

**IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI**  
*(County where court is located. City of Saint Louis is considered a county.)*

**In re the Marriage of:**

\_\_\_\_\_  
*(First Name) (Middle Name) (Last Name) (Jr./Sr./III)*  
**Petitioner,** *(Enter your spouse's full legal name above)*

**-and-**

\_\_\_\_\_  
*(First Name) (Middle Name) (Last Name) (Jr./Sr./III)*  
**Respondent.** *(Enter your full legal name above)*

**Case Number** \_\_\_\_\_  
*(Assigned when case is filed)*

**Division Number** \_\_\_\_\_  
*(Assigned when case is filed)*

**Statement of Income and Expenses**  
**(For use in Dissolution of Marriage Cases)**

This form shall be filled out by the Respondent who is responding to the *Petition for Dissolution of Marriage*.

**Monthly Income Information**

	Petitioner	Respondent
1. Monthly gross income from salaries, wages and commissions including bonuses	_____	_____
2. Monthly self-employment income	_____	_____
3. Monthly social security benefits not including Supplemental Security Income (SSI)	_____	_____
4. Monthly retirement benefits	_____	_____
5. Monthly pension income	_____	_____
6. Monthly interest income	_____	_____
7. Monthly trust and annuity income	_____	_____
8. Monthly income from dividends and partnership distributions	_____	_____
9. Monthly unemployment compensation benefits	_____	_____
10. Monthly severance pay	_____	_____
11. Monthly worker's compensation benefits	_____	_____
12. Monthly disability insurance benefits	_____	_____
13. Monthly veteran's disability benefits	_____	_____

**Monthly Income Information (Continued)**

Petitioner

Respondent

14. Monthly military allowances for subsistence and quarters

\_\_\_\_\_

\_\_\_\_\_

15. **Total monthly gross income. Add paragraphs 1 through 14.** (Form 14 - Line 1)

\_\_\_\_\_

\_\_\_\_\_

16. Monthly Supplemental Security Income benefits (SSI)

\_\_\_\_\_

\_\_\_\_\_

17. Monthly payments of Temporary Assistance for Needy Families (TANF)

\_\_\_\_\_

\_\_\_\_\_

18. Monthly Medicaid benefits

\_\_\_\_\_

\_\_\_\_\_

19. Food stamps

\_\_\_\_\_

\_\_\_\_\_

20. Number of unemancipated children who are **not** the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(1))

\_\_\_\_\_

\_\_\_\_\_

Monthly amount of child support received pursuant to a court or administrative order for unemancipated children who are **not** the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(3))

\_\_\_\_\_

\_\_\_\_\_

21. Monthly maintenance received in **this** case

\_\_\_\_\_

\_\_\_\_\_

22. Monthly maintenance received in **other** cases

\_\_\_\_\_

\_\_\_\_\_

23. **Total monthly court-ordered maintenance received. Add paragraphs 21 and 22.** (Form 14 - Line 1a)

\_\_\_\_\_

\_\_\_\_\_

**Monthly Expense Information**

24. Monthly court- or administratively-ordered child support being paid for children who are **not** the subject of this proceeding (Form 14 - Line 2a)

\_\_\_\_\_

\_\_\_\_\_

25. Monthly Maintenance

a. Monthly maintenance paid in **this** case

\_\_\_\_\_

\_\_\_\_\_

b. Monthly maintenance paid in **other** cases

\_\_\_\_\_

\_\_\_\_\_

**Total monthly court-ordered maintenance paid. Add paragraphs 25a and 25b.** (Form 14 - Line 2b)

\_\_\_\_\_

\_\_\_\_\_

26. Reasonable work-related child care costs of each party for the children who are the subject of this proceeding (Form 14 - Line 6a and Line 6b)

\_\_\_\_\_

\_\_\_\_\_

27. Health insurance costs for the children who are the subject of this proceeding (Form 14 - Line 6c)

\_\_\_\_\_

\_\_\_\_\_

**Monthly Expense Information (Continued)**

Petitioner

Respondent

28. Uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 - Line 6d)

\_\_\_\_\_

\_\_\_\_\_

29. Other extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14 - Line 6e)

\_\_\_\_\_

\_\_\_\_\_

30. All other expenses of each person (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 27, etc.)

\_\_\_\_\_

\_\_\_\_\_

31. **Total monthly expenses. Add paragraphs 24 through 30. (Do not include 25a and 25b. Use the total amounts from 25.)**

\_\_\_\_\_

\_\_\_\_\_

**Proof of Service on Other Parties**

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on \_\_\_\_\_ (date) I have sent/given a copy of this *Statement of Income and Expenses* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number

**Sign Below in the Presence of a Notary Public**

Respondent, of lawful age, being duly sworn on his or her oath, states that he or she is the Respondent named above and that the facts stated in this *Statement of Income and Expenses* are true according to his or her best knowledge, information and belief.

 \_\_\_\_\_ (Sign above in the presence of a Notary Public)
 \_\_\_\_\_ (Print your name above)

The following information must be completed by a notary public.

STATE OF \_\_\_\_\_ )  
 ) SS  
 COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared, \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

\_\_\_\_\_  
 \_\_\_\_\_, Notary Public  
 \_\_\_\_\_ County, State of Missouri

My commission expires: \_\_\_\_\_