

CLIENT'S NAME: _____

CAUSE NO: _____

Monthly Expense Worksheet

Rental/Mtg/Household

Rent/Mtg, ins & taxes _____
HOA Dues _____
Repairs _____
Yard/Pool Maintenance _____
Utilities (Water/Elec./Trash) _____
Phone (Home Service) _____
Cellular Telephone _____
Internet _____
Long Distance _____
Cable TV _____
Pest Control _____
Natural Gas and Water Filtration _____

Food/Groceries

At Home _____
Eating out alone or w/friends _____
Eating out with children _____

Clothes

Client _____
Children _____
Shoes _____
Shoe Repair _____
Alterations _____
Other - Uniforms (client) _____

Transportation

Car Payments _____
Gas & Oil _____
Repairs _____
Parking _____
Other - Car registration _____

Medical (Out of Pocket)

Optometrist - Children _____
Optometrist - Client _____
Dentist - Children _____
Dentist - Client _____

Laundry

Dry Cleaning _____

Insurance

Auto _____
Life _____
Health _____

Incidentals

Cosmetics _____
Hair and Beauty Care _____
Subscriptions (Mags/Newspapers) _____
Bank Charges _____
Church/Synagogue contributions _____
Non-prescription medication _____
Sundries _____

Children

Allowance _____
School Lunches _____
Summer Camp _____
Private School _____
Nursery School _____
Child Care _____
Lessons _____
Activities _____
Tutors _____
School Activities, dances, etc. _____
Therapy _____
Physical Therapy _____
Other _____

Debts

Installment Contracts _____
Monthly charge accounts _____

(Do not duplicate with other expenses listed above.)

Total Monthly Expenses _____