

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

EXHIBIT "A"
RULE 8.05 FINANCIAL AFFIDAVIT

PLAINTIFF

VS.

CAUSE NO. _____

DEFENDANT

I. GENERAL INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

DATE OF BIRTH _____

SOCIAL SECURITY NO. _____

OCCUPATION _____

EMPLOYER _____

ADDRESS (of employer) _____

MINOR CHILDREN

NAME	DATE OF BIRTH

II. INCOME STATEMENT

	GROSS MONTHLY INCOME	AMOUNT
1.	SALARY AND WAGES (include commissions, bonuses, allowance and overtime)	
2.	PENSIONS AND RETIREMENT	
3.	SOCIAL SECURITY	
4.	DISABILITY AND UNEMPLOYMENT INSURANCE	
5.	PUBLIC ASSISTANCE (welfare, AFDC payments, etc.)	
6.	DIVIDENDS AND INTEREST	
7.	RENTAL INCOME	
8.	OTHER INCOME:	
9.	OTHER INCOME	
10.	TOTAL MONTHLY INCOME	

	ITEMIZED MONTHLY DEDUCTIONS	AMOUNT
1.	STATE INCOME TAXES	
2.	FEDERAL INCOME TAXES	
3.	SOCIAL SECURITY	
4.	MEDICAL INSURANCE	
5.	RETIREMENT	
6.	UNION OR OTHER DUE	
7.	MEDICARE TAX	
8.	OTHER: _____ (_____)	
9.	OTHER: _____ (_____)	
10.	OTHER: _____ (_____)	
11.	TOTAL MONTHLY DEDUCTIONS	
12.	NUMBER OF EXEMPTIONS ____	
13.	NET MONTHLY PAY	

III. EXPENSE STATEMENT

	A. LIVING EXPENSES	As of _____	
		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 (i.e., yearly physicals, routine doctor visits, etc.)		
14.	DENTAL (i.e., bi-yearly examinations, orthodontia, etc.)		
15.	CHILD CARE		
16.	CHILDREN'S ALLOWANCE		
17.	PAYMENT OF CHILD SUPPORT/ALIMONY (prior marriage)		
18.	SCHOOL EXPENSES		
19.	ENTERTAINMENT (including vacations)		
20.	INCIDENTALS & MISC.		
21.	TRANSPORTATION (other than vehicle)		
22.	GAS & OIL (automobile)		
23.	REPAIR (automobile)		
24.	INSURANCE (automobile)		
25.	AUTO PAYMENT		
26.	CHURCH DONATIONS		
27.	CHARITABLE DONATIONS		
	SUBTOTAL		

A. LIVING EXPENSES, continued		As of	
		SELF	CHILDREN
SUBTOTAL FROM PRECEDING PAGE			
28.	NEWSPAPER/MAGAZINES		
29.	CABLE TELEVISION		
30.	PET EXPENSES		
31.	YARD EXPENSES		
32.	MAID		
33.	RETIREMENT (IRA, etc)		
34.	PEST CONTROL		
35.	OTHER:		
36.	OTHER:		
37.	OTHER:		
	TOTAL LIVING EXPENSES		
	TOTAL INSTALLMENT/LIABILITY PAYMENTS (see page 8 for this amount)		
	COMBINED TOTAL EXPENSES (combine the preceding TOTAL LIVING EXPENSES and TOTAL INSTALLMENT/LIABILITY PAYMENTS for both self and children, when compiling this figure)		

EXHIBIT "B"

IV. STATEMENT OF ASSETS

A. REAL ESTATE

(List Mortgage Balance and Payment Amount Also under "Liabilities" on Page 7.)

- 1. Title in the Name of: _____
Address: _____
Date Acquired: _____
Original Cost: _____
Who Paid Cost: _____
How paid cost: _____
 Value (est.): _____
 Mortgage
 Balance: _____
 Equity (est.): _____

B. MOTOR VEHICLES

- 1. Registered in the name of: _____
Year: _____ Make: _____ Model: _____ Mileage: _____
How Cost Paid: _____
 Value (est.): _____
 Loan Balance (est.): _____
 Equity (est.): _____

- 2. Registered in the name of: _____
Year: _____ Make: _____ Model: _____ Mileage: _____
How Cost Paid: _____
 Value (est.): _____
 Loan Balance (est.): _____
 Equity (est.): _____

3. Registered in the name of: _____
 Year: _____ Make: _____ Model: _____ Mileage: _____
 How Cost Paid: _____
 Value (est.): _____
 Loan Balance (est.): _____
 Equity (est.): _____

C. OTHER PERSONAL PROPERTY

(Such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

ITEM	VALUE
TV's	
Lawn Equipment	
Guns	
Appliances	
Dishes Silverware	
Pots and Pans	
Furniture	
TOTAL	

D. CHECKING/SAVINGS

(Name of Bank, account number and balance in account, including CDs, money market, passbook accounts, etc.)

NAME(S) ON ACCOUNT	BANK AND ACCOUNT NO.	TYPE OF ACCOUNT	BALANCE
TOTAL			

E. OTHER INVESTMENTS

(IRAs, Stocks, mutual funds, pension plans, etc.)

BANK AND ACCOUNT NUMBER	TYPE OF INVESTMENT	BALANCE
TOTAL		

F. LIFE INSURANCE

(exclude children)

INSURED	COMPANY	FACE AMT [less any loans]	CASH VALUE	BENEFICIARY
TOTAL CASH VALUE [less loans]				

G. ALL OTHER ASSETS

DESCRIPTION OF ASSET	VALUE
	+/-
TOTAL	+/-

TOTAL OF ALL ASSETS: \$ _____ (est.) (add up A-G for total)

V. STATEMENT OF LIABILITIES

A. LIABILITIES

(Include mortgage(s), car loans, credit cards, personal loans, and medical providers, etc.)

CREDITOR	WHOSE NAME	CURRENT BALANCE DUE	MONTHLY PAYMENT DUE	WHO PAYS
TOTAL LIABILITIES				

ACKNOWLEDGMENT OF TRUTHFULNESS

I hereby affirm that the above and foregoing statements made in this Rule 8.05 Financial Statement and attachments thereto are true and correct as therein stated to the best of my knowledge, information and belief.

Dated: _____

Signature of Party: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____