



THE LAW OFFICE OF
CAROLYN M. BONE^{LLC}
DIVORCE & FAMILY LAW

BUDGET FORM

CLIENT NAME: _____

DATE COMPLETED: _____

- This Budget Form is provided to help you complete page two of the Financial Declaration form which you will sign under oath, file with the Family Court, and about which you may be cross-examined.
- All expenses must be stated on a **monthly** basis.
- In calculating your monthly expenses, it is very important that you be exact and accurate to the extent possible, as awards for child support or alimony are related to these numbers.
- Do not rely solely on your memory or estimates; review credit card statements, utility bills, etc. You should base your calculations on your historical expenditures if you reasonably expect those expenses to be repeated in the future.
- **Please keep our office advised of any changes to your expenses so that your Financial Declaration may be timely updated.**
- **IF ANY EXPENSES BELOW ARE PAID VIA CREDIT CARD, PLEASE INDICATE "\$ _____ ON CREDIT CARD"**

1. Rent

a. Monthly rent \$ _____/month

b. Renter's Insurance \$ _____/month

#1 TOTAL: \$ _____/month

2. Note or mortgage payments and insurance (residence)

List vacation home expenses on Page 10

a. 1st mortgage payment \$ _____/month

b. 2nd mortgage payment \$ _____/month

c. Home equity loan (monthly debt service) \$ _____/month

d. Homeowner's Insurance Paid with mortgage* \$ _____/month

e. Real Property Taxes Paid with mortgage* \$ _____/month

f. Flood, earthquake, & other insurance \$ _____/month

* If not paid with mortgage (escrowed), go to line #12.

#2 TOTAL: \$ _____/month

3. Food and household supplies (grocery store, Target, Wal-Mart, etc.)

a. Groceries \$ _____/month

b. Toiletries \$ _____/month

c. Non-entertainment meals out(fast food) \$ _____/month

#3 TOTAL: \$ _____/month

4. Utilities

a. Electricity [Name on account [_____] \$ _____/month

b. Gas [Name on account [_____] \$ _____/month

c. Water [Name on account [_____] \$ _____/month

d. Sewer [Name on account [_____] \$ _____/month

e. Garbage [Name on account [_____] \$ _____/month

#4 TOTAL: \$ _____/month

5. Telephone & Cellular Phone

a. Land Line (home) \$ _____/month

b. Cellular Lines [Name on account [_____]

- i. Line 1 [Used by _____] \$ _____/month
- ii. Line 2 [Used by _____] \$ _____/month
- iii. Line 3 [Used by _____] \$ _____/month

#5 TOTAL: \$ _____/month

6. Medical, Dental, and Disability Insurance

Do not list payments deducted from paycheck

- a. Life Insurance \$ _____/month
- b. Health Insurance \$ _____/month
- c. Dental Insurance \$ _____/month
- d. Vision Insurance \$ _____/month
- e. Disability Insurance \$ _____/month

#6 TOTAL: \$ _____/month

7. Payment of Child Support

- a. This marriage/relationship: Court Ordered? \$ _____/month
- b. Other marriage/relationship: Court Ordered? \$ _____/month

#7 TOTAL: \$ _____/month

8. Child Care

a. Day care facility or in-home care

- i. During school year _____/week for _____ weeks = _____/year
- ii. During summer break _____/week for _____ weeks = _____/year
 - o School year + summer break yearly total/12 = \$ _____/month

b. After school care (summer care/babysitters) _____/week for _____ weeks = _____/year

- o After school care + summer care yearly total /12= \$ _____/month

#8 TOTAL: \$ _____/month

9. Payment of Spousal Support

- a. This marriage/relationship: Court Ordered? \$ _____/month
- b. Other marriage/relationship: Court Ordered? \$ _____/month

#9 TOTAL: \$ _____/month

10. Auto Payments (including motorcycles, boats, etc.) – add additional on Page 10

- a. Vehicle A: _____ \$ _____/month
 - Who uses: _____
 - Name(s) on title: _____
 - Name(s) on financing: _____
- b. Vehicle B: _____ \$ _____/month
 - Who uses: _____
 - Name(s) on title: _____
 - Name(s) on financing: _____
- c. Vehicle C: _____ \$ _____/month
 - Who uses: _____
 - Name(s) on title: _____
 - Name(s) on financing: _____

#10 TOTAL: \$ _____/month

11. Auto Expenses

- a. Insurance \$ _____/month
- b. Gas and Oil \$ _____/month
- c. Repairs, tuning, maintenance \$ _____/month
- d. Personal Property Taxes
 - i. Vehicle A: _____ \$ _____/month
 - ii. Vehicle B: _____ \$ _____/month
 - iii. Vehicle C: _____ \$ _____/month
- e. Other (Specify) _____ \$ _____/month

