

# MONTHLY BUDGET SHEET

INCOME/ASSETS		AMOUNT	DEPENDENT EXPENSES		AMOUNT
Salary/Retirement/Pension		\$	Child Care/Babysitter		\$
Spouse's Salary		\$	Child Support		\$
Savings/Cash on hand		\$	Diapers/Formula/Baby supplies		\$
Real Estate		\$	Medical/Dental/Optical Services		\$
Investments/Stock Market		\$	School Lunches		\$
Social Security Disability		\$	School Supplies/Tuition		\$
Child Support		\$	<b>TOTAL</b>		\$
Food Stamps/EBT		\$			
Gifts		\$	OTHER EXPENSES		AMOUNT
Other		\$	Barber/Beauty Shop/Nail Salon		\$
<b>TOTAL</b>		\$	Bus Fare/Uber/Taxi/Parking		\$
			Cable/Satellite		\$
BASIC EXPENSES		AMOUNT	Charitable/Religious Giving		\$
Auto Gas		\$	Cigarettes/Tobacco/Alcohol		\$
Auto Insurance		\$	Club Dues/Subscriptions (newspaper, magazine)		\$
Auto Maintenance		\$	Dry Cleaning/Laundry		\$
Car Payment #1		\$	Gifts/Parties/Holidays		\$
Car Payment #2		\$	Health Insurance		\$
Clothing		\$	Home Maintenance		\$
Groceries/Household supplies		\$	Internet		\$
Home Phone/Cell Phone		\$	Lawn/Pool/Security System		\$
Home/Rental Insurance		\$	Life/Accident Insurance		\$
<b>Probation Payments</b>		\$	Lottery/Gambling		\$
Property Taxes		\$	Meals (dining out/delivery)		\$
Rent/House Payment		\$	Meals (on the job)		\$
Utilities (electric/gas/water)		\$	Medical/Dental/Optical (yourself)		\$
<b>TOTAL</b>		\$	Movies/Sporting Events/Entertainment		\$
			Pet Care		\$
DEBT EXPENSES		AMOUNT	Postage		\$
Credit Card/Payday Loans		\$	Smart Phone Apps		\$
Tax Installments		\$	Steaming Services		\$
Lawyer/Bondsman/Citations		\$	Vacation/Travel		\$
Pawn Shop Loans		\$	<b>TOTAL</b>		\$
Bank Service Charges		\$	<b>TOTAL INCOME: \$</b> _____ <b>LESS EXPENSES: \$</b> _____ <b>REMAINING BALANCE: \$</b> _____		
<b>TOTAL</b>		\$			

Case #: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CSO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_