

STATE OF SOUTH CAROLINA) IN THE FAMILY COURT
)
 COUNTY OF) JUDICIAL CIRCUIT
)
)
 Plaintiff) FINANCIAL DECLARATION
)
 vs.) OF
)
 Defendant) FILE NO.

Husband:	_____	Wife:	_____
Address:	_____	Address:	_____
Age:	_____ SSN: _____	Age:	_____ SSN: _____
Occupation:	_____	Occupation:	_____
Employer:	_____	Employer:	_____
Address:	_____	Address:	_____

PART A: INCOME AND EXPENSE STATEMENT

Husband

Wife

(a) Gross monthly income from:

Salary and wages (including commissions, bonuses and overtime) payable weekly/monthly/etc.	\$ _____	\$ _____
Pensions and retirement	_____	_____
Social Security	_____	_____
Disability and unemployment insurance	_____	_____
Public assistance (AFDC payments, etc)	_____	_____
Child/spousal support (prior marriage)	_____	_____
Dividends and interest	_____	_____
Rents	_____	_____
Other _____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

(b) Itemize deductions from gross income:

Income taxes (state and federal)	\$ _____	\$ _____
Social Security	_____	_____
Disability insurance	_____	_____
Medical or other insurance	_____	_____
Union or other dues	_____	_____
Retirement or pension fund	_____	_____
Savings plan	_____	_____
Other _____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL DEDUCTIONS	\$ _____	_____

(c) NET MONTHLY INCOME \$ _____

Estimated monthly expenses:

(Specify which party is the custodial parent and list name and relationship of all members of the household whose expenses are included)

	Husband	Wife
Rent	\$ _____	\$ _____
Note or mortgage payments (residence)	_____	_____
Real property taxes (residence)	_____	_____
Real property insurance (residence) .	_____	_____
Maintenance (residence)	_____	_____
Food and household supplies	_____	_____
Utilities	_____	_____
Telephone	_____	_____
Laundry and cleaning	_____	_____
Clothing	_____	_____
Medical	_____	_____
Dental	_____	_____
Insurance (life,health,accident,etc)	_____	_____
Child Care	_____	_____
Payment of child/spousal support	_____	_____
School	_____	_____
Entertainment	_____	_____
Incidentals	_____	_____
Auto expenses (insurance,gas,oil, repair)	_____	_____
Auto payments	_____	_____
Other Installment payment(s) (Insert total here and itemize below)	_____	_____

Husband's Creditors	For	Monthly Payment	Balance
_____	_____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Wife's Creditors	For	Monthly Payment	Balance
_____	_____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Expenses

_____ \$ \$ _____

Other debts and obligation NOT payable in monthly installments.

Other Creditors	For	Date Payable	Balance
_____	_____	____/____/____	\$ _____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

TOTAL OTHER DEBTS AND OBLIGATIONS \$ _____

All property of the parties known to me includes the following:

	Husband	Wife
Cash on hand.....	\$ _____	\$ _____
Money in checking accounts.....	_____	_____
Money in savings accounts.....	_____	_____
Money in credit union.....	_____	_____
Money in any other accounts or deposits..	_____	_____
Retirement or pension fund.....	_____	_____
Life insurance cash value.....	_____	_____
Value of any stocks & bonds.....	_____	_____
Value of real estate.....	_____	_____
Value of all other property.....	_____	_____
TOTAL PROPERTY	\$ _____	\$ _____

Sworn to and Subscribed before me)
)
this ____ day of _____, 20__)
)
_____)
Notary Public for South Carolina)
)
My Commission expires _____)

Signature