

In the Court of Common Pleas of

County, Pennsylvania

Phone:

Fax:

vs.

Plaintiff

Defendant

) Docket Number
)
) PACSES Case Number
)
) Other State ID Number

Please note: All correspondence must include the PACSES Case Number.

Meizer Expense Statement

EXPENSE STATEMENT OF

(Name)

(Paces Number)

I verify that the statements made in this Expense Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

Date: _____

Plaintiff or Defendant

EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT	EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT
HOME				Medical			
Mortgage or Rent				Medical Insurance			
Maintenance				Doctor			
Lawn Care				Dentist			
2nd Mortgage				Hospital			
				Medication			
UTILITIES				Counseling/Therapy			
Electric				Orthodontist			
Gas				Special Needs (glasses, etc.)			
Oil							
Telephone				EDUCATION			
Cell Phone				Tuition			
Water				Tutoring			
Sewer				Lessons			
Cable TV				Other			
Internet							
Trash/Recycling							

Service Type

Form IN-008 Rev. 1
Worker ID

Melzer Expense Statement (Continued)

PACSES Case Number

EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT
TAXES			
Real Estate			
Personal Property			
INSURANCE			
Homeowners/Renters			
Automobile			
Life			
Accident/Disability			
Excess Coverage			
Long-Term Care			
AUTOMOBILE			
Lease or Loan Payments			
Fuel			
Repairs			
Memberships			

EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT
PERSONAL			
Debt Service			
Clothing			
Groceries			
Haircare			
Memberships			
MISCELLANEOUS			
Child Care			
Household Help			
Summer Camp			
Papers/Books/Magazines			
Entertainment			
Pet Expenses			
Vacations			
Gifts			
Legal Fees/Prof. Fees			
Charitable Contributions			
Children's Parties			
Children's Allowances			
Other Child Support			
Alimony Payments			
TOTAL MONTHLY EXPENSES			