


**This form contains Restricted Information.**


**MARYLAND CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND**  
 City/County  
 Located at \_\_\_\_\_ Case Number \_\_\_\_\_  
 Court Address

Plaintiff \_\_\_\_\_ vs. Defendant \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

**FINANCIAL STATEMENT OF \_\_\_\_\_**  
**(General) Name \_\_\_\_\_**  
**(Md Rule 9-203(a))**

**MDEC counties only: You must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.**

Children	Age

**MONTHLY EXPENSES**

ITEM	SELF	CHILDREN	TOTAL
<b>A. PRIMARY RESIDENCE</b>			
Mortgage			
Insurance (homeowners)			
Rent/Ground Rent			
Taxes			
Gas & Electric			
Electric Only			
Heat (oil)			
Telephone			
Trash Removal			
Water Bill			
Cell Phone/Pager			
Repairs			

Case Number \_\_\_\_\_

Lawn & Yard Care (snow removal)			
Replacement Furnishings/Appliances			
Condominium Fee (not included elsewhere)			
Painting/Wallpapering			
Carpet Cleaning			
Domestic Assistance/Housekeeper			
Pool			
Other: _____			
<b>SUB TOTAL</b>			

**B. SECONDARY RESIDENCE**

(i.e. Summer Home/Rental)

Mortgage			
Insurance (homeowners)			
Rent/Ground Rent			
Taxes			
Gas & Electric			
Electric Only			
Heat (oil)			
Telephone			
Trash Removal			
Water Bill			
Cell Phone/Pager			
Repairs			
Lawn & Yard Care (snow removal)			
Replacement Furnishings/Appliances			
Condominium Fee (not included elsewhere)			
Painting/Wallpapering			
Carpet Cleaning			
Domestic Assistance/Housekeeper			
Pool			
Other: _____			
<b>SUB TOTAL</b>			

**C. OTHER HOUSEHOLD NECESSITIES**

Food			
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Drug Store Items			
Household Supplies			
Other: _____			
<b>SUB TOTAL</b>			
<b>D. MEDICAL/DENTAL</b>			
Health Insurance			
Therapist/Counselor			
Extraordinary Medical			
Dental/Orthodontia			
Ophthalmologist/Glasses			
Other: _____			
<b>SUB TOTAL</b>			
<b>E. SCHOOL EXPENSES</b>			
Tuition/Books			
School lunch			
Extracurricular activities			
Clothing/Uniforms			
Room & Board			
Daycare/Nursery School			
Other: _____			
<b>SUB TOTAL</b>			
<b>F. RECREATION &amp; ENTERTAINMENT</b>			
Vacations			
Videos/Theater			
Dining Out			
Cable TV/Internet			
Allowance			
Camp			
Memberships			
Dance/Music Lessons etc.			
Horseback Riding			
Other: _____			
<b>SUB TOTAL</b>			

<b>G. TRANSPORTATION EXPENSE</b>			
Automobile Payment			
Automobile Repairs			
Maintenance/Tags/Tires/etc.			
Oil/Gas			
Automobile Insurance			
Parking Fees			
Bus/Taxi			
Other: _____			
<b>SUB TOTAL</b>			
<b>H. GIFTS</b>			
Holiday Gifts			
Birthdays			
Gifts to Others			
Charities			
<b>SUB TOTAL</b>			
<b>I. CLOTHING</b>			
Purchasing			
Laundry			
Alterations/Dry Cleaning			
Other: _____			
<b>SUB TOTAL</b>			
<b>J. INCIDENTALS</b>			
Books & Magazines			
Newspapers			
Stamps/Stationery			
Banking Expense			
Other: _____			
<b>SUB TOTAL</b>			

<b>K. MISCELLANEOUS/OTHER</b>			
Alimony/Child Support (from a previous Order)			
Religious Contributions			
Hairdresser/Haircuts			
Manicure/Pedicure			
Pets/Boarding			
Life Insurance			
Other: .....			
<b>SUB TOTAL</b>			
<b>TOTAL MONTHLY EXPENSES:</b>			

Number of dependent children, including children who have not attained the age of 19 years, are not married or self-supporting, and are enrolled in secondary school: .....

**INCOME STATEMENT**

<b>GROSS MONTHLY WAGES:</b>		
<b>Deductions:</b>		
Federal		
State		
Medicare		
F.I.C.A.		
Retirement		
<b>Total Deductions:</b>		
<b>NET INCOME FROM WAGES:</b>		
<b>OTHER GROSS INCOME:</b> <b>(alimony, part-time job, rentals etc.)</b>		
<b>Deductions:</b>		
a.		
b.		
c.		
Total deductions from Other income:		
<b>NET OTHER INCOME</b>		
<b>TOTAL MONTHLY INCOME</b>		

**ASSETS & LIABILITIES**

<b>ASSETS:</b>		
Real Estate		
Furniture (in the marital house)		
Bank Accounts/Savings		
U.S. Bonds		
Stocks/Investments		
Personal Property		
Jewelry		
Automobiles		
Boats		
Other: .....		
<b>TOTAL ASSETS:</b>		
<b>LIABILITIES:</b>		
Mortgage		
Automobiles		
Notes payable to relatives		
Bank Loans		
Accrued Taxes		
Balance of Credit Card Accounts		
<b>a.</b>		
<b>b.</b>		
<b>c.</b>		
Other: .....		
<b>TOTAL LIABILITIES</b>		
<b>TOTAL NET WORTH:</b>		
<b>SUMMARY:</b>		
<b>TOTAL INCOME:</b>		
<b>TOTAL EXPENSES:</b>		
<b>EXCESS OR DEFICIT:</b>		

I solemnly affirm under the penalties of perjury that the contents of this document, Monthly Expense List, Income Statement, and Assets and Liabilities Statement are true to the best of my knowledge, information, and belief.

_____	_____
Date	Signature
	_____
	Printed Name
	_____
	Address
	_____
	City, State, Zip
	_____
	Telephone Number
	_____
	E-mail
	_____
	Fax

**NOTE:** If you are **not** filing this statement with a pleading or your response to the other party's claim, mail (postage prepaid) or hand deliver this statement to the other party and file a Certificate of Service (CC-DR-058) with the court.