

**The 18th Judicial District, Iberville, Pointe Coupee & West Baton Rouge Parishes
State of Louisiana**

Form A

INCOME & EXPENSE AFFIDAVIT

(PETITIONER)
VERSUS
NO: _____ DIV. _____
THE 18TH JUDICIAL DISTRICT COURT

(DEFENDANT)
PARISH OF _____
STATE OF LOUISIANA

PARISH OF _____
STATE OF LOUISIANA

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally appeared _____, who after being duly sworn, declared that the following figures and amounts are accurate to the best of his/her knowledge.

I. Income:

Gross Monthly Income:

<i>Source</i>	<i>Amount</i>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Total Gross Monthly Income: \$ _____

Itemized Payroll Deductions

<i>Source</i>	<i>Amount</i>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____

Total Monthly Deduction: \$ _____

Net Monthly Income: \$ _____

II. Living Expenses:

List all monthly living expenses excluding fixed debt. List present expenditures only; do not list future, anticipated, or speculative expenses.

	Spouse/Parent	Child/Children
1. Rent/Mortgage Note	\$ _____	\$ _____
2. Food	\$ _____	\$ _____
3. Automobile Note	\$ _____	\$ _____
4. Clothing	\$ _____	\$ _____
5. Transportation (Fuel Cost)	\$ _____	\$ _____
6. Medical	\$ _____	\$ _____
7. Dental	\$ _____	\$ _____
8. Prescriptions	\$ _____	\$ _____
9. Household	\$ _____	\$ _____
10. Laundry	\$ _____	\$ _____
11. Personal Grooming	\$ _____	\$ _____
12. Utilities: (Electricity)	\$ _____	\$ _____
(Gas)	\$ _____	\$ _____
(Water)	\$ _____	\$ _____
(Phone)	\$ _____	\$ _____
 13. Educational Expenses:		
Type	Spouse/Parent	Child/Children
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
14. Other Expenses:		
Type	Spouse/Parent	Child/Children
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
 <i>Total Monthly Living Expenses</i>	\$ _____	\$ _____

III. Fixed Debt

Other than mortgage and car debt listed above

Obligee	Balance Due	Date of Last Payment	Monthly Payment
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

TOTAL FIXED DEBT \$ _____ TOTAL MONTHLY DEBT \$ _____

AFFIANT SIGNATURE

SWORN TO AND SUBSCRIBED, before me, on this _____ day of

_____, 20_____, at _____, Louisiana.

NOTARY PUBLIC