

ATTACHMENT 13 TO _____ INCOME AND EXPENSE DECLARATION _____ IN RE MARRIAGE OF _____	
AVERAGE MONTHLY EXPENSES LISTED ARE:	
__ Estimated Expenses __ Actual Expenses __ Proposed Needs	Monthly Amount
13.a.(1)	RESIDENCE PAYMENTS
	Rent
	First Trust Deed (Mortgage)
	Second Trust Deed (Mortgage)
	Home Improvement Loan(s)
	Total - Rent, Mortgage, Real Estate Loans
(2)	If Mortgage, Include:
	Average Principal
	Average Interest
	Total - Principal and Interest
(3)	Real Property Taxes:
	Real Property Taxes
	Total - Real Property Taxes
13.a.(4)	RESIDENCE PAYMENTS - Homeowners/Renters Insurance & Homeowners Association (HOA) Dues (if not included above)
	Homeowners Insurance
	Renters Insurance
	Homeowners Association Dues (HOA)
	Total - Homeowners/Renters Insurance/HOA Dues
	Maintenance and Repair
	Gardening/Gardening Supplies
	Domestic Help
	Pool Service
	Pest Control
	Security System
	Trash Hauling
	Cleaning Supplies (windows, carpets, etc.)
	Appliance Maintenance Repair
	Minor Household Repairs
	Major Repairs/Painting
	Other (please indicate)
	Total - Maintenance and Repair

13.b.	HEALTH CARE COSTS (NOT COVERED BY INSURANCE) - SELF	
	Medical Costs In Excess Of Insurance Coverage (Including Deductible)	
	Dental Costs In Excess Of Insurance Coverage (Including Deductible)	
	Orthodontia	
	Prescriptions In Excess Of Insurance Coverage	
	Non-Prescription Drugs/Vitamins	
	Eye Care/Glasses/Contact Lenses	
	Therapy In Excess Of Insurance Coverage	
	Physical Fitness	
	Other (Please Indicate)	
	Total – Health-Care Costs	
	HEALTH CARE COSTS (NOT COVERED BY INSURANCE) - MINOR CHILD(REN)	
	Medical Costs In Excess Of Insurance Coverage (Including Deductible)	
	Dental Costs In Excess Of Insurance Coverage (Including Deductible)	
	Orthodontia	
	Prescriptions In Excess Of Insurance Coverage	
	Non-Prescription Drugs/Vitamins	
	Eye Care/Glasses/Contact Lenses	
	Therapy In Excess Of Insurance Coverage	
	Physical Fitness	
	Other (Please Indicate)	
	Total – Health-Care Costs	
	Sub Total – Health Care Costs (Self)	
	Sub Total - Health Care Costs [Minor Child(ren)]	
	Total – Health Care Costs	
13.c.	CHILDCARE/CHILD RELATED EXPENSES FOR MINOR CHILD(REN)	
	Childcare (During Workday)	
	Babysitting	
	Camp (Yearly Total Divided By 12)	
	Lessons	
	Tutoring	
	Sports Activities	
	Clubs	
	Allowances	
	Lunch/Milk Money	
	Entertainment/Recreation	
	Other (Please Indicate)	
	Total – Childcare	

13.d.	GROCERIES AND HOUSEHOLD SUPPLIES	
	Groceries	
	Household Supplies	
	Costco	
	Water (Bottled)	
	Other (Please Indicate)	
	Total – Groceries And Household Supplies	
13.e.	EATING OUT	
	Lunch	
	Dinner	
	Other	
	Total - Eating Out	
13.f.	UTILITIES	
	Gas/Electric	
	Water (City)/Sewer	
	Cable/Satellite Television	
	Trash	
	Other (Please Indicate)	
	Total - Utilities	
13.g.	TELEPHONE/CELL PHONE/E-MAIL	
	Basic	
	Long Distance	
	Cellular Phone – SELF	
	Cellular Phone – MINOR CHILD(REN)	
	Internet Service	
	Total – Telephone/Cell Phone/E-Mail	
13.h.	LAUNDRY/DRY CLEANING	
	Laundry	
	Dry Cleaning	
	Total - Laundry/Dry Cleaning	
13.i.	CLOTHES	
	Normal Expenditures	
	Shoes	
	Alterations/Repairs	
	Minor Children’s Clothing	
	Minor Children’s Shoes	
	Other (Please Indicate)	
	Total – Clothes	

