

Name:

Docket No./Violation Notice:

ALL AMOUNTS MUST BE MONTHLY AMOUNTS
DEBT SCHEDULE

Do not list home mortgage debt here.

<u>Creditor's Name:</u> (Banks, Loans, Charge Accounts, etc.)	<u>Reason for Debt</u>	<u>Total Balance</u> <u>Due</u>	<u>Monthly</u> <u>Payment</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
Total debt and monthly payments:		\$	\$

Do you have more debts? Yes No

If yes, continue on separate paper.

MONTHLY LIVING EXPENSE SCHEDULE

Do not include rent payments, home mortgage payments, or debt payments here.

Groceries & Food	\$	Child support paid	\$
Cleaning supplies	\$	Alimony paid	\$
Laundry	\$	Medical bills	\$
Clothing	\$	Gasoline & oil	\$
Utility bill	\$	Vehicle repairs	\$
Garbage bill	\$	Vehicle insurance	\$
Telephone bill	\$	Home/renter's insurance	\$
Cable bill	\$	Medical insurance	\$
Entertainment	\$		

Taxes on property, if not included in house not (specify property):

\$

Payment to relative (specify relative's name and relationship):

\$

Other expenses (describe in detail):

1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$

Do you have more expenses? Yes No

If yes, continue on separate paper.

TOTAL MONTHLY EXPENSES \$