

Form CAFC150 - Income and Expense Statement

For use in Motions to Modify

In what Missouri county was the custody or support judgment entered?

In the Circuit Court of	MISSOURI
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What is the case number of the custody or support judgment?

Case Number

Division Number

Answer all questions on this form completely.

Your Information

My current full name is:			
_____	_____	_____	_____
<i>(First Name)</i>	<i>(Middle Name)</i>	<i>(Last Name)</i>	<i>(Jr./Sr./III)</i>
<input type="checkbox"/> I filed the original case. (Petitioner/Plaintiff)			
<input type="checkbox"/> I did not file the original case. (Respondent/Defendant)			
<input type="checkbox"/> I am the Mother			
<input type="checkbox"/> I am the Father			

Other Party's Information

The current full name of the other party is:			
_____	_____	_____	_____
<i>(First Name)</i>	<i>(Middle Name)</i>	<i>(Last Name)</i>	<i>(Jr./Sr./III)</i>

Monthly Income Information

	Mother	Father
1. Monthly Gross Income from Salaries, Wages and Commissions including Bonuses	_____	_____
2. Monthly Self-Employment Income	_____	_____
3. Imputed Monthly Income	_____	_____
4. Monthly Social Security Benefits not including Supplemental Security Income (SSI)	_____	_____
5. Monthly Retirement Benefits	_____	_____
6. Monthly Pension Income	_____	_____
7. Monthly Interest Income	_____	_____
8. Monthly Trust and Annuity Income	_____	_____
9. Monthly Income from Dividends and Partnership Distributions	_____	_____
10. Monthly Unemployment Compensation Benefits	_____	_____
11. Monthly Severance Pay	_____	_____
12. Monthly Worker's Compensation Benefits	_____	_____

Monthly Income Information (Continued)

13. Monthly Disability Insurance Benefits	_____	_____
14. Monthly Veterans Disability Benefits	_____	_____
15. Monthly Military Allowances for Subsistence and Quarters	_____	_____
16. Total Monthly Gross Income from Paragraphs 1 through 15 (Also enter on Form 14 - Line 1)	_____	_____
17. Monthly Supplemental Security Income Benefits (SSI)	_____	_____
18. Monthly Payments of Temporary Assistance for Needy Families (TANF)	_____	_____
19. Monthly Medicaid Benefits	_____	_____
20. Food Stamps	_____	_____
21. Number of unemancipated children who are NOT the subject of this proceeding that primarily reside with each parent (also enter on Form 14 - Line 2c(1))	_____	_____
Monthly amount of child support received pursuant to a court or administrative order for unemancipated children who are NOT the subject of this proceeding that primarily reside with each parent (Also enter on Form 14 - Line 2c(3))	_____	_____
22. Monthly Maintenance Received in THIS case	_____	_____
23. Monthly Maintenance Received in OTHER cases	_____	_____
24. Total Monthly court ordered maintenance being received. Add lines 22 and 23. (Form 14 - Line 1a)	_____	_____

Monthly Expense Information

	Mother	Father
25. Monthly court or administratively ordered child support being paid for children who are NOT the subject of this Proceeding (Form 14 - Line 2a)	_____	_____
26. Monthly Maintenance Paid in THIS case	_____	_____
27. Monthly Maintenance Paid in OTHER cases	_____	_____
28. Total Monthly Court Ordered Maintenance being Paid. Add lines 26 and 27. (Form 14 - Line 2b)	_____	_____
29. Reasonable work-related child care costs of the each parent for the children who are the subject of this proceeding (Form 14 - Line 6a and Line 6b)	_____	_____
30. Health insurance costs for the children who are the subject of this proceeding (Form 14 - Line 6c)	_____	_____
31. Uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 - Line 6d)	_____	_____
32. Other extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14- Line 6e)	_____	_____
33. All Other Expenses of each Parent (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 30, etc.)	_____	_____

