

CLIENT'S NAME: \_\_\_\_\_ CAUSE NO: \_\_\_\_\_

### Monthly Expense Worksheet

<b>Rental/Mtg/Household</b>		<b>Laundry</b>	
Rent/Mtg, ins & taxes	_____	Dry Cleaning	_____
Repairs	_____	<b>Insurance</b>	
Yard Maintenance	_____	Auto	_____
Utilities (Water/Elec./Trash)	_____	Life	_____
Phone (Basic Service)	_____	Health	_____
Long Distance	_____	<b>Incidentals</b>	
Cable TV	_____	Cosmetics	_____
Pest Control	_____	Hair and Beauty Care	_____
Natural Gas & Water Filtration	_____	Subscriptions (Mags/Newspapers)	_____
<b>Food/Groceries</b>		Bank Charges	_____
At Home	_____	Church/Synagogue contributions	_____
Eating out alone or w/friends	_____	Non-prescription medication	_____
Eating out with children	_____	Sundries	_____
<b>Clothes</b>		<b>Children</b>	
Client	_____	Allowance	_____
Children	_____	School Lunches	_____
Shoes	_____	Summer Camp	_____
Shoe Repair	_____	Private School	_____
Alterations	_____	Nursery School	_____
Other - Uniforms (client)	_____	Child Care	_____
<b>Transportation</b>		Lessons	_____
Car Payments	_____	Activities	_____
Gas & Oil	_____	Tutors	_____
Repairs	_____	School Activities, dances, etc.	_____
Parking	_____	Therapy	_____
Other - Car registration	_____	Physical Therapy	_____
<b>Medical (Out of Pocket)</b>		Other _____	_____
Optometrist - Children	_____	<b>Debts</b>	
Optometrist - Client	_____	Installment Contracts	_____
Dentist - Children	_____	Monthly charge accounts	_____
Dentist - Client	_____	(Do not duplicate with other expenses listed above.)	
		<b>Total Monthly Expenses</b>	\$ _____

