

No. _____

IN THE MATTER OF THE MARRIAGE

IN THE DISTRICT COURT OF

OF _____

_____ COUNTY, TEXAS

AND _____

_____ JUDICIAL DISTRICT

PROPOSED SUPPORT DECISION (AND INFORMATION)

I, _____, state under oath that the following information is true and correct. I understand that at a Court hearing I may be required to prove these amounts by testimony and by records such as pay vouchers, canceled checks, receipts, and bills.

A. TOTAL MONEY RECEIVED PER MONTH: (Attach recent pay stub from each employer):

(Describe each source of income)	GROSS	DEDUCTIONS	NET
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____

TOTAL MONEY RECEIVED PER MONTH \$ _____ \$ _____ \$ _____

B. TOTAL MONEY NEEDED PER MONTH BY ME (AND MINOR CHILDREN, IF ANY, LIVING WITH ME). FOR ITEMS WHICH ARE NOT PAID MONTHLY, EXPRESS THE AMOUNT AS A MONTHLY AVERAGE.

1. Rent or House Payment	\$ _____	17. Clothing & shoes	\$ _____
2. Real Property taxes (omit If Part of house payment)	\$ _____	18. Insurance- Car	\$ _____
3. Residence Maintenance (Repairs, yard)	\$ _____	19. Insurance- Life	\$ _____
4. Insurance-Home or Renters (Omit of part of house pmnt)	\$ _____	20. Insurance-Health (Omit if payroll deduction)	\$ _____
5. Utilities-Gas	\$ _____	21. Child Care	\$ _____
6. Utilities-Elect. & Water	\$ _____	22. Children's Activities	\$ _____
7. Utilities-Telephone (Inc. Average Long distance)	\$ _____	23. Entertainment	\$ _____
8. Utilities-Garbage Service	\$ _____	24. Haircuts	\$ _____
9. Groceries & household items	\$ _____	25. Cable T.V. & Newspaper	\$ _____
10. Meals away from home	\$ _____	26. Other _____	\$ _____
11. School lunches	\$ _____	_____	\$ _____
12. Dental & Orthodontia	\$ _____	_____	\$ _____
13. Medical & Prescriptions	\$ _____	27. Monthly Payments on Debts (List below and show total here)	\$ _____
14. Laundry & dry-cleaning	\$ _____	28. Support or alimony	\$ _____
15. Car Payment	\$ _____	Payments to other persons	\$ _____
16. Gas & Vehicle Maintenance	\$ _____		

TOTAL MONEY NEEDED PER MONTH (Total of items 1-28 above) \$ _____

DIFFERENCE BETWEEN MONEY RECEIVED AND MONEY NEEDED \$ _____

*If any amount is shown in A., above, for DEDUCTIONS other than for Federal Income Tax and Social Security Withholding, then state for each deduction:

TO WHOM PAID	PURPOSE	AMOUNT PER MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. MONTHLY PAYMENTS ON INDEBTEDNESS:

<u>DESCRIPTION OF DEBT PAYMENT</u>	<u>BALANCE NOW OWED</u>	<u>AMOUNT OF MONTHLY PAYMENT</u>	<u>DATE OF FINAL PAYMENT</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Total monthly payments on debts. (Enter this total on Line 27 of Section B) \$ _____

(Signature of Party)

I ask the court to set support at \$ _____ per month.

Signed this _____ day of _____, 20____.

(Signature of Party)