

Lifestyle Expenditure (Monthly Expenses)

| | | | | |
|---|--|--|--|---|
| 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 |
|---|--|--|--|---|

SCHEDULE A: SHELTER

If Tenant:

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

If Homeowner:

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|--|--|--|--|--|--|--|
| 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) _____

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

Tenant or Homeowner:

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

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 | \$0 |
| Schedule B: Transportation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Schedule C: Personal | \$0 | \$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 |
|-------|-------------|
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