

<input type="checkbox"/> Pre-Divorce <input type="checkbox"/> Post-Divorce	Monthly Expenses	Annual Expenses		Monthly Expenses	Annual Expenses
Home Expenses				Transportation	
Rent/Mortgage	\$ _____	\$ _____		Auto Payment	\$ _____
Homeowners/Association Fee	\$ _____	\$ _____		Fuel	\$ _____
Home Equity Loan	\$ _____	\$ _____		Repair/Maintenance	\$ _____
Property Taxes	\$ _____	\$ _____		License	\$ _____
Telephone	\$ _____	\$ _____		Taxis & Public Transit	\$ _____
Cellphone/Pager	\$ _____	\$ _____		Total Transportation Expenses	\$ _____
Internet	\$ _____	_____		Miscellaneous	
Security System	\$ _____	_____		Postage	\$ _____
Cable/Satellite	\$ _____	_____		Gifts/Holiday Expenses	\$ _____
Electricity	\$ _____	_____		Vitamins/Non-Prescription Drugs	\$ _____
Gas	\$ _____	_____		Toiletries	\$ _____
Water/Garbage	\$ _____	_____		Beauty Salon/Hair/Nails	\$ _____
Landscape Maintenance/Lawn	\$ _____	_____		Pet Care (food, vet, etc.)	\$ _____
Snow Removal	\$ _____	_____		Books/Newspapers/Magazines	\$ _____
Exterminator	\$ _____	_____		Donations	\$ _____
General Home Repairs/Maintenance	\$ _____	_____		Memberships/Clubs	\$ _____
Home Improvements/Upgrades	\$ _____	_____		Miscellaneous	\$ _____
Housecleaning	\$ _____	_____		Credit Card	\$ _____
Miscellaneous Household/Pool	\$ _____	_____		Total Miscellaneous Expenses	\$ _____
Total Home Expenses	\$ _____	_____		Other Payments	
Food				Quarterly Taxes & Add'l Tax Payments	\$ _____
Groceries	\$ _____	\$ _____		Spousal Support Payments	\$ _____
Dining Out	\$ _____	\$ _____		Child Support Payments	\$ _____
Total Food Expenses	\$ _____	\$ _____		Eldercare Expenses	\$ _____
Clothing Expenses				Professional Fees (Accounting, Financial Planning, Legal, etc.)	\$ _____
Clothing	\$ _____	\$ _____		Service Fees (Banks, Investments, etc.)	\$ _____
Laundry/Dry Cleaning	\$ _____	\$ _____		Total Other Payments Expenses	\$ _____
Total Clothing Expenses	\$ _____	\$ _____		TOTAL EXPENSES (Excluding Children)	\$ _____
Entertainment/Recreation				Child-Related Expenses	
Entertainment (Excludes Dining Out)	\$ _____	\$ _____		Education/Tuition	\$ _____
Videos/CDs/DVDs	\$ _____	\$ _____		School Lunches	\$ _____
Hobbies	\$ _____	\$ _____		Counselor	\$ _____
Movies and Theater	\$ _____	\$ _____		Sports/Camps/Lessons	\$ _____
Vacations/Travel	\$ _____	\$ _____		Hobbies/Field Trips/School Activities	\$ _____
Classes/Lessons	\$ _____	\$ _____		Toys/Games	\$ _____
Total Entertainment/Recreation Expenses	\$ _____	\$ _____		Boy-Scout/Girl-Guide Dues	\$ _____
Medical (After or not covered by insurance; excludes children)				Clothing	\$ _____
Physicians	\$ _____	\$ _____		Medical	\$ _____
Dental/Orthodontist	\$ _____	\$ _____		Dental/Orthodontics*	\$ _____
Optometry/Glasses/Contacts	\$ _____	\$ _____		Optometry/Glasses/Contacts*	\$ _____
Prescriptions	\$ _____	\$ _____		Prescriptions*	\$ _____
Total Medical Expenses	\$ _____	\$ _____		Allowances	\$ _____
Insurance				Miscellaneous/Haircuts	\$ _____
Life Insurance	\$ _____	\$ _____		TOTAL CHILD-RELATED EXPENSES	\$ _____
Health	\$ _____	\$ _____		<i>* Not Covered by Insurance</i>	
Disability	\$ _____	\$ _____		TOTAL EXPENSES (Including Children)	\$ _____
Long-Term Care	\$ _____	\$ _____			
Home	\$ _____	\$ _____			
Auto	\$ _____	\$ _____			
Other (Umbrella, Boat, Cottage, etc.)	\$ _____	\$ _____			
Total Insurance Expenses	\$ _____	\$ _____			

NOTES:

