	NO:	_ DIVISION		
(PETITIONER)				
VERSUS	THE FAMILY COURT			
	PARISH OF EAST BA	PARISH OF EAST BATON ROUGE		
(DEFENDANT)	STATE OF LOUISIAN	$oldsymbol{A}$		
INCOM	E AND EXPENSE AFFIDAVIT	_		
STATE OF				
PARISH/COUNTY OF				
BEFORE ME , the undersigned	Notary Public, duly commissioned and q	ualified in this state and		
parish, personally appeared		who after		
	hat the following figures and amounts ar			
his/her knowledge.				
INCOME				
Gross Monthly Income				
		\$		
		\$		
		\$		
	Total Gross Monthly Income	\$ \$		
Monthly Deductions	Total Gloss Monthly Income	Ψ		
- Indiana Beddetions		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
	Total Monthly Deductions	\$		
I IVING EVDENCES	NET MONTHLY INCOME	\$		
LIVING EXPENSES Type	Amount for Spouse/Po	arent Amount for Child(ren)		
Rent/Mortgage	\$	_ \$		
Food	\$	\$		
Clothing	\$	_ \$		
Transportation Expenses				
Automobile Note	\$	_ \$		
Fuel Costs	\$	_ \$		
Automobile Insurance	\$	_ \$		
Medical/Dental/Vision Medical Insurance	¢	\$		
Medical Expenses	\$ \$	_		
Dental Insurance	\$ \$	_		
Dental Expenses	\$ \$	_		
Vision Expenses	\$	_		
Prescriptions	\$	\$		
Household Expenses	\$	\$		
Dry Cleaning/Laundry	\$	\$		
Personal Grooming	\$	_ \$		
Utilities:				
Electricity	\$	_ \$		

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Gas		\$	\$
Water		\$	\$
Cable		\$	\$
Telephone		\$	\$
Cell Phone		\$	\$
Child Care Expenses		\$	\$
Educational Expenses:			
•		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Other Expenses:		· 	
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL MONTHLY LI	VING EXPENSES	\$	\$
<u>FIXED DEBT</u>			
Obligee	Balance Due	Date of Last Payment	Monthly Payment
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	TOTA	AL MONTHLY DEBT	\$
	SIGNATURE		
SWORN TO AND SUBSCRIB	FD before me this	day of	
SWORK TO AND SUBSCRIB	ED octore me uns _	day or	
20, at	•		
	NOTABY BUDIN		
	NOTARY PUBLIC	\cup	

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