Print

County, Pennsylvania

In the Court of Common Pleas of

Phone:

vs.

Fax:

Plaintiff

Defendant

) Docket Number
)
) PACSES Case Number
)
) Other State ID Number

Please note: All correspondence must include the PACSES Case Number.

Income Statement

THIS FORM MUST BE FILLED OUT

(If you are self-employed or if you are salaried by a business of which you are owner in whole or in part, you must also fill out the Supplemental Income Statement which appears below.)

INCOME STATEMENT OF

(Name)

(Pacses Number)

I verify that the statements made in this Income Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

Date:		
	Pla	intiff or Defendant
INCOME		
Employer:		
Type of Work:		
Payroll Number:		
Pay Period (weekly, biweekly, etc):		
Gross Pay per Pay Period		
Itemized Payroll Deductions	3:	
Federal Withholding	\$	
FICA		
Local Wage Tax		
State Income Tax		
Mandatory Retirement		
Union Dues		
Health Insurance		
Other (specify)		
Net Pay per Pay Period:		\$

Income Statement (Continued)

Other Income:

	Week	Month	Y	ear		
		(Fill in Appropri	ate Column)			
Interest Dividends Pension Distributions Annuity	\$	\$				
Social Security Rents						
Royalties						
Unemployment Comp.						
Workers Comp.						
Employer Fringe Benefits Other	3					
		\$	\$			
TOTAL INCOME		\$				
PROPERTY OWNED					Ownership*	
	Description	Value		Н	W	J
Checking accounts		\$				
Savings accounts						
Credit Union						
Stocks/bonds						
Real Estate						
Other						
	Total	\$				
INSURANCE					Coverage*	
	Company	Policy No	Э.	Н	W	С
Hospital						
Blue Cross						
Other						
Medical						
Blue Shield						
Other						
Health/Accident						
Disability Income						
Dental						
Other						

*H=Husband; W=Wife; J=Joint; C=Child

Income Statement (Continued)

SUPPLEMENTAL INCOME STATEMENT

 (a) This form is to be filled out by a person (check one): (1) who operates a business or practices a profession, or (2) who is a member of a partnership or joint venture, or (3) who is a shareholder in and is salaried by a closed corporation or similar entity.
 (b) Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, profession, corporation or similar entity: (1) the most recent Federal Income Tax Return, and (2) the most recent Profit and Loss Statement.
(c) Name of business:
Address and telephone number:
 (d) Nature of business (check one) (1) partnership (2) joint venture (3) profession (4) closed corporation (5) other
(f) Annual income from business:
(1) How often is income received?
(2) Gross income per pay period:
(3) Net income per pay period:
(4) Specific deductions, if any:

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Defendant

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Guidelines Expense Statement

EXPENSE STATEMENT OF

(Name)

(Pacses Number)

I verify that the statements made in this Expense Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

Date:

Plaintiff or Defendant

Instructions: Guidelines Expense Statement - This form should only be completed when the combined monthly net income of the parties is \$20,000 or less and:

1) The party is claiming unusual needs and expenses that may warrant deviation from the support guidelines pursuant to Rule 1910.16-5, or

2) The party seeks an apportionment of expenses pursuant to Rule 1910.16-5.

At the conference you must provide receipts or other verification of expenses claimed on this statement.

	Weekly	Monthly	Yearly
	(Fill in Appropriate Columr	ר)
Mortgage (including real estate taxes and homeowner's insurance) or	\$	\$	\$
Health Insurance Premiums			
Unreimbursed Medical Expenses:			
Doctor			
Dentist			
Orthodontist			
Hospital			
Medicine			
Special Needs (glasses, braces, orthopedic devices, therapy)			
Child Care			
Private school			

Form IN-008 Rev. 1 Worker ID

County, Pennsylvania

Fax:

Guidelines Expense Statement (Continued)

PACSES Case Number

	Weekly	Monthly	Yearly
Parochial school			
Loans/Debts			
Support of Other Dependents:			
Other child support			
Alimony payments			
Other: (Specify)			
Total	\$	\$	\$

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Melzer Expense Statement

EXPENSE STATEMENT OF

(Name)

(Pacses Number)

Form IN-008 Rev. 1

Worker ID

I verify that the statements made in this Expense Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

Date: _____

Plaintiff or Defendant

Instructions: You must complete this form if you believe the combined monthly net income of the parties is more than \$20,000 and the case will proceed pursuant to *Melzer v. Witsberger*, 505 Pa. 462, 480 A.2d 991 (1984). No later than five business days prior to the conference, the parties shall exchange this form, along with receipts or other verification of the expenses set forth on this form. Failure to comply with this provision may result in an appropriate order for sanctions and/or the entry of an interim order based upon the information provided.

EXPENSES	MONTHLY TOTAL	MONTHLY	MONTHLY PARENT	EXPENSES	MONTHLY	MONTHLY	MONTHLY PARENT
HOME				Medical			
Mortgage or Rent				Medical Insurance			
Maintenance				Doctor			
Lawn Care				Dentist			
2nd Mortgage				Hopspital			
				Medication			
UTILITIES				Counseling/Therapy			
Electric				Orthodontist			
Gas				Special Needs (glasses,			
Oil				etc.)			
Telephone							
Cell Phone				EDUCATION			
Water				Tuition			
Sewer				Tutoring			
Cable TV				Lessons			
Internet				Other			
Trash/Recycling							

Fax:

Melzer Expense Statement (Continued)

PACSES Case Number

EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT	EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT
TAXES				PERSONAL			
Real Estate				Debt Service			
Personal Property				Clothing			
				Groceries			
INSURANCE				Haircare			
Homeowners/Renters				Memberships			
Automobile							
Life				MISCELLANEOUS			
Accident/Disability				Child Care			
Excess Coverage				Household Help			
Long-Term Care				Summer Camp			
				Papers/Books/Magazines			
AUTOMOBILE				Entertainment			
Lease or Loan Payments				Pet Expenses			
Fuel				Vacations			
Repairs				Gifts			
Memberships				Legal Fees/Prof. Fees			
				Charitable Contributions			
				Children's Parties			
				Children's Allowances			
				Other Child Support			
				Alimony Payments			
				TOTAL MONTHLY EXPENSES			