| NO. | | | | |
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| MATTER OF RRIAGE OF | 8 | | | |
|---|--|--|---|---|
| | S | 0, ,2,0 ,0050 | | |
| THE INTEREST OF | S | LEON COUNTY, | TEXAS | |
| PROPOSED SUPPOR | RT DECIS | SION AND INFOR | RMATION | |
| OF | | | | |
| GROSS MONEY EAR | RNED PER M | иолтн: | | |
| | | | \$ | |
| Commissions, tips and bon | uses | | | |
| Self-employment income (n Other than depreciatio | et of exp on and tax | enses credits) | | |
| Rental income (net of exp Depreciation) | enses oth | er than | | |
| | | | | |
| GROSS MONEY | EARNED P | ER MONTH | \$ | (A) |
| from each employer) | | | | |
| Income tax withholding | | | | |
| FICA (Social Security) | | | | |
| Medicare | | | | |
| Health Insurance | | | | |
| Union Dues | | | | |
| | THE INTEREST OF PROPOSED SUPPOR OF GROSS MONEY EAR Gross wages and salary in Commissions, tips and born Self-employment income (no Other than depreciation) Rental income (net of expreciation) All other income actually GROSS MONEY EDUCTIONS PER MONTH: (Attanted of the ench employer) Income tax withholding FICA (Social Security) Medicare Health Insurance | THE INTEREST OF PROPOSED SUPPORT DECIS OF GROSS MONEY EARNED PER M Gross wages and salary income Commissions, tips and bonuses Self-employment income (net of exp Other than depreciation and tax Rental income (net of expenses oth Depreciation) All other income actually received GROSS MONEY EARNED PER EDUCTIONS PER MONTH: (Attach most refrom each employer) Income tax withholding FICA (Social Security) Medicare Health Insurance | RRIAGE OF 8 87th/278th/369th 8 THE INTEREST OF PROPOSED SUPPORT DECISION AND INFOR OF GROSS MONEY EARNED PER MONTH: Gross wages and salary income Commissions, tips and bonuses Self-employment income (net of expenses Other than depreciation and tax credits) Rental income (net of expenses other than Depreciation) All other income actually received (specify) GROSS MONEY EARNED PER MONTH EDUCTIONS PER MONTH: (Attach most recent from each employer) Income tax withholding FICA (Social Security) Medicare Health Insurance | RIAGE OF 87th/278th/369th JUDICIAL S THE INTEREST OF S LEON COUNTY, TEXAS PROPOSED SUPPORT DECISION AND INFORMATION OF GROSS MONEY EARNED PER MONTH: Gross wages and salary income \$ Commissions, tips and bonuses Self-employment income (net of expenses Other than depreciation and tax credits) Rental income (net of expenses other than Depreciation) All other income actually received (specify) GROSS MONEY EARNED PER MONTH \$ EDUCTIONS PER MONTH: (Attach most recent from each employer) Income tax withholding FICA (Social Security) Medicare Health Insurance |

