

Divorce When the Spouses Don't Agree
Instructions for Exhibit B: Itemized Monthly Expenses
to Rule 8.3 N.D.R.Ct., Pretrial Conference Statement

These are the instructions for the Exhibit B to Rule 8.3 N.D.R.Ct., Pretrial Conference Statement. The Exhibit B: Itemized Monthly Expenses **must be completed and attached** to the Rule 8.3 N.D.R.Ct., Pretrial Conference Statement.

This Exhibit to Rule 8.3 N.D.R.Ct., Pretrial Conference Statement is designed for common, uncomplicated divorces. If this form doesn't fit your circumstances, you may use this as a template to create your own document. If you need help, contact a lawyer to assist you.

ND Legal Self Help Center Staff and Court employees can't help you fill out forms. If you're unsure how to proceed, consult a lawyer.

ND Legal Self Help Center forms aren't official court forms. Judges and courts aren't required to accept them. There's no guarantee Center forms will be accepted. Use at your own risk.

Don't include this instruction sheet when you serve or file the completed form.

Exhibit B: Itemized Monthly Expenses Must be Filled Out Completely!! Don't leave any of the paragraphs within the form unanswered.

If the section of the form asks for a dollar amount and there is none, type or write \$0.00 in the space.

If a form isn't completely filled out, it could result in the clerk of court not accepting your forms for filing, or the court may send the form back to you to complete.

**Complete the Exhibit B: Itemized Monthly Expenses to Rule 8.3, N.D.R.Ct.,
Pretrial Conference Statement**

Exhibit B is an itemized list of all your monthly expenses. If you don't have an expense, type or write \$0.00 in the space.

Fill in the Top of the Form:

The information to fill out the top part of the form ("the caption") is the same as on the Pretrial Conference Statement.

Fill in all monthly expenses.

Write or type \$0.00 if you do not have an expense.

If an expense is not listed, include that in "Other" on page 2 by writing the name of the expense and the amount.

Add all expenses and enter the amount in the box for "Total Monthly Expenses". This amount must be the same as the amount you entered on page 4, paragraph 4 "Living Expenses" of the Pretrial Conference Statement.

Date and Signature: You, the spouse who completed this form:

Date the document.

Sign the signature line and put a checkmark in the correct box indicating if you're the Plaintiff or Defendant.

Print your name.

Fill in the address lines. *(If you have a physical address and a mailing address, type or write both addresses using the lines provided, and the space next to the address lines.)*

Fill in your phone number and email address.

**Make 2 Copies of Exhibit B: Itemized Monthly Expenses to Rule 8.3 N.D.R.Ct.,
Pretrial Conference Statement**

Make two copies: one for you, one for your spouse.

This will be served and filed with the Rule 8.3, N.D.R.Ct., Pretrial Conference Statement.

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

_____)
 _____)
 PLAINTIFF,)
 _____)
 vs _____)
 _____)
 DEFENDANT.)

Case No. _____

Exhibit B: Itemized Monthly Expenses

(Name of Expense)	Amount
Mortgage/Rent Payment	\$
Homeowner's Association Fees	\$
Property Taxes	\$
Property Insurance	\$
Property Maintenance/Repairs	\$
Lawn Care/Snow Plowing	\$
Electricity	\$
Gas	\$
Phone	\$
Cell Phone	\$
Cable TV	\$
Internet	\$
Water/Garbage	\$
Food/Groceries	\$
Cleaning/Household Supplies	\$
Laundry/Drycleaning	\$
Personal Upkeep (Grooming/Toiletries)	\$
Clothing	\$
Dental Insurance	\$
Life Insurance	\$
Medical Insurance	\$
Vision Insurance	\$
Uninsured Medical, Dental, and Vision Costs	\$
Automobile Payment	\$
Automobile Insurance	\$
Automobile Gas	\$
Automobile Maintenance/Repairs	\$

Transportation: Bus/Uber/Taxis	\$
Parking	\$
Entertainment/Hobbies	\$
Memberships/Clubs	\$
Reading: Newspapers/Magazines/Books	\$
Pet (food, grooming, health care)	\$
Donations	\$
Children's Tuition, Fees, Extracurricular	\$
Children's Allowances	\$
Children's Transportation (bus to school, etc.)	\$
Children's School Lunch Meals	\$
Daycare/Babysitting	\$
Alimony	\$
Child Support	\$
Credit Cards	\$
Loan Payments	\$
Student Loan Payments	\$
Employment: Uniforms	\$
Employment: Required Union Fees	\$
Other:	\$
Other:	\$
Other:	\$
TOTAL MONTHLY EXPENSES	\$

(Date)

_____, Plaintiff (OR) Defendant
(Signature)

(Printed Name)

(Address, City, State, Zip Code)

(Telephone Number/Email)