

HEARING OFFICER CONFERENCE INFORMATION

I. GENERAL INFORMATION

Name _____

Address _____

Date of Birth _____

Current Marital Status _____

Spouse's Name _____

Children (in this case):

Name	Date of Birth	Current Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Information:

Current Employer _____

Address _____

Position _____

Customary Hours/Schedule _____

Salary/Wages _____

Length of Employment _____

II. INCOME

GROSS MONTHLY INCOME	AMOUNT
Salary and Wages, including commissions, bonuses, allowances and overtime. (Note: To arrive at a monthly income figure if paid weekly, multiply weekly income by 4.3; if paid bi-weekly, multiply income by 2.16.)	_____
Pensions and Retirement	_____
Social Security	_____
Disability and Unemployment Benefits	_____
Public Assistance (Welfare, AFDC Payments, etc.)	_____
Dividends and Interest	_____
Rental Income	_____
Other Income (Child Support; Alimony, etc.)	_____
TOTAL GROSS MONTHLY INCOME:	_____
ITEMIZED PAYROLL DEDUCTIONS	
MANDATORY DEDUCTIONS:	
Federal Income Tax	_____
State Income Tax	_____
Social Security/FICA	_____
Mandatory Retirement Contributions	_____
VOLUNTARY DEDUCTIONS:	
Health Insurance	_____
401(K), IRA contributions	_____
Union or other dues	_____
TOTAL MONTHLY DEDUCTIONS:	_____
NET MONTHLY INCOME:	_____

III. MONTHLY LIVING EXPENSES

Rent/Mortgage (residence) _____

Real Property Taxes (not included in mortgage note) _____

Real Property Insurance (not included in mortgage note) _____

Maintenance (residence) _____

Food/Household Supplies _____

Electricity/gas (residence) _____

Water, Sewer, etc. _____

Cable/Internet _____

Cell phones _____

Auto payments _____

Auto insurance _____

Clothing _____

Medical and dental expenses (not covered by insurance) _____

Child Care _____

Payment of child support
(Court ordered; children not in this case) _____

School Expenses (including private school tuition) _____

Other _____

TOTAL MONTHLY LIVING EXPENSES: _____

IV. FIXED DEBT

INSTALLMENT PAYMENTS:

(Notes, Loans, Charge Accounts, etc.)

*Do not include mortgage and car note payments already listed above

CREDITOR	TOTAL BALANCE	MONTHLY PAYMENT
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VERIFICATION

I hereby certify that the foregoing information is true and correct to the best of my knowledge, information and belief.

Sworn to and subscribed before me on this the _____ day of _____, 2014.

NOTARY PUBLIC