Circuit Court for				Case No			
Name				Name			
Street Address				VStreet Address			
City	State	Zip	Telephone	City	State	Zip	Telephone
	Plaintiff				Defen	dant	
		FINAN	CIAL STATE	MENT – SHOR	T FORM		
ſ,				, state that:			
I am tl		father o		1: (6 1	10.41		<u> </u>
minor	(Check One) child(ren):		State Relation	ship (for example: a	unt, grandfati	ier, guar	dian, etc.)
Name		<u> </u>	Date of Birth	Name		– <u>–</u>	ate of Birth
Name		<u> </u>	Date of Birth	Name			ate of Birth
Name		<u></u>	Date of Birth	Name			ate of Birth
	ollowing is a list efinitions on pag	•		enses (see below <sup>5</sup>	*)		
Total monthly income (before taxes)				() 1 41-			
Child support I am paying for my other child Alimony I am paying each month to:							
Alimony I am paying each month from:							
Net monthly income					\$_		
	e child or childr						
Monthly health insurance premium							
Work-related monthly child care expenses Extraordinary monthly medical expenses							
School and transportation expenses							
Total expenses provided herein					\$_ \$_		
				iplied by 4.3 and yearl gories listed, figure wh			
	y affirm under thy knowledge, inf			hat the contents o	of the foreg	oing pa	per are true to
 Date		-					

