FAMILY MEDIATION SERVICES, INC. David S. Goldberg, Attorney-Mediator

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Instructions: Type your responses and amounts starting with the first underlined field, and tab to reach the next field. You can always go back to a field by clicking on it. Print and/or save this document to disk and bring to Family Mediation Services, Inc.

MONTHLY BUDGET OF EXPENSES

For best results, your screen resolution should be set to a minimum size of 1024 x 768 pixels. Right click on the Destop, then click Properties, then select the Settings tab, then adjust the screen resolution, click Apply then OK.

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Date:

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*If not included in 1st trust payment.

	Party		Children
B. Utilities			
1. Electricity	\$		<u> </u>
2. Gas/Heating Oil	\$	-	<u>\$</u> - \$-
3. Telephone	\$	-	<u> </u>
4. Water & Sewer & Refuse	\$		<u>\$</u> - \$-
5. Cable/Satellite/DSL	\$		\$ -
6. <u>Other (Please List)</u>	•		•
	\$		<u>\$</u> -
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	\$		<u> </u>
	\$		\$ -
Sub-total:	\$	<u> </u>	\$-
	Party		Children
C. Household Operation/Maintenance			
1. Repairs (normal/on-going)	\$	-	\$-
2. Appliance Service Contracts	\$	-	\$ -
3. Lawn Care	\$	-	<u> </u>
4. Domestic Help	\$	-	\$ -
6. <u>Other (Please List)</u>			
	\$	-	\$-
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	\$	-	\$-
Sub-total:	\$	<u>. </u>	\$
	Party		Children
D. Food (Home & Away)	iany		
1. Food at Home	\$	-	\$-
2. Non-Food Grocery Items	\$	-	\$-
3. School Lunches	\$	-	\$-
4. Food Away from Home	<u>\$</u>	-	\$ -
5. <u>Other (Please List)</u>	<u> </u>		¥
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Sub-total:

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	Party		Children	
E. Clothing & Grooming	-			
1. Clothing & Shoes	\$	-	\$	-
2. Laundry & Dry Cleaning	\$	-	\$	-
3. Barber/Beauty Shop	\$	-	\$	-
4. Incidentals	\$ \$	-	\$ \$	-
5. <u>Other (Please List)</u>				
	\$	-	\$	-
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	\$	-	\$	-
	\$	-	\$	-
	\$	-	\$	-
Sub-total:	\$	-	\$	-
	Party		Children	
F. Transportation	Faity		Children	
1. Gas and Oil	\$	_	¢	_
2. Auto Repair & Maintenance	\$		\$	
3. Auto Licenses & Stickers				-
4. Auto Insurance	\$		\$	-
5. Auto Installment Payments	\$		\$	-
6. Bus, Taxi, Parking	\$ \$ \$ \$	<u> </u>	\$ \$ \$	-
7. <u>Other (Please List)</u>	<u> </u>		<u> </u>	
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	Party		Children	
G. Health, Medical, Dental	•			
1. Medical Insurance	\$	-	\$	-
2. Dental Insurance	\$	-	\$	-
3. Medical Care (uncovered)	\$	-	\$	-
4. Dental Care (uncovered)	\$	-	\$	-
5. Medicine and Drugs	\$	-	\$	-
6. Medical Supplies & Equipment	\$	-	\$	-
7. Orthodontia	\$	-	\$	-
8. Life/Disability Insurance (list				
policies and premiums below)				
· · · ,	\$	-	\$	-
	\$	-	\$	-
	\$	-	\$	-
	\$	-	\$	-
9. <u>Other (Please List)</u>				
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Sub total	¢		¢	
Sub-total:	<u>م</u>	-	φ	-