| | TOTAL ACTUAL DEDUCTIONS PER MONTH | \$ | (B) |
|---|---|----|-----|
| ET MONEY | ACTUALLY RECEIVED PER MONTH SUBTRACT (B) FROM (A) | \$ | (C) |
| FATUTORY | NET RESOURCES DEDUCTIONS ALLOWED PER MONTH: | | |
| (1) | Income tax withholding for a single person Claiming one personal exemption and standard deduction. | | |
| (2) | FICA (Social Security) | | |
| ζ - / | Medicare | | |
| (4) | Health Insurance attributable to the children | | |
| (5) | Union Dues | | |
| FATUTORY | NET RESOURCES DEDUCTIONS ALLOWED PER MONTH NET RESOURCES PER MONTH. SUBTRACT (D) FROM (A) | \$ | (D) |
| TATUTORY OTAL MON | | · | |
| TATUTORY OTAL MON IVING WI xpress t | T NET RESOURCES PER MONTH. SUBTRACT (D) FROM (A) WEY NEEDED PER MONTH BY ME AND MINOR CHILD(REN) TH ME: (For items that are not paid monthly, | \$ | (E |
| TATUTORY OTAL MON IVING WI xpress t | E NET RESOURCES PER MONTH. SUBTRACT (D) FROM (A) WEY NEEDED PER MONTH BY ME AND MINOR CHILD(REN) ETH ME: (For items that are not paid monthly, whe amount as a monthly average.) Rent or house payment Real property taxes (omit if part of house payment) | \$ | (E |
| OTAL MON IVING WI EXPRESS t (1) | Y NET RESOURCES PER MONTH. SUBTRACT (D) FROM (A) WEY NEEDED PER MONTH BY ME AND MINOR CHILD(REN) TH ME: (For items that are not paid monthly, the amount as a monthly average.) Rent or house payment Real property taxes (omit if part of house | \$ | (E |
| OTAL MON IVING WI EXPRESS t (1) (2) | REY NEEDED PER MONTH BY ME AND MINOR CHILD(REN) TH ME: (For items that are not paid monthly, the amount as a monthly average.) Rent or house payment Real property taxes (omit if part of house payment) Residence maintenance (repairs, yard) Insurance-home or renters (omit if part of house payment) | \$ | (E |
| OTAL MON IVING WI EXPRESS t (1) (2) | REY NEEDED PER MONTH BY ME AND MINOR CHILD(REN) TH ME: (For items that are not paid monthly, the amount as a monthly average.) Rent or house payment Real property taxes (omit if part of house payment) Residence maintenance (repairs, yard) Insurance-home or renters (omit if part of | \$ | (E |
| TATUTORY OTAL MON IVING WI xpress t (1) (2) (3) (4) | R NET RESOURCES PER MONTH. SUBTRACT (D) FROM (A) WEY NEEDED PER MONTH BY ME AND MINOR CHILD(REN) TH ME: (For items that are not paid monthly, the amount as a monthly average.) Rent or house payment Real property taxes (omit if part of house payment) Residence maintenance (repairs, yard) Insurance-home or renters (omit if part of house payment) UtilitiesGas | \$ | (E |
| TATUTORY OTAL MON IVING WI xpress t (1) (2) (3) (4) (5) | E NET RESOURCES PER MONTH. SUBTRACT (D) FROM (A) JEY NEEDED PER MONTH BY ME AND MINOR CHILD(REN) TH ME: (For items that are not paid monthly, the amount as a monthly average.) Rent or house payment Real property taxes (omit if part of house payment) Residence maintenance (repairs, yard) Insurance-home or renters (omit if part of house payment) UtilitiesGas | \$ | (E |

| ТОТ | CAL MONEY NEEDED PER MONTH | \$ (F) |
|------|---|------------------|
| (27) | Other (specify) | |
| (26) | Total monthly payments on debts (list below at G and show total here) | |
| (25) | Cable TV and newspaper | |
| (24) | Haircuts | |
| (23) | Entertainment | |
| (22) | Children's activities | |
| (21) | Child care | |
| | InsuranceHealth (omit if payroll deduction) | |
| | InsuranceLife | |
| (18) | InsuranceCar | |
| (17) | Clothing and shoes | |
| (16) | Gas and vehicle maintenance | |
| | Car payment | |
| (14) | Laundry and dry cleaning | |
| | Medical and prescriptions | |
| (12) | Dental and orthodontia | |
| (11) | School lunches | |
| (10) | Meals away from home | |
| (9) | Groceries and household items | |

MONTHLY PAYMENTS ON DEBTS:

| Description of | Balance | Date of | Amou | nt of |
|-------------------|----------------------------------|---------------|---------|------------|
| Debt | Now Owed | Final Payment | Monthly | Payment |
| | \$ | | \$ | |
| | | | · | |
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| | | | | |
| TOTAL MONTHLY PAY | MENTS ON DEBTS | | \$ | (G) |
| | | | | |
| | MONEY RECEIVED AND M FROM (C) | | \$ | (H) |
| | | | | |
| | PORTMULTIPLY (E) BY ERCENTAGE% | THE | \$ | (I) |
| | - | | | ` ' |

| I, | would testify under oath in open court that the | | | |
|---|---|-----------------------|---|--|
| foregoing information | n is true and cor these amounts by | rect. I understand tl | hat at such a court hearing I may records such as pay vouchers, | |
| | | 200 | | |
| | | | | |
| | | Signature of P | Party Party | |
| I intend to ask | the court to set | support at \$ | per month. | |
| Signed this | day of | 20 | | |
| | | Signature of I | Party or Attorney | |
| | | | | |
| | Ce | rtificate of Service | | |
| I, certify that a true c (or hand delivery) on | | | sing counsel, via certified mail | |
| | | Signature of | Attorney | |