IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

Phone: _____ **Fax:** _____

_____	)	Docket Number: _____-FC-_____-15
Plaintiff	)	
vs.	)	PACSES Case Number: _____
	)	
_____	)	
Defendant		

Please note: All correspondence must include the PACSES Case Number for this and any related case, if applicable.

Expense Statement for Cases Pursuant to Rule 1920.31

EXPENSE STATEMENT OF

_____ _____

(Name) (PACSES 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

Instructions: You must complete and file this form and the required supporting documents within thirty days after the service of the pleading or petition containing a claim for alimony, counsel fees, costs, or expenses. Failure to comply with this provision may result in an appropriate order for sanctions. See Pa.R.C.P. 1920.31.

EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT
HOME			
Mortgage or Rent			
Maintenance			
Lawn Care			
2nd Mortgage			
UTILITIES			
Electric			
Gas			
Oil			
Telephone			
Cell Phone			
Water			
Sewer			
Cable TV			
Internet			
Trash/Recycling			
TAXES			
Real Estate			
Personal Property			
INSURANCE			
Homeowners/Renters			
Automobile			
Life			
Accident / Disability			
Excess Coverage			
Long-Term Care			
AUTOMOBILE			
Lease/ Loan Payment			
Fuel			
Repairs			
Memberships			

EXPENSES	MONTHLY TOTAL	MONTHLY CHILDREN	MONTHLY PARENT
MEDICAL			
Medical Insurance			
Doctor			
Dentist			
Hospital			
Medication			
Counseling / Therapy			
Orthodontist			
Special Needs (glasses, etc)			
EDUCATION			
Tuition			
Tutoring			
Lessons			
Other			
PERSONAL			
Debt Service			
Clothing			
Groceries			
Hair care			
Memberships			
MISCELLANEOUS			
Child Care			
Household Help			
Summer Camp			
Papers/Books/Magazines			
Entertainment			
Pet Expenses			
Vacation			
Gifts			
Legal Fees / Prof. Fees			
Charitable Contributions			
Children's Parties			
Children Allowances			
Other Child Support			
Alimony Payments			
TOTAL MONTHLY EXPENSES	**$0.00**	**$0.00**	**$0.00**