

In re _____ Debtor.	Case No.: _____ (If known)
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SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ _____

- a. Are real estate taxes included? Yes _____ No _____
 b. Is property insurance included? Yes _____ No _____

2. Utilities: a. Electricity and heating fuel \$ _____
 b. Water and sewer \$ _____
 c. Telephone \$ _____
 d. Other _____ \$ _____

3. Home maintenance (repairs and upkeep) \$ _____

4. Food \$ _____

5. Clothing \$ _____

6. Laundry and dry cleaning \$ _____

7. Medical and dental expenses \$ _____

8. Transportation (not including car payments) \$ _____

9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ _____

10. Charitable contributions \$ _____

11. Insurance (not deducted from wages or included in home mortgage payments)
 a. Homeowner's or renter's \$ _____
 b. Life \$ _____
 c. Health \$ _____
 d. Auto \$ _____
 e. Other _____ \$ _____

12. Taxes (not deducted from wages or included in home mortgage payments)
 (Specify) _____ \$ _____

13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)
 a. Auto \$ _____
 b. Other _____ \$ _____
 c. Other _____ \$ _____

14. Alimony, maintenance, and support paid to others \$ _____

15. Payments for support of additional dependents not living at your home \$ _____

16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ _____

17. Other _____ \$ _____

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17, Report also on Summary of Schedules and, If applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ _____

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: _____

20. STATEMENT OF MONTHLY NET INCOME
 a. Total monthly income from Line 15 of Schedule I \$ _____
 b. Total monthly expenses from Line 18 above \$ _____
 c. Monthly net income (a. minus b.) \$ _____