No._____

IN THE MATTER OF THE MARRIA	GE]	IN THE DIS	STRICT COUR	ГOF
OF MADISO			MADISON	COUNTY, TE	XAS
AND			12th/278th	JUDICIAL DIS	STRICT
PROPOSED SUPPOR	RT DECISION	(AND IN	NFORMAT	'ION)	
I,, understand that at a Court hearing I may pay vouchers, canceled checks, receipts,		that the f rove thes	following inf se amounts l	formation is true by testimony and	and correct. I by records such as
A. TOTAL MONEY RECEIVED PER (Describe each source of income)		i ch recer OSS		from each empl IONS NET	oyer):
1. Gross wages and salary income	\$		\$	\$	
2. <u>Commissions, tips and bonuses</u>	\$		\$	\$	
3. Self-employment income	\$		\$	\$	_
4. <u>Rental income</u>	\$		\$	\$	_
TOTAL MONEY RECEIVED PER MO B. TOTAL MONEY NEEDED PER M ME). FOR ITEMS WHICH ARE NOT	IONTH BY ME	(AND N	MINOR CH		IY, LIVING WITH
AVERAGE.	¢	17	C1-41-1 0	1	¢
1. Rent or House Payment	\$	1/.	Clothing &	c shoes	\$
2. Real Property taxes (omit If	\$		Insurance-		\$
Part of house payment) 3. Residence Maintenance	\$		Insurance-		¢
	۵ <u> </u>	20.		Health (Omit if	¢
(Repairs, yard)4. Insurance-Home or Renters	\$	21	payroll dec	· · · · · · · · · · · · · · · · · · ·	\$
(Omit of part of house pmnt)	Φ		Children's		φ
5. Utilities-Gas	\$		Children's		\$
6. Utilities-Elect. & Water	\$ \$		Entertainm Haircuts	lent	<u>ֆ</u>
7. Utilities-Telephone (Inc. Average	\$ \$			& Nowananar	\$
Long distance)	ψ			. & Newspaper	\$ \$
8. Utilities-Garbage Service	\$	20.	Other		ծ ¢
9. Groceries & household items \$	Ψ				Φ
10. Meals away from home					\$
11. School lunches	\$	77	Monthly D	avments on	\$
	\$ \$	27.	Monthly P	•	\$
	\$	27.	Debts (Lis	t below and	
12. Dental & Orthodontia	\$ \$		Debts (Lis show total	t below and here)	\$ \$
 Dental & Orthodontia Medical & Prescriptions 	\$ \$ \$		Debts (Lis show total Support or	t below and here) alimony	\$
12. Dental & Orthodontia	\$ \$		Debts (Lis show total Support or	t below and here)	

TOTAL MONEY NEEDED PER MONTH (Total of items 1-28 above)

\$_____

*If any amount is shown in A., above, for DEDUCTIONS other than for Federal Income Tax and Social Security Withholding, then state for each deduction:

TO WHOM PAID	PURPOSE	AMOUNT PER MONTH	

C. MONTHLY PAYMENTS ON INDEBTEDNESS:

DESCRIPTION OF DEBT PAYMENT	BALANCE NOW OWED	AMOUNT OF MONTHLY PAYMENT	<u>DATE OF</u> <u>FINAL PAYMENT</u>
	<u>\$</u>	\$	
	<u>\$</u>	\$	
	<u>\$</u>	<u>\$</u>	
	<u>\$</u> <u>\$</u>	<u>\$</u> <u>\$</u>	

Total monthly payments on debts	(Enter this total on Line 27 of Section B	s) <u>\$</u>
---------------------------------	---	--------------

	(Signature of Party)
I ask the court to set support at \$	per month.

Signed this ______, 20_____,

(Signature of Party)