

**TEMPORARY SUPPORT NEEDS AND ABILITIES**

<b>SECTION I. AVERAGE MONTHLY INCOME</b>		<b>HUSBAND</b>	<b>WIFE</b>
<b>PRESENT MONTHLY GROSS INCOME</b>		<b>HUSBAND</b>	<b>WIFE</b>
I1	Monthly GROSS salary or wages		
I2	Alimony Paid / Received		
	Child Support paid in another case		
	Investment / Retirement Income		
	Rental / Business Income		
	Social Security		
<b>I17</b>	<b>PRESENT MONTHLY GROSS INCOME TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>
<b>MONTHLY DEDUCTIONS</b>		<b>HUSBAND</b>	<b>WIFE</b>
I18	Monthly federal state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities) (includes PA Taxes) 18a. Filing Status: _____ 18b. Number of Dependents: _____		
I19	Monthly FICA or self-employment taxes		
I20	Monthly Medicare payments		
I21	State Taxes		
I26	Total Deductions Allowable Pursuant to Florida Statute § 61.30	Add Lines 18-25	
<b>I27</b>	<b>PRESENT NET MONTHLY INCOME Subtract Line 26</b>	<b>\$ -</b>	<b>\$ -</b>

<b>SECTION II. AVERAGE MONTHLY EXPENSES</b>		<b>HUSBAND</b>	<b>WIFE</b>
<b>PRESENT HOUSEHOLD EXPENSES</b>		<b>Marital Home</b>	<b>Apt. Prop.</b>
E1	Mortgage or Rental Payment		
E2	Monthly Property Taxes (not included in the mortgages)		
E3	Monthly insurance on residence (if not included in the mortgage)		
E4	Monthly Gas		
E5	Monthly Electricity		
E6	Monthly Water, Garbage, and Sewer		
E7	Monthly Telephone		
E9	Monthly Repairs & Maintenance		
E10	Monthly lawn & pool care		
E11	Monthly Cell phone Service		
E13	Misc. Household		
E14	Monthly food and home supplies		
E15	Monthly Meals outside the home		
E16	Monthly Cable, Telephone & Internet		
E17	Monthly Alarm Service		
E18	Service Contract on Appliances		
E20	Maid		

E25	<b>SUBTOTAL: Household</b>	<b>Add Lines 1-25</b>	\$ -	\$ -
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<b>PRESENT AUTOMOBILE EXPENSES</b>		<b>HUSBAND</b>	<b>WIFE</b>	
E26	Montly gasoline and oil			
E27	Monthly repairs			
E28	Monthly auto tags and emission testing			
E28	Monthly insurance			
E29	Monthly payments (leasing or financing)			
E33	Alternative transport			
E35	<b>SUBTOTAL: Automobile</b>	<b>Add Lines 26-34</b>	\$ -	\$ -

<b>MONTHLY INSURANCE</b>		<b>HUSBAND</b>	<b>WIFE</b>	
<b>Health Insurance</b>				
	Dental Insurance			
	Life Insurance			
	<b>SUBTOTAL: Expenses for Insurance</b>	<b>Add lines 66-69</b>	\$0.00	\$0.00

<b>OTHER MONTHLY EXPENSES NOT LISTED ABOVE</b>		<b>HUSBAND</b>	<b>WIFE</b>	
E70	Monthly dry cleaning and laundry			
E71	Monthly clothing			
E72	Monthly medical, dental and prescription (unreimbursed only)			
E73	Monthly counseling			
E74	Monthly non-prescription medications, cosmetics, toiletries			
E75	Monthly grooming			
E76	Monthly gifts			
E80	Monthly sports and hobbies			
E81	Monthly entertainment			
E82	Monthly periodicals/books/tapes/CD's			
E83	Monthly vacations			
E84	Monthly religious organizations & Charity			
E86	Pet Expenses			
	Education			
	Professional Expenditures			
	Bank fees			
E91	<b>SUBTOTAL: Other Monthly Expenses not Listed Above</b>	<b>Add line</b>	\$ -	\$ -

<b>MONTHLY PAYMENT TO CREDITORS (Monthly amount paid)</b>		<b>HUSBAND</b>	<b>WIFE</b>	
E92				
E93				
E94				
E95				
E96				
E97	<b>SUBTOTAL: Payments to Creditors</b>		\$ -	\$ -

<b>SECTION III. SUMMARY</b>		<b>HUSBAND</b>	<b>WIFE</b>
E106	<b>TOTAL PRESENT INCOME (From line 27 of Section I Income)</b>	\$ -	\$ -
E107	<b>TOTAL MONTHLY EXPENSES (From Line 105 of Monthly Expenses)</b>		

E108	<b>SURPLUS (If line 106 is more than 107)</b>		
E109	<b>DEFECIT (If line 106 is less than 107)</b>	\$ -	\$ -

Each party fills in their income and expense numbers  
 expenses not included in the list can be included in expenses to creditors with a description