In re,	Case No
Debtor	(if known)
SCHEDULE J - CURRENT EXPENDITURES O	OF INDIVIDUAL DEBTOR(S)
Complete this schedule by estimating the average or projected monthly expenses of the debtor and t	the debtor's family at time case filed. Prorate any payments made h
weekly, quarterly, semi-annually, or annually to show monthly rate.	the deotor's family at this case field. Thorate any payments hade b
Check this box if a joint petition is filed and debtor's spouse maintains a separate household. C	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 pla	n)
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 fol	llowing the filing of this document:

\$_____

\$_____

\$_____

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I

b. Average monthly expenses from Line 18 above

c. Monthly net income (a. minus b.)

Official Form 6J (10/06)