13.j.	EDUCATION - SELF	
	Tuition	
	Housing	
	Books/Supplies	
	Uniforms	
	Tutoring	
	Parking	
	Other (Please Indicate)	
	Sub Total - Education (Self)	
	EDUCATION - MINOR CHILD(REN)	
	Tuition	
	Housing	
	Books/Supplies	
	Uniforms	
	Parking	
	Other	
	Sub Total – Education [Minor Child(ren)]	
	Sub Total – Education (Self)	
	Sub Total - Education [Minor Child(ren)]	
	Total – Education	
13.k.	ENTERTAINMENT/GIFTS/VACATIONS	
	Vacations/Travel	
	Theater/Concert Tickets	
	Sporting Events	
	Weekend Entertainment	
	Books/Magazines/Newspapers	
	Audio/Video	
	Social Club Dues	
	Gifts	
	Lessons	
	Total – Entertainment / Gifts / Vacation	
13.l	AUTO EXPENSES and TRANSPORTATION (UNREIMBURSED BY EMPLOYER) - SELF	
	Gas/Oil	
	Repairs/Maintenance	
	Tires	
	Parking	
	Insurance	
	Washing/Waxing	
	License/Registration	
	Smog Certificate	
	Total - Transportation/Auto Expenses [Self]	

	AUTO EXPENSES and TRANSPORTATION – MINOR CHILD(REN)			
	Gas/Oil			
	Repairs/Maintenance			
	Tires			
	Parking			
	Insurance			
	Washing/Waxing			
	License/Registration			
	Smog Certificate			
	Total - Transportation/Auto Expenses [Minor Child(ren)]			
	Sub Total – Auto Expenses (Self)			
	Sub Total - Auto Expenses [Minor Child(ren)]			
	Total – Transportation/Auto Expenses			
13.m.	INSURANCE			
	Life			
	Disability			
	Mortgage Life Insurance			
	Personal Property Insurance			
	Umbrella Insurance			
	Other (Please Indicate)			
	Total - Insurance			
13.n.	SAVINGS AND INVESTMENTS			
	Savings			
	Investments			
	Other (Please Indicate)			
	Total – Savings And Investments			
13.o.	CHARITABLE CONTRIBUTIONS			
	Charitable Contributions			
	Other (Please Indicate)			
	Total – Charitable Contributions			
13.p.	INSTALLMENT PAYMENTS (CREDIT CARDS/AUTO PAYMENTS, ETC.)			
	Paid To	Payment For	Monthly Payment	Current Balance
	Total – Installment Payments			

13.q.	OTHER/INCIDENTALS - SELF	
	Hairdresser/Barber	
	Skincare/Manicures	
	Cosmetics/Sundries	
	Pet Care/Veterinarian	
	Safe Deposit Box	
	Postage Stamps/Delivery Services	
	Hobbies	
	Professional Services (Please Indicate)	
	Estate Planning	
	Financial Planning	
	Bookkeeping	
	Income Tax Services	
	Other (Please Indicate) (Checks)	
	Total - Other/Incidentals - Self	
	OTHER/INCIDENTALS – MINOR CHILD(REN)	
	Hairdresser/barber	
	Skincare/manicures	
	Cosmetics/sundries	
	Total - Other/Incidentals – MINOR CHILD(REN)	
	EXPENSES FOR ADULT CHILD(REN)	
	<i>Health Care Costs For Adult Child(ren):</i>	
	Medical Costs In Excess Of Insurance Coverage (Including Deductible)	
	Dental Costs In Excess Of Insurance Coverage (Including Deductible)	
	Orthodontia	
	Prescriptions In Excess Of Insurance Coverage	
	Non-Prescription Drugs/Vitamins	
	Eye Care/Glasses/Contact Lenses	
	Therapy In Excess Of Insurance Coverage	
	Physical Fitness	
	Other (Please Indicate)	
	<i>Telephone/Clothing Expenses For Adult Child(ren):</i>	
	Cellular Phone	
	Adult Child(Ren)'S Clothing	
	Adult Child(Ren)'S Shoes	
	<i>Education For Adult Child(ren):</i>	
	Tuition	
	Housing	
	Books/Supplies	
	Uniforms	
	Parking	
	Other (Please Indicate)	

	<u>AUTO EXPENSES And TRANSPORTATION FOR ADULT CHILD(REN):</u>	
	Gas/Oil	
	Repairs/Maintenance	
	Tires	
	Parking	
	Insurance	
	Washing/Waxing	
	License/Registration	
	Smog Certificate	
	<u>Other/Incidentals – Adult Child(ren):</u>	
	Hairdresser/Barber	
	Skincare/Manicures	
	Cosmetics/Sundries	
	Total – Other Expenses – Adult Child(ren)	
	Sub Total – Other/Incidentals (Self)	
	Sub Total - Other/Incidentals [Minor Child(ren)]	
	Sub Total – Other Expenses For Adult Child(ren)	
	Total – Other/Incidentals	
	TOTAL MONTHLY EXPENSES	