

Name of Defendant:

Mailing Address:

Telephone No.:

Pro Se

**IN THE SUPERIOR COURT
OF THE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

)	FCD-_____ CIVIL ACTION NO. ____ - _____
)	
Plaintiff,)	
)	
vs.)	INCOME AND EXPENSE
)	DECLARATION
)	
)	
Defendant.)	
)	

INCOME AND EXPENSE DECLARATION
OF

(Name of Defendant) _____, DEFENDANT

Occupation: _____

Employer: _____

Address: _____

Length of Service: _____ days/months/years

Income Tax Withholding based on: _____ dependents

Gross Income Paid: monthly/semi-monthly/bi-weekly/weekly/other (specify)

Gross per Pay Period: \$ _____; Per Month: \$ _____

Payroll Deductions per Pay Period:

Taxes & Other Dues:

Federal Income Tax \$ _____
CNMI Local Tax \$ _____
FICA (Social Security) \$ _____

Net per Pay Period \$ _____ Per Month \$ _____

Other:

Credit Union..... \$ _____
Direct Deposit..... \$ _____
Support Payments..... \$ _____
Medical Insurance..... \$ _____
Direct Allotment..... \$ _____

Take Home per Pay Period \$ _____ Per Month \$ _____

Other Regular Monthly Income:

Pension and Retirement..... \$ _____
Social Security..... \$ _____
Disability & Unemployment Benefits \$ _____
Public Assistance (food stamps, etc) \$ _____
Rentals – *attach schedule*
(Gross-less cash expenses)..... \$ _____
Income from all other sources..... \$ _____

Total Other Income Net \$ _____

Total Net Monthly Income

(Take home salary pay added to total other net income) \$ _____

EXPENSES

Do not list expenses which are paid by payroll deduction.

Housing, expenses per month:

Rent, mortgage, agreement of sale..... \$ _____
Insurance if not included above \$ _____
Utilities, gas, water, electric, etc..... \$ _____

Transportation, expenses per month:

Car payment, lease, rental \$ _____
Insurance on vehicle \$ _____

Maintenance (repairs)..... \$ _____
Operating (gas, oil, tires) \$ _____

Total Housing and Transportation Expenses..... \$ _____

Debt service:

(all monthly payments, e.g. credit card, finance company, personal loans) \$ _____

Personal Expenses per Month:

Food \$ _____
Clothing \$ _____
Medical and Dental \$ _____
Laundry & Cleaning \$ _____
Personal Articles \$ _____
Recreational (Movies etc.) \$ _____
School (include food) \$ _____
Home Worker/Babysitter \$ _____
Other (_____) \$ _____

Total Personal Expenses. \$ _____

SAVINGS, <DEFICIENCY>: *Income minus Expenses*:.....\$ _____

Use this space to explain in detail where savings are invested, or if there is <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense declaration. (Use separate sheet if more space is needed.)

CERTIFICATION

I hereby declare under the penalty of perjury that I supplied the information used in the foregoing Income and Expense Declaration. That I have reviewed the foregoing Income and Expense Declaration and I certify that the information is accurate, complete and correct.

This Declaration is executed this _____ day of _____, 20_____
on Saipan, Commonwealth of the Northern Mariana Islands.

Print or Type Name of Declarant

Signature of Declarant