

Name:
P.O. Box _____
Saipan, MP 96950

Telephone No.:

PRO SE

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

_____))	FCD ____ CIVIL ACTION NO. ____ - _____
Petitioner (Plaintiff))	
)	
)	INCOME AND EXPENSE
)	DECLARATION
_____))	
Respondent (Defendant))	
_____))	

**INCOME AND EXPENSE DECLARATION
OF**

Please check one Petitioner (Plaintiff) Respondent (Defendant)

Occupation:

Job title

Employer:

Address:

Length of Service: _____ months/years.

Income Tax Withholding based on: _____ dependants.

Gross Income Paid: monthly, 2 times per month, every 2 weeks, weekly, other

Gross per pay period: \$ _____ ; per month: \$ _____ .

Income & Expense
Declaration

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)..... \$
House worker/baby sitter..... \$
Other (_____)..... \$

Sub Totals..... \$

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 _____, Commonwealth of the Northern Mariana Islands.