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**Monthly Expenses**

**Monthly Amount**

- |   |       |
|---|-------|
| A. Housing expenses:                        |       |
| (1) rent                                    | _____ |
| (2) mortgage                                | _____ |
| (3) property taxes                          | _____ |
| (4) appliance and house service contracts   | _____ |
| (5) house repairs                           | _____ |
| (6) furniture rental                        | _____ |
| (7) installment payments for improvements   | _____ |
| (8) homeowner (or renter) insurance         | _____ |
| (9) flood insurance                         | _____ |
| (10) content insurance                      | _____ |
| (11) gardening expenses; lawn care          | _____ |
| (12) snow removal                           | _____ |
| (13) exterminator                           | _____ |
| (14) water                                  | _____ |
| (15) sewer                                  | _____ |
| (16) electricity                            | _____ |
| (17) gas or oil                             | _____ |
| (18) garbage collection                     | _____ |
| (19) telephone                              | _____ |
| (20) cell phone                             | _____ |
| (21) cable television                       | _____ |
| (22) homeowners' association dues           | _____ |
| (23) domestic help                          | _____ |
| (24) tips to doormen, mailmen, etc.         | _____ |
| (25) pool service and maintenance           | _____ |
| (26) other maintenance (specify)            | _____ |
| <br>  |       |
| B. Food (groceries)                         | _____ |
| <br>  |       |
| C. Cleaning supplies and household supplies | _____ |
| <br>  |       |
| D. Laundry and dry cleaning                 | _____ |
| <br>  |       |
| E. Clothing                                 | _____ |
| (1) clothing for you                        | _____ |

- (2) clothing for spouse \_\_\_\_\_
- (3) clothing for children \_\_\_\_\_
  
- F. Medical expenses (not covered by insurance)
  - (1) doctors – Self \_\_\_\_\_
    - Spouse \_\_\_\_\_
    - Children \_\_\_\_\_
  - (2) dentists - Self \_\_\_\_\_
    - Spouse \_\_\_\_\_
    - Children \_\_\_\_\_
  - (3) hospital \_\_\_\_\_
  - (4) psychotherapy, counseling (specify) \_\_\_\_\_
  - (5) medicine/prescriptions \_\_\_\_\_
  - (6) vitamins \_\_\_\_\_
  - (7) medical specialists (specify) \_\_\_\_\_
  - (8) orthodontia (specify) \_\_\_\_\_
  - (9) allergy \_\_\_\_\_
  - (10) other medical health expenses (specify) \_\_\_\_\_
  
- G. Automotive, transportation, etc. expenses
  - (1) gasoline and oil \_\_\_\_\_
  - (2) maintenance and repairs \_\_\_\_\_
  - (3) loan payments (specify) \_\_\_\_\_
  - (4) rental payments \_\_\_\_\_
  - (5) registration \_\_\_\_\_
  - (6) insurance \_\_\_\_\_
  - (7) parking, taxi, public transportation \_\_\_\_\_
  - (8) depreciation \_\_\_\_\_
  - (9) other \_\_\_\_\_
  
- H. Child care costs
  - (1) tuition \_\_\_\_\_
  - (2) lunch money \_\_\_\_\_
  - (3) allowances \_\_\_\_\_
  - (4) babysitting \_\_\_\_\_
  - (5) child grooming \_\_\_\_\_
  - (6) summer camp \_\_\_\_\_
  - (7) religious education \_\_\_\_\_
  - (8) tutoring \_\_\_\_\_
  - (9) lessons (music, dancing, piano, etc.) \_\_\_\_\_
  - (10) pet/veterinarian \_\_\_\_\_
  - (11) education \_\_\_\_\_
  - (12) sports-related \_\_\_\_\_
  - (13) other (specify) \_\_\_\_\_

- I. Personal expenses
  - (1) tobacco \_\_\_\_\_
  - (2) grooming \_\_\_\_\_
  - (3) cosmetics \_\_\_\_\_
  - (4) lunches out \_\_\_\_\_
  - (5) entertainment/recreation (includes dinners out) \_\_\_\_\_
  - (6) vacations \_\_\_\_\_
  - (7) club dues and expenses; associations \_\_\_\_\_
  - (8) religious contributions \_\_\_\_\_
  - (9) gifts and presents \_\_\_\_\_
  - (10) hobby expenses \_\_\_\_\_
  - (11) sports expenses \_\_\_\_\_
  - (12) education expenses \_\_\_\_\_
  - (13) books, magazines, records, etc. \_\_\_\_\_
  - (14) charitable contributions other than church (specify) \_\_\_\_\_
  - (15) other (specify) \_\_\_\_\_
  
- J. Business expenses
  - (1) dues (union, etc.) \_\_\_\_\_
  - (2) subscriptions, books \_\_\_\_\_
  - (3) any other unreimbursed expenses (specify) \_\_\_\_\_
  - (4) retirement plan \_\_\_\_\_
  
- K. Other insurance
  - (1) life insurance \_\_\_\_\_
  - (2) health insurance \_\_\_\_\_
  - (3) accident insurance \_\_\_\_\_
  - (4) disability insurance \_\_\_\_\_
  - (5) other (specify) \_\_\_\_\_
  
- L. Obligations
  - (1) alimony/spousal support \_\_\_\_\_
  - (2) child support \_\_\_\_\_
  - (3) loans (other than auto) \_\_\_\_\_
  - (4) credit cards \_\_\_\_\_
  - Balance #1 \_\_\_\_\_
  - #2 \_\_\_\_\_
  - #3 \_\_\_\_\_
  - #4 \_\_\_\_\_
  - (5) other (specify) \_\_\_\_\_
  
- M. Recreational expenses (not otherwise mentioned)
  - (1) other real estate \_\_\_\_\_
  - (2) boat expenses \_\_\_\_\_
  - (3) airplane expenses \_\_\_\_\_
  - (4) any other (specify) \_\_\_\_\_

- N. Tax expenses
- (1) federal income taxes \_\_\_\_\_
  - (2) state income taxes \_\_\_\_\_
  - (3) city/local income taxes \_\_\_\_\_
  - (4) social security taxes \_\_\_\_\_
  - (5) Other (specify) \_\_\_\_\_

- O. Other expenses/support to others
- (1) Identify any other financial support, not listed above (A-N), you provide or have provided in the past 12 months for any person, other than yourself, your spouse, and your child; and, identify the beneficiaries of that support and the extent of support provided. \_\_\_\_\_
  - (2) Walking around money \_\_\_\_\_

P. Any other monthly expenses you pay that are not referenced above. \_\_\_\_\_

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_