#11 TOTAL: \$ _____/month

12. Real Property Taxes & Homeowner's Insurance (NOT included with monthly mortgage)

- a. City Real Estate Taxes \$ _____/month
- b. County Real Estate Taxes \$ _____/month
- c. Homeowner's Insurance \$ _____/month
- d. Other (specify) \$ _____/month

#12 TOTAL: \$ _____/month

13. Maintenance (residence)

Do not list one-time payments here

- Ordinary maintenance, upkeep, and repairs \$ _____/month
- a. Exterminator and termite bond \$ _____/month
- b. Pool maintenance \$ _____/month
- c. Yard maintenance \$ _____/month
- d. Maid/housekeeper \$ _____/month
- e. Security \$ _____/month
- f. Other service contracts \$ _____/month

#13 TOTAL: \$ _____/month

14. Adult Clothing

Determine your average monthly expenses

- a. Shoes \$ _____/month
- b. Clothing \$ _____/month
- c. Other \$ _____/month

#14 TOTAL: \$ _____/month

15. Children's Clothing

- a. Shoes \$ _____/month
- b. Clothing \$ _____/month
- c. Other \$ _____/month

#15 TOTAL: \$ _____/month

16. Other Utilities

a. Cable TV/Satellite \$ _____/month

b. Internet \$ _____/month

#16 TOTAL: \$ _____/month

17. Laundry & Dry Cleaning

a. Dry cleaning \$ _____/month

b. Laundromat \$ _____/month

#17 TOTAL: \$ _____/month

18. Medical & Dental (out of pocket expenses ONLY- not covered by insurance)

a. Vitamins/Over-the-counter drugs \$ _____/month

b. Counseling/psychologist/psychiatrist \$ _____/month

c. Regular dental cleanings/x-rays/Orthodontics \$ _____/month

#18 TOTAL: \$ _____/month

19. Prescription Medications, Glasses & Contacts (out of pocket expenses ONLY)

a. Prescription Medications \$ _____/month

b. Glasses (prescription) \$ _____/month

c. Contact Lenses \$ _____/month

#19 TOTAL: \$ _____/month

20. Children's Incidental Expenses

a. Allowance \$ _____/month

b. Baby Sitters (not regular child care) \$ _____/month

c. Lessons \$ _____/month

d. Sports/ Activities \$ _____/month

e. Other: _____ \$ _____/month

#20 TOTAL: \$ _____/month

21. Children's School

- a. Private school tuition \$ _____/month
- b. School Fees \$ _____/month
- c. Books and Supplies \$ _____/month
- d. School Lunches \$ _____/month
- e. Uniforms \$ _____/month
- f. Activities (band, field trips, photos) \$ _____/month
- g. Tutors \$ _____/month
- h. Other: _____ \$ _____/month

#21 TOTAL: \$ _____/month

22. Entertainment

- a. Vacations and Trips \$ _____/month
- b. Unreimbursed business expenses \$ _____/month
- c. Clubs and Fraternity/Sorority obligations \$ _____/month
- d. Meals out (not fast food)/Bar Tabs \$ _____/month
- e. Movies \$ _____/month
- f. Netflix/Amazon on Demand/Hulu \$ _____/month
- g. Plays/Festivals/Cultural Events/Concerts \$ _____/month
- h. iTunes store/electronic games/Music \$ _____/month
- i. Other: _____ \$ _____/month

#22 TOTAL: \$ _____/month

23. Adult Incidentals

If any of these items are purchased at the grocery store and are included above in #5, do not include them again in this section.

- a. Haircuts/Salon \$ _____/month
- b. Cosmetics \$ _____/month
- c. Cigarettes/E-Cigarettes \$ _____/month
- d. Newspapers/books/magazines \$ _____/month
- e. Gifts (Christmas, weddings, etc.) \$ _____/month
- f. Bank service fees/safety deposit box \$ _____/month
- g. Accounting/tax return preparation \$ _____/month
- h. Veterinary expenses/pet grooming \$ _____/month

#23 TOTAL: \$ _____/month

24. Installment Payments (Credit Cards, Charge Accounts, etc.)

CREDITOR (CREDIT CARD)	LAST 4 DIGITS	BALANCE	MONTHLY PAYMENT	NAME(S) ON CARD
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

#24 TOTAL: \$ _____/month

YOUR SIGNATURE: _____

Date Form Completed: _____