

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE INTEREST OF

**Statement of Income, Assets,  
Debts and Living Expenses**

Name \_\_\_\_\_

Case No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Under penalty of perjury, I state that the following information on this financial statement is true, accurate and complete:**

Print Name of Person Completing Form	Name of Parent 1's Employer
Number of People in Household _____ Adults _____ Children	Name of Parent 2's Employer

<b>STATEMENT OF MONTHLY HOUSEHOLD INCOME</b> (If there are insufficient columns for all household members, attach additional schedules.)	<b>Parent 1 [Name]</b>	<b>Parent 2 [Name]</b>	<b>Other House- hold Members</b>
Salary and wages (If weekly or biweekly, compute as a monthly figure.)			
Other income: (Pensions, retirement, social security, disability, worker's compensation, public assistance)			
Child support and/or maintenance from prior spouse			
Dividends, interest, rents, bonuses			
Other:			
<b>Total Monthly Income</b>			
Itemized <b>mandatory monthly</b> deductions: (Do not include savings or credit union deductions not required by law.)			
Federal and state income taxes, social security, Medicare			
Union or other dues			
Retirement and pension funds			
Other mandatory monthly deductions:			
<b>Total Mandatory Monthly Deductions</b>			
<b>Net Monthly Income</b>			

<b>STATEMENT OF ASSETS</b>		
<b>Asset</b>	<b>Description</b>	<b>Fair Market/ Cash Value</b>
Real estate (List kind of property and location)		
Other real estate (List kind of property and location)		
Vehicle (Give year and make)		
Other vehicles (Give year and make)		
Checking account (Give name of financial institution)		
Savings account (Give name of financial institution)		
IRA/Pensions/Profit Sharing (Identify by name)		
Life insurance with cash value (Identify by name of company)		
Stocks/Bonds/Certificates of Deposit		
Other assets valued over \$200		
	<b>Total Value of Assets</b>	

LONG TERM DEBTS AND MONTHLY EXPENSES			
Long Term/Installment Debts	Creditor Name	Balance Owed	Monthly Payment
Mortgage Payment (Include property taxes and insurance if included in payment.)			
Credit Cards			
Automobile Loans			
Other:			
Other:			
Other:			
	<b>Total Owed</b>		
Other Monthly Debts/Expenses			
Rent (Do not duplicate mortgage payment above.)			
Repairs/maintenance on home			
Food			
Electricity/water/heat			
Telephone			
Laundry and dry cleaning			
Child support paid for children not in your home			
Maintenance paid to an ex-spouse			
Clothing and shoes			
Health insurance premiums			
Medical/dental/drug expenses not covered by insurance			
Life insurance premiums			
Other insurance premiums (specify):			
Child care			
Cable TV			
Transportation costs (oil/gas/commuting)			
School			
Entertainment/incidentals/newspapers/books/periodicals			
Hobbies			
Other:			
Other:			
Other:			
<b>Total Monthly Payments</b>			

**Complete this form and return it to the juvenile court clerk so that it arrives by the time indicated on the court order.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date Signed