

EXHIBIT "A"

IN THE CHANCERY COURT OF _____ COUNTY
STATE OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NUMBER

DEFENDANT

I. GENERAL INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

NAME

DATE OF BIRTH

MINOR CHILDREN:

_____	_____
_____	_____
_____	_____
_____	_____

II. INCOME STATEMENT

GROSS MONTHLY INCOME

1. Salary and Wages, including commissions
bonuses, allowance and overtime

1. _____

NOTE: To arrive at a monthly income figure,
if paid weekly, multiply weekly income
by 4.3; if paid bi-weekly, multiply
bi-weekly income by 2.16

2. Pensions and retirement

2. _____

3. Social Security

3. _____

4. Disability and unemployment insurance

4. _____

5. Public assistance (welfare, AFDC payments, etc.)

5. _____

6. Dividends and interest

6. _____

7. Rental Income

7. _____

8. Other Income _____

8. _____

9. Other Income _____

9. _____

10. TOTAL MONTHLY INCOME

10. _____

ITEMIZED MONTHLY DEDUCTIONS:

1. State Income Taxes

1. _____

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

III. EXPENSE STATEMENT

A. LIVING EXPENSES	AS OF _____		AS OF _____	
	Self	Children	Self	Children
1. Rent/Mortgage (Residence)				
2. Real Property Taxes				
3. Real Property Insurance				
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. Incidentals & Miscellaneous				
21. Transportation other than vehicle				
22. Gasoline & Oil (auto)				
23. Repair (auto)				
24. Insurance (auto)				
25. Auto payments				
26. Church donations				

III. EXPENSE STATEMENT

	Self	Children	Self	Children
27. Charitable donations				
28. Newspaper/Magazines				
29. Cable TV				
30. Pet Expenses				
31. Yard Expenses				
32. Maid				
33. Retirement (IRA, etc.)				
34. Pest Control				
B. TOTAL LIVING EXPENSES				
35. Installment Payments Notes, loans, charge accounts, etc.				
36.				
37.				
38.				
39. OTHER EXPENSES				
40.				
41.				
TOTAL INSTALLMENT PAYMENTS:				
COMBINED TOTAL EXPENSES:				

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 _____

Note: List mortgage balance also under liabilities on the next page. List the amount of your monthly payment only under "V. LIABILITIES."

B. Motor Vehicles

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

VALUE
- Loan Balance _____
=Equity _____

2. Registered in the name of: _____

Year: _____ Model: _____ Mileage: _____

How cost paid: _____ How cost paid: _____

VALUE

- Loan Balance _____

=Equity _____

IV. STATEMENT OF ASSETS (Continued)

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

VALUE

- Loan Balance _____
 =Equity _____

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

VALUES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

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

Name(s) on Account	Bank/Account Number	Type Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL VALUE	_____

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

Bank/Account Number	Type Investment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Life Insurance (exclude children)

Insured	Company	Face Amount	Cash	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL CASH VALUE (less loans)			_____	

G. All Other Assets

_____	_____	
_____	_____	
_____	_____	
TOTAL VALUE		_____
TOTAL OF ALL ASSETS		\$ _____

V. STATEMENT OF LIABILITIES

(Include mortgage, car loan, credit cards, personal loans)

Note: Also include under items 35-44 on Exhibit "A"

A. Creditor	Party Responsible for Payment	Current Balance	Monthly Payment	Who Makes Payments
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

B. TOTAL LIABILITIES _____

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing Exhibit "A," including attachments, is true and correct and that this declaration was executed on the _____ day of _____, 20____,

Party's Signature

IN THE CHANCERY COURT OF _____ COUNTY
STATE OF MISSISSIPPI

PLAINTIFF

CIVIL ACTION NUMBER

DEFENDANT

CERTIFICATE OF COMPLIANCE

I, (name of party or attorney) , 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____.

Attorney for Opposing Party