

INCOME FORM (IF 1)

Name: _____ Case Ref: _____ Date of hearing: _____

NB All weekly figures for income or expenditure should be expressed also as monthly amounts

| | WEEKLY | MONTHLY |
|--------------------------------------|--------|---------|
| Net wages of Defendant 1 | | |
| Net wages of Defendant 2 | | |
| Child Benefit | | |
| Tax Credits | | |
| Mortgage Interest Payments | | |
| Other Benefits | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Pension | | |
| Contributions from household members | | |
| Maintenance | | |
| Total weekly/monthly income | | |

EXPENDITURE FORM (EF 1)

Name: _____ Case Ref: _____ Date of hearing: _____

NB All weekly figures for income or expenditure should be expressed also as monthly amounts

| | WEEKLY | MONTHLY |
|--------------------------------|--------|---------|
| Housing Costs | | |
| Mortgage/Rent | | |
| Secured Loan(s) | | |
| Rates | | |
| Buildings & Contents Insurance | | |
| Life Insurance | | |
| Endowment Policies | | |
| Mortgage protection insurance | | |
| Total | | |

| | WEEKLY | MONTHLY |
|---|--------|---------|
| Household Costs | | |
| Food/Milk | | |
| Property Maintenance (repairs, window cleaners etc) | | |
| Household Items | | |
| Pets – Vet, Food etc | | |
| Prescription Charges | | |
| Total | | |

| | WEEKLY | MONTHLY |
|------------------|--------|---------|
| Utilities | | |
| Oil/Gas | | |
| Coal | | |
| Electricity | | |
| Landline Phone | | |
| Mobile Phone | | |
| Sky/Cable | | |
| TV Licence | | |
| Total | | |

| | WEEKLY | MONTHLY |
|-------------------|--------|---------|
| Travel | | |
| Car Tax | | |
| Car Insurance | | |
| Maintenance | | |
| Petrol/Diesel | | |
| Buses/Taxis/Train | | |
| Total | | |

| | WEEKLY | MONTHLY |
|------------------|--------|---------|
| Children | | |
| Nappies | | |
| Childminding | | |
| School Fees | | |
| School Lunches | | |
| Travel to school | | |
| Pocket Money | | |
| Maintenance | | |
| Total | | |

| | WEEKLY | MONTHLY |
|------------------------|--------|---------|
| Other | | |
| Unsecured loan(s) | | |
| Cigarettes | | |
| Alcohol | | |
| Leisure | | |
| Clothes | | |
| Holidays/Christmas etc | | |
| Unforeseen Expenses | | |
| Total | | |

| | Weekly Totals | Monthly Totals |
|-----------------------|---------------|----------------|
| Total Housing Costs | | |
| Total Household Costs | | |
| Total Utilities costs | | |
| Total Travel costs | | |
| Total Children costs | | |
| Other Costs | | |
| Total | | |