ev. 1-15 ge 7 of 10	Disclosure ofCase No
A. COMMON EXPENSES FOR FAMILY (Party and any children of the marriage)	B. YOUR PERSONAL EXPENSES (not including any children's expenses)
FOOD/GROCERIES FOR FAMILY (Non-entertainment)	Church and charitable donations
	Clothing
HOUSING	Cosmetics, hygiene & toiletries
Cable	Disability insurance
Garbage collection	Dry cleaning & laundry
Electric, gas, propane & oil utilities	Entertainment, including restaurants & movies
Home maintenance & repairs	Hair care (barber, salon, etc.)
Homeowner's insurance	Internet access
Household supplies	Life insurance (whole life or term)
Maid service	Manicures & pedicures
Property taxes	Newspapers, magazines & books
Rent or 1st mortgage	Professional dues or uniforms
2nd mortgage/home equity loan	Sports, exercise, hobbies, crafts, etc.
Telephone	Travel (monthly average)
Mobile phone	MEDICAL
Vet/pet supplies	Dental (including orthodontics)
Yard expense/maintenance	Eyeglasses, contacts & hearing aids, exams and testing
Water/sewage	Insurance (hospitalization)
TRANSPORTATION	
Gas and oil	Medical doctor(s)
Liability insurance	Prescription medication
License/taxes/tag	OTHER PERSONAL EXPENSES (list):
Payment/loan	
Repairs/maintenance	Cub total from attached all bloom accordi
Other – bus, taxi, tolls & parking	Sub-total from attached other personal expenses, if needed Attached
OTHER FAMILY EXPENSES (list):	SUBTOTAL FROM COLUMN B
	SUBTOTAL FROM COLUMN A
	SUBTOTAL FROM CHILDREN'S
Sub-total from attached other family expenses, if needed  Attached	EXPENSE LIST ATTACHMENT
SUBTOTAL (Column A)	GRAND TOTAL OF COLUMN A, B, AND

ATTACHMENTS