

EXHIBIT "A"

IN THE CHANCERY COURT OF _____ COUNTY
STATE OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NUMBER

DEFENDANT

I. GENERAL INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

NAME

DATE OF BIRTH

MINOR CHILDREN:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

II. INCOME STATEMENT

GROSS MONTHLY INCOME

1. Salary and Wages, including commissions
bonuses, allowance and overtime

1. _____

NOTE: To arrive at a monthly income figure,
if paid weekly, multiply weekly income
by 4.3; if paid bi-weekly, multiply
bi-weekly income by 2.16

2. Pensions and retirement

2. _____

3. Social Security

3. _____

4. Disability and unemployment insurance

4. _____

5. Public assistance (welfare, AFDC payments, etc.)

5. _____

6. Dividends and interest

6. _____

7. Rental Income

7. _____

8. Other Income _____

8. _____

9. Other Income _____

9. _____

10. TOTAL MONTHLY INCOME

10. _____

ITEMIZED MONTHLY DEDUCTIONS:

1. State Income Taxes

1. _____

- 2. Federal Income Taxes 2. _____
- 3. Social Security 3. _____
- 4. Mandatory Insurance 4. _____
- 5. Mandatory Retirement 5. _____
- 6. Union or other dues 6. _____
- 7. Other: (Specify) _____ 7. _____
- 8. Other: (Specify) _____ 8. _____
- 9. TOTAL MONTHLY DEDUCTIONS 9. _____
- 10. NUMBER OF EXEMPTIONS: _____
- 11. NET MONTHLY PAY 11. _____

III. EXPENSE STATEMENT

| A. LIVING EXPENSES | AS OF _____ | | AS OF _____ | |
|--|-------------|----------|-------------|----------|
| | Self | Children | Self | Children |
| 1. Rent/Mortgage (Residence) | | | | |
| 2. Real Property Taxes | | | | |
| 3. Real Property Insurance | | | | |
| 4. Maintenance (Residence) | | | | |
| 5. Food/Household Supplies | | | | |
| 6. Water, Sewer, etc. | | | | |
| 7. Electricity | | | | |
| 8. Gas (Residence) | | | | |
| 9. Telephone | | | | |
| 10. Laundry & Cleaning | | | | |
| 11. Clothing | | | | |
| 12. Insurance (Not payroll deducted) | | | | |
| 13. Medical | | | | |
| 14. Dental | | | | |
| 15. Child Care | | | | |

| | | | | |
|--|--|--|--|--|
| 16. Children's Allowance | | | | |
| 17. Payment of child support/alimony (Prior Marriage) | | | | |
| 18. School Expenses | | | | |
| 19. Entertainment | | | | |
| 20. Incidentals & Miscellaneous | | | | |
| 21. Transportation other than vehicle | | | | |
| 22. Gasoline & Oil (auto) | | | | |
| 23. Repair (auto) | | | | |
| 24. Insurance (auto) | | | | |
| 25. Auto payments | | | | |
| 26. Church donations | | | | |

III. EXPENSE STATEMENT

| | Self | Children | Self | Children |
|---|------|----------|------|----------|
| 27. Charitable donations | | | | |
| 28. Newspaper/Magazines | | | | |
| 29. Cable TV | | | | |
| 30. Pet Expenses | | | | |
| 31. Yard Expenses | | | | |
| 32. Maid | | | | |
| 33. Retirement (IRA, etc.) | | | | |
| 34. Pest Control | | | | |
| B. TOTAL LIVING EXPENSES | | | | |
| 35. Installment Payments Notes, loans, charge accounts, etc. | | | | |
| 36. | | | | |
| 37. | | | | |
| 38. | | | | |
| 39. OTHER EXPENSES | | | | |
| 40. | | | | |
| 41. | | | | |
| TOTAL INSTALLMENT PAYMENTS: | | | | |
| COMBINED TOTAL EXPENSES: | | | | |

IV. STATEMENT OF ASSETS

A. Real Estate

1. Title in the name of : _____
Address: _____
Who paid cost: _____
How cost paid: _____

Value (estimate) _____
Mortgage Balance _____
Equity _____

2. Title in the name of : _____
Address: _____
Who paid cost: _____
How cost paid: _____

Value (estimate) _____
Mortgage Balance _____
Equity _____

Note: List mortgage balance also under liabilities on the next page. List the amount of your monthly payment only under "V. LIABILITIES."

B. Motor Vehicles

1. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
How cost paid: _____ How cost paid: _____

VALUE
- Loan Balance _____
=Equity _____

2. Registered in the name of: _____

Year: _____ Model: _____ Mileage: _____

How cost paid: _____ How cost paid: _____

VALUE

- Loan Balance _____

=Equity _____

IV. STATEMENT OF ASSETS (Continued)

3. Registered in the name of: _____
 Year: _____ Model: _____ Mileage: _____
 How cost paid: _____ How cost paid: _____

VALUE

- Loan Balance _____
 =Equity _____

C. Other Personal Property (such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

VALUES

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| TOTAL | _____ |

D. Checking/Savings (name of Bank, Account Number and Amount in Account, including CDs, money markets, passbook accounts, etc.)

| Name(s) on Account | Bank/Account Number | Type Account | Balance |
|--------------------|---------------------|--------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | TOTAL VALUE | _____ |

E. Other Investments (IRAs, stock(s), mutual funds, pension plans, etc.)

| Bank/Account Number | Type Investment | Balance |
|---------------------|-----------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

F. Life Insurance (exclude children)

| Insured | Company | Face Amount | Cash | Beneficiary |
|-------------------------------|---------|-------------|-------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL CASH VALUE (less loans) | | | _____ | |

G. All Other Assets

| | | |
|---------------------|-------|----------|
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| TOTAL VALUE | | _____ |
| TOTAL OF ALL ASSETS | | \$ _____ |

V. STATEMENT OF LIABILITIES

(Include mortgage, car loan, credit cards, personal loans)

Note: Also include under items 35-44 on Exhibit "A"

| A. Creditor | Party Responsible for Payment | Current Balance | Monthly Payment | Who Makes Payments |
|-------------|----------------------------------|--------------------|--------------------|-----------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ |

B. TOTAL LIABILITIES _____

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing Exhibit "A," including attachments, is true and correct and that this declaration was executed on the _____ day of _____, 20____,

Party's Signature

IN THE CHANCERY COURT OF _____ COUNTY
STATE OF MISSISSIPPI

PLAINTIFF

CIVIL ACTION NUMBER

DEFENDANT

CERTIFICATE OF COMPLIANCE

I, (name of party or attorney) , do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED on this the _____ day of _____, 20____.

Attorney for Opposing Party