

**FINANCIAL STATEMENT FOR TITLE IV-D CHILD SUPPORT CASES**

This form may be used only by parties in a Title IV-D child support case, which is a case being handled by the Department of Revenue, Child Support Enforcement Office. It must be filled out and attached by the petitioner to a Supplemental Petition for Modification of Child Support (Title IV-D case). All amounts of income and expenses must be for a full month.

Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Employer's

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**Gross Monthly Income** \$ \_\_\_\_\_

Less: Tax/FICA \$ \_\_\_\_\_

Other Deductions \$ \_\_\_\_\_

**NET MONTHLY INCOME**

\$ \_\_\_\_\_

Sources of income other than from  
Primary Employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Monthly Expenses:**

Rent/Mortgage \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Cable TV \$ \_\_\_\_\_

Trash Pickup \$ \_\_\_\_\_

Vehicle Payment \$ \_\_\_\_\_

Gasoline \$ \_\_\_\_\_

Vehicle Insurance \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

School Lunches \$ \_\_\_\_\_

Prescription Drugs \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_

Other Regular

Medical Expenses \$ \_\_\_\_\_

**Installment Debt Payments**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Other Expenses:**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL MONTHLY EXPENSES:**

\$ \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner