

Lifestyle Expenditure (Monthly Expenses)

SCHEDULE A: SHELTER

	Joint Marital Life Style Family, including (0) children	Current Life Style Yours and (0) children	Historical expenditure for Plaintiff	Historical expenditure for Defendant	Historical expenditure for Children
--	---	--	--	--	---

If Tenant:

Rent						
Heat (if not furnished)						
Electric & Gas (if not furnished)						
Renter's Insurance						
Parking (at Apartment)						
Other Charges (Itemize):						

If Homeowner:

Mortgage						
Real Estate Taxes (if not included w/mortgage payment)						
Homeowners Ins. (if not included w/mortgage payment)						

Other Mortgages or Home Equity Loans (Specify)		
--	--	--

Heat (unless Electric or Gas)						
Electric & Gas						
Water and Sewer						
Garbage Removal						
Snow Removal						
Lawn Care						
Maintenance						
Repairs						
Other Charges (Itemize)						

Tenant or Homeowner:

Telephone						
Mobile/Cellular Telephone						
Service Contracts on Equipment						
Cable TV						
Plumber/Electrician						
Equipment and Furnishings						
Internet Charges						
Other Charges (Itemize)						

TOTAL	\$0	\$0	\$0	\$0	\$0
-------	-----	-----	-----	-----	-----

SCHEDULE B: TRANSPORTATION

Auto Payment						
Auto Insurance (number of vehicles: 0)						
Registration, License						
Maintenance						

Fuel and Oil						
Commuting Expenses						
Other Charges (Itemize)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

SCHEDULE C: PERSONAL

Joint Marital Life Style Family, including (0) children Current Life Style Yours and (0) children Historical expenditure for Plaintiff Historical expenditure for Defendant Historical expenditure for Children

Food at Home & household supplies						
Prescription Drugs						
Non-prescription drugs, cosmetics, toiletries and sundries						
School Lunch						
Restaurants						
Clothing						
Dry Cleaning, Commercial Laundry						
Hair Care						
Domestic Help						
Medical (exclusive of psychiatric)*						
Eye Care*						
Psychiatric/psychological/counseling*						
Dental (exclusive of Orthodontic)*						
Orthodontic*						
Medical Insurance (hospital, etc.)*						
Club Dues and Memberships						
Sports and Hobbies						
Camps						
Vacations						
Children's Private School Costs						
Parent's Educational Costs						
Children's Lessons (dancing, music, sports, etc.)						
Baby-sitting						
Day-Care Expenses						
Entertainment						
Alcohol and Tobacco						
Newspapers and Periodicals						
Gifts						
Contributions						
Payments to Non-Child Dependents						
Prior Existing Support Obligations						
This family						
Other families (specify)						
Tax Reserve (not listed elsewhere)						
Life Insurance						
Savings/Investment						
Debt Service (from page 8) (not listed elsewhere)	\$0	\$0	\$0	\$0	\$0	\$0
Parenting Time Expenses						
Professional Expenses (other than this proceeding)						
Other (specify)						

*unreimbursed only

	TOTAL	\$0	\$0	\$0	\$0	\$0
--	--------------	------------	------------	------------	------------	------------

Please Note: If you are paying expenses for a spouse and/or children not reflected in this budget, attach a schedule of such payments.

Schedule A: Shelter	\$0	\$0	\$0	\$0	\$0
Schedule B: Transportation	\$0	\$0	\$0	\$0	\$0
Schedule C: Personal	\$0	\$0	\$0	\$0	\$0

Grand Totals	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
---------------------	------------	------------	------------	------------	------------

CIS Attachment - Endnotes

Index	Description