

EXHIBIT "A"

IN THE CHANCERY COURT OF _____ COUNTY
STATE OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NUMBER

DEFENDANT

I. GENERAL INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

NAME

DATE OF BIRTH

MINOR CHILDREN: _____

EXHIBIT "A"
(CONTINUED)

| II | INCOME STATEMENT | AMOUNT |
|----|--|-------------------|
| | 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, paid bi-weekly, multiply 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 EXPEMPTIONS: _____
11. NET MONTHLY PAY 11. _____

**EXHIBIT "A"
(CONTINUED)**

III. EXPENSE STATEMENT

| A. LIVING EXPENSES | AS OF _____ SELF | AS OF _____ CHILDREN |
|------------------------------|---------------------|-------------------------|
| 1. Rent/Mortgage (Residence) | _____ | _____ |
| 2. Real Property Taxes | _____ | _____ |
| 3. Real Property Insurance | _____ | _____ |
| 4. Maintenance (Residence) | _____ | _____ |
| 5. Food / Household Supplies | _____ | _____ |
| 6. Water, Sewer, etc. | _____ | _____ |

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| | | |
|----------------|-------|-------|
| 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 Expense | _____ | _____ |
| 19. | Entertainment | _____ | _____ |
| 20. | Incidentals and Miscellaneous | _____ | _____ |
| | | | |
| 21. | Transportation other than Vehicle | _____ | _____ |
| 22. | Gas & Oil(Auto) | _____ | _____ |
| 23. | Repair (Auto) | _____ | _____ |
| 24. | Insurance (Auto) | _____ | _____ |
| 25. | Auto Payments | _____ | _____ |
| 26. | Church Donations | _____ | _____ |
| 27. | Charitable Donations | _____ | _____ |
| 28. | Newspaper/Magazines | _____ | _____ |
| 29. | Cable TV | _____ | _____ |
| 30. | Pet Expenses | _____ | _____ |
| 31. | Yard Expense | _____ | _____ |
| 32. | Maid | _____ | _____ |
| 33. | Retirement (IRA, etc.) | _____ | _____ |
| 34. | Pest Control | _____ | _____ |
| | | | |
| B. | TOTAL LIVING EXPENSES: | _____ | _____ |
| 35. | Installment Payment | _____ | _____ |
| | Notes, loans, charge accounts, etc. | | |
| | | | |
| 36. | _____ | | |
| 37. | _____ | | |
| 38. | _____ | | |
| 39. | OTHER EXPENSES: _____ | | |
| 40. | _____ | | |
| 41. | _____ | | |
| TOTAL INSTALLMENT PAYMENTS: \$ | | _____ | |
| COMBINED TOTAL EXPENSES: | | _____ | |

Exhibit "B"

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 \$ _____

C. OTHER PERSONAL PROPERTY (Such as home computers, guns, lawnmowers, TV's, jewelry, household furnishings, etc.)

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

D. CHECKING/ SAVINGS (Name of Bank, Account Number and Amount in account, including CDs, money markets, passbook accounts, etc.)

| Name on Account | Bank Acct. No. | Type of Account | Balance |
|-----------------|----------------|-----------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| TOTAL VALUE | | | _____ |

E. OTHER INVESTMENTS (IRAs, Stock(s), mutual funds, pension plans, etc.)

| Bank / Account No. | Type of Investment | Balance |
|--------------------|--------------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

F. LIFE INSURANCE (Exclude Children)

| Insured | Company | Face Amt. (Less Loans) | Cash | Beneficiary |
|-------------------------------|---------|---------------------------|-------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL CASH VALUE (LESS LOANS) | | | | _____ |

G. ALL OTHER ASSETS

TOTAL VALUE _____

TOTAL OF ALL ASSETS _____

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 Exhibits "A" and "B" including statements, are true and correct and that this declaration was executed on the _____ Day of _____ 200__.

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EXHIBIT "C"

IN THE CHANCERY COURT OF _____ COUNTY

STATE OF MISSISSIPPI

PLAINTIFF
VS.

CIVIL ACTION NUMBER

DEFENDANT

CERTIFICATE OF COMPLIANCE

I, _____, do hereby certify that I have thus 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 _____ 200_____.

Attorney for Opposing Party