

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, TENNESSEE  
 AT \_\_\_\_\_

\_\_\_\_\_)  
 \_\_\_\_\_) **Plaintiff,**  
 \_\_\_\_\_) **v.** \_\_\_\_\_) **Case No.** \_\_\_\_\_  
 \_\_\_\_\_) **JUDGE:** \_\_\_\_\_  
 \_\_\_\_\_) **Defendant.** \_\_\_\_\_)

**STATEMENT OF ISSUES, INCOME, AND EXPENSES**  
**IN COMPLIANCE WITH RULE 12.01**

ISSUES: The issues in this cause *pendente lite* include: (check all that apply)

- \_\_\_\_\_ Temporary Visitation/Parenting Time
- \_\_\_\_\_ Temporary Child Support
- \_\_\_\_\_ Temporary Spousal Support
- \_\_\_\_\_ Temporary Possession of the Marital Home
- \_\_\_\_\_ Temporary Allocation of Marital Expenses

**INCOME:** It is mandatory to attach payroll records, leave earning statement from the military, or other proof of income for the past six (6) most recent pay periods. If such income information is not available, then the past two (2) years of tax returns and all schedules are required to be attached.

<b>I. INCOME</b>	
a. Employer's Name	
b. Employer's Address	
c. Monthly Gross Income	\$
d. Monthly Federal Tax Deduction	-\$
e. Monthly FICA Deduction	-\$
f. Other Deductions (describe)	-\$
g. Other Income (from any source)	\$
<b>h. Net Monthly Income (c - d - e - f + g)</b>	<b>\$</b>
<b>II. OTHER HOUSEHOLD RESIDENTS (other than minor children)</b>	

a. Name: Relationship to Party: Net Income:	Total Net Income of Other Household Residents: \$
b. Name: Relationship to Party: Net Income:	
<b>III. HEALTH INSURANCE INFORMATION</b>	
a. Provided by employer? Yes/No	If yes: Cost: \$
b. Self-Employed/Provide Own Insurance: Yes/No	If yes: Cost: \$
c. No Health Insurance Coverage? Yes/No	
d. List all persons covered under any existing health insurance plan:	
<b>IV. HOUSEHOLD MONTHLY EXPENSES</b>	
a. Mortgage (PITI)/Rent	\$
b. Real Estate Property Taxes	\$
c. Personal Property Taxes	\$
d. Homeowner's Insurance	\$
e. Repairs/Maintenance	\$
f. Furniture/Furnishings	\$
g. Electricity	\$
h. Gas/Heating Oil	\$
i. Water/Sewer	\$
j. Telephone (home phone and cell phone)	\$
k. Trash Service	\$
l. Cable/TV	\$
m. Groceries	\$
n. Meals Out	\$
o. Other (describe)	\$
	<b>TOTAL: \$</b>
<b>V. AUTOMOBILE EXPENSES</b>	
a. Automobile Payment	\$
b. Gasoline	\$
c. Auto Repair/Maintenance	\$
d. Auto Insurance	\$
e. Tags/Inspection, etc.	\$
f. Other (describe)	\$
	<b>TOTAL: \$</b>
<b>VI. CLOTHING</b>	
a. New (excluding children)	\$
b. Cleaning/Laundry	\$
c. Uniforms	\$
	<b>TOTAL: \$</b>
<b>VII. INSURANCE/HEALTH EXPENSES</b>	
a. Medical/Health Care (not covered by insurance)	\$
b. Dental Expenses (not covered by insurance)	\$

c. Prescription Medications (not covered by insurance)		\$
d. Optical Expenses (not covered by insurance)		\$
e. Life Insurance		\$
f. Renter's Insurance		\$
g. Other (describe)		\$
		<b>TOTAL: \$</b>
<b>VIII. MISCELLANEOUS EXPENSES</b>		
a. Credit Cards		\$
b. Dues – Professional/Social Associations/Homeowner's Association		\$
c. Gifts		\$
d. Church/Charity		\$
e. Entertainment/Recreation		\$
f. Vacations		\$
g. Personal Grooming		\$
h. Newspapers/Publications		\$
i. Other Insurance		\$
j. Other (describe)		\$
		<b>TOTAL: \$</b>
<b>IX. EXPENSES FOR CHILDREN</b>		
a. Child Care		\$
b. School Tuition		\$
c. Lunch Money		\$
d. School Supplies		\$
e. Lessons/Sports		\$
f. New Clothing		\$
g. Personal Grooming		\$
h. Allowance		\$
i. Other (describe)		\$
		<b>TOTAL: \$</b>
<b>TOTAL MONTHLY EXPENSES</b>		<b>\$</b>
<b>TOTAL NET INCOME BALANCE (subtract monthly expenses from net monthly income)</b>		<b>\$</b>

**SUPPLEMENTAL INCOME STATEMENT**

Name of Party Submitting this Form: \_\_\_\_\_

This page must be filled out if you:

1. Are self-employed, or

2. Operate a business or practice a profession, or
3. Are a member of a partnership or joint venture, or
4. Are a shareholder in and are salaried by a closed corporation or similar entity.

Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, professional corporation or similar entity:

1. The most recent Federal Income Tax Return; and
2. The most recent Profit and Loss Statement.

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Nature of Business: (check one)

\_\_\_\_\_ Partnership

\_\_\_\_\_ Joint Venture

\_\_\_\_\_ Professional

\_\_\_\_\_ Closed Corporation

\_\_\_\_\_ Other (describe) \_\_\_\_\_

Name of Accountant, controller, or other person in charge of financial records:

\_\_\_\_\_

Address: \_\_\_\_\_

Annual Income from Business: \$ \_\_\_\_\_

How often is income received? \_\_\_\_\_

Gross income per pay period: \$ \_\_\_\_\_

Net income per pay period: \$ \_\_\_\_\_

Specified Deductions, if any: \_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_, declare under the penalty of perjury that  
the above

**(Print Name)**

Income and Expense Statement, including all attachments, is complete, true, and correct.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**State Bar No. (if any)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Date**

**SWORN TO and SUBSCRIBED before me**  
**this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC**  
**My Commission Expires: \_\_\_\_\_**

**CERTIFICATE OF SERVICE**

I hereby certify that a true and exact copy of the foregoing has been delivered by U.S. Mail to the following:

On this the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

---