H. Children's Education/Care		
1. Children's Day Care	\$	-
2. Private School Tuition	\$	-
3. College Tuition (only if current)	\$	-
4. Room and Board	\$	-
5. Books, Fees and Supplies	\$	-
6. Transportation Expenses	\$	-
etc.	\$	-
8. Hobby Expenses	\$	-
Books	\$	-
10. Membership Dues	\$	-
11. Religious Training	\$	-
below)		
	\$	-
	\$	-
	\$	-
	\$	-
	\$	-
13. Children's Allowances	\$	-
14. <u>Other (Please List)</u>	· · ·	
	\$	-
	\$	-
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Sub-total:

Children

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	Party		
I. Education (Self)			
1. Tuition	\$	-	
2. Books and Fees	\$	-	
3. <u>Other (Please List)</u>			
	\$	-	
	\$	-	
	\$	-	
	\$	-	
	\$	-	
Sub-total:	\$	-	
	Party		Children
J. Personal/Entertainment			
Expenses			
 Drug/Variety Store Items 	\$	-	\$
2. Legal Fees	\$	-	\$
3. Accounting Fees	\$	-	\$
 Dues (Club/Professional not 			
listed as business expenses)	\$	-	\$
5. Charities/Contributions	\$	-	\$
6. Cultural/Recreational			
	\$	-	\$
	\$	-	\$
	\$	-	\$
7. Family Pet Expenses	\$	-	\$
8. Alimony Paid Former Spouse	\$	-	
Marriage	\$	-	\$ \$
10. <u>Other (Please List)</u>			
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Sub-total:	\$	-	\$

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Party		Children	
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Party		Children	
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M. Debts (Itemize below)

Name of Creditor	Payn Clear Year (l	nthly nent to in One Balance	Monthl	um Regular ly Payment	Mo. F Beir	l Average Pmt. Now ng Made
	\$	-	\$	-	\$	-
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	\$	-	\$	-	\$	-
	\$	-	\$	-	\$	-
Totals:	\$	-	\$	-	\$	-

Sub-Total - Actual Average Monthly Payments Now Being Made:

\$-

Please itemize delinquent payments in the space below:

payments in the space below.	^	
	\$	-
	\$	-
	\$	-
	\$	-
	\$	-
	\$	-
Sub-total:	\$	-

EXPENSE RECAPITULATION

	Party		Children	
A. HOUSING	\$	-	\$	-
B. UTILITIES	\$	<u>-</u>	\$	-
C. HOUSEHOLD OPERATION/MAINTENANCE	\$	<u> </u>	\$	-
D. FOOD (HOME & AWAY)	\$	-	\$	-
E. CLOTHING & GROOMING	\$	<u> </u>	\$	-
F. TRANSPORTATION	\$		\$	-
G. HEALTH, MEDICAL, DENTAL	\$	-	\$	-
H. CHILDREN'S EDUCATION/CHILD CARE			\$	_
I. EDUCATION (SELF)	\$	-		
PERSONAL/ENTERTAINMENT EXPENSE	\$	<u> </u>	\$	-
K. VACATIONS	\$	<u>-</u>	\$	-
L. GIFTS (HOLIDAYS AND BIRTHDAYS)	\$	<u> </u>	\$	-
M. DEBTS (Actual Average Mo. Pmt.)	\$	<u> </u>		
TOTAL MONTHLY EXPENSES:	\$	<u> </u>	\$	-

N. Emergencies and Future Goals

		Target Date For Fund	Amount to Se	t
Anticipated Need	Probable Cost	Availability	Aside per Mont	th
Future Education			\$-	
Children	\$-		\$-	
Self	\$-		\$-	
Major Appliances	\$-		\$-	
Home Repairs	\$-		\$-	
Home Maintenance	\$-		\$-	
Auto Replacement	\$-		\$-	
Medical Needs	\$-		\$-	
Dental Needs	\$-		\$-	
Other: (Please List)				
	\$-		\$-	
	\$-		\$-	
	\$-		\$-	
	\$-		\$-	
	\$-		\$-	
Totals:	\$-		\$-	

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