____,

Signature of party