## **SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**

## PROBATE DIVISION

## **FINANCIAL STATEMENT**

In re Estate of		, minor	GDN			
NAME:	OCC	CCUPATION:				
NAME AND ADDRESS OF CURRENT EMPLOY	ER:		I claim exempti	ons		
	for withholding tax purposes.					
INCOME INFORMATION*		AVERAGE MONTHLY EXPENSES				
	Wife/Husband Children					
Monthly gross wages	\$	Housing, etc.				
3 0 0		Rent/Mortgages	\$ \$			
2. Less Mandatory Monthly Deductions:		Utilities	·			
Federal Income Tax \$		Taxes	·			
State Income Tax \$		Food				
Retirement:		Groceries/Household				
FICA \$		Supplies Meals Out				
Social Security \$ Medical Insurance \$		Automobile	·			
Other \$		Payment				
TOTAL \$		Gas/Oil				
<del></del>		Repairs				
3. Monthly Net Wages	\$	Insurance				
(Subtract Line 2 from Line 1)		Tags				
4. Monthly income from all other sources		Life Insurance				
(e.g., part-time or overtime		(List Beneficiaries)				
wages, fees, rents, dividends, commissions, unemployment						
compensation, disability, social						
security, retirement, interest,						
bonuses, etc.)	\$	Health Insurance (not				
· • •		listed as income deduction	)			
5. Less Other Mandatory Monthly Deductions:						
Federal Income Tax \$		School				
State Income Tax \$		Tuition				
Retirement:		Supplies/Fees				
FICA \$ Social Security \$		Child Care Expenses To allow for				
Medical Insurance \$		employment/education				
Other \$		To allow for recreation				
TOTAL\$		Lesson (e.g. music, dance,				
		art)				
6. Monthly Net Income from		Allowance				
All other sources	\$	Clothing/Uniforms	<del></del>			
(Subtract Line 5 from Line 4)		Dry Cleaning/Laundry				
7. Total Monthly Net		Medical Expenses (Unpaid by Insurance)				
Disposable Income	\$	Charitable Contributions				
Disposable mosms	¥	Recreation				
		Vacations				
8. Total Monthly Gross Income	\$	Miscellaneous:				
(Add Lines 1 and 4)						
SUMMARY			<del></del>			
9. Total Monthly Net		Period Payments Required	<del></del>			
Disposable Income (line 7)	\$	on Bills:				
		on bills.				
10. Less Total Monthly Expenses	\$					
11 Difference	¢					
11. Difference	\$					
		Total Monthly Expenses				
		1				

<sup>\*</sup> NOTE: If you are paid weekly, multiply your weekly gross wages by 4.3 to arrive at your monthly gross wages. If you are paid every two weeks, multiply your bi-weekly gross wages by 2.15 to arrive at your monthly gross wage.

		LIAB	ILITIES			
Type of Debt	Type of Debt To Whom Owed		Date Incurred	Total Amount of Debt	Amount Paid to Date	Balance Due
				Tot	al Liabilities:	
ASSETS (List as separately or jointly owned)		SUMMARY				
	Separate	Joint			Separate	Joint
Cash			Total Assets			
Automobiles			Less Total Li	Less Total Liabilities		
Bank Accounts			Net Worth			
Bonds						
Bonds						
Notes			_			
Real Estate						
Stocks						
Personal Property						
Tatal Assat						
Total Asset		na first duly swa	orn on oath dend	ose and say that I ha	ve read the foregoi	ng financial
statement and that the facts						
belief.				(Signature	e)	
Subscribed and sworn before	e me this	day of		, 20	-,	
			_			
				(Deputy Clerk or No	tary Public)	