

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT  
COUNTY, ILLINOIS

IN RE THE MARRIAGE OF

v. Plaintiff,

Defendant.

Case No.:

**FINANCIAL AFFIDAVIT OF**

1. Marital History:

- A. My Name: \_\_\_\_\_ Age: \_\_\_\_\_ D/O/B: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Education: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_
- B. Name of Opposing Party: \_\_\_\_\_ Age: \_\_\_\_\_ D/O/B: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Education: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_
- C. Date parties married: \_\_\_\_\_
- D. Date parties separated: \_\_\_\_\_
- E. Date final divorce decree entered: \_\_\_\_\_
- F. Names and Current Ages of Children:

Name	Age	Date of Birth	Year in School	Name	Age	Date of Birth	Year in School
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

- G. With whom do your children live? \_\_\_\_\_
- H. Date and amount of last support order:
  - 1. \$ \_\_\_\_\_ per \_\_\_\_\_ for child support entered on \_\_\_\_\_
  - 2. \$ \_\_\_\_\_ per \_\_\_\_\_ for maintenance entered on \_\_\_\_\_

2. Schedules/Summaries:

- Schedule A: My Gross Monthly Earned Income (from page 2): (A) \$ \_\_\_\_\_  
 My Net Monthly Earned Income (from page 2): \$ \_\_\_\_\_  
 My Other Monthly Income (from page 2): \$ \_\_\_\_\_
- Schedule B: Total Of All My Monthly Expenses (from page 5): (B) \$ \_\_\_\_\_  
 (# of people in your household \_\_\_\_\_)
- Schedule C: Total Marital Assets (from page 7): (C) \$ \_\_\_\_\_
- Schedule D: Total Marital Debts (from page 8): (D) \$ \_\_\_\_\_
- Schedule E: Total My Non-Marital Assets (from page 9): (E) \$ \_\_\_\_\_  
 Total My Non-Marital Debts (from page 9): \$ \_\_\_\_\_

3. Do you expect your income to change significantly in the next 6 months?  Yes  No  
Why? \_\_\_\_\_

# SCHEDULE A

## MONTHLY INCOME AND DEDUCTIONS

(Attach recent pay stub to this Affidavit)

### A. STATEMENT OF MY MONTHLY INCOME AND DEDUCTIONS:

1. \*Gross Earned Income Per Month from: \_\_\_\_\_

(state name of employer)

- |                                      |              |
|--------------------------------------|--------------|
| (a) Salary/Wages                     | (a) \$ _____ |
| (b) Other earned income (second job) | (b) \$ _____ |

\*If you are paid weekly, multiply income by 4.33 to get monthly amount or  
 If you are paid every 2 weeks, multiply income by 2.17 to get monthly amount or  
 If you are paid twice a month, multiply income by 2 to get monthly amount

**MY GROSS MONTHLY EARNED INCOME:**

(put on front page)

2. \*\*Deductions Per Month:

(Filing status: Single/Married [circle one])  
 (No. of exemptions claimed: \_\_\_\_\_)

- |                                 |              |
|---------------------------------|--------------|
| (a) Federal Taxes               | (a) \$ _____ |
| (b) State Taxes                 | (b) \$ _____ |
| (c) Social Security             | (c) \$ _____ |
| (d) Medicare                    | (d) \$ _____ |
| (e) Mandatory Pension           | (e) \$ _____ |
| (f) Union Dues                  | (f) \$ _____ |
| (g) Health Insurance Individual | (g) \$ _____ |
| (h) Health Insurance Dependent  | (h) \$ _____ |
| (i) Court Ordered Child Support | (i) \$ _____ |
| (j) Other _____                 | (j) \$ _____ |

\*\*If you are paid weekly, multiply deductions by 4.33 to get monthly amount or  
 If you are paid every 2 weeks, multiply deductions by 2.17 to get monthly amount or  
 If you are paid twice a month, multiply deductions by 2 to get monthly amount

TOTAL DEDUCTIONS: \$ \_\_\_\_\_

**MY NET MONTHLY EARNED INCOME:**

(put on front page)

(subtract Total Deductions from Gross above)

### B. MY OTHER MONTHLY INCOME:

- |  |              |
|--|--------------|
| (a) Dividends:                                   | (a) \$ _____ |
| (b) Interest:                                    | (b) \$ _____ |
| (c) Child Support:                               | (c) \$ _____ |
| (d) Maintenance:                                 | (d) \$ _____ |
| (e) Social Security (for myself and dependents): | (e) \$ _____ |
| (f) Pension Benefits:                            | (f) \$ _____ |
| (g) Other _____<br><small>(specify)</small>      | (g) \$ _____ |

**MY OTHER MONTHLY INCOME:**

(put on front page)

C. Do other adults living in your household have income?  Yes  No

## SCHEDULE B MONTHLY EXPENSES

1. State Total Number of People in your Household: \_\_\_\_\_  
List names of people in your household (exclude yourself):

Names	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Monthly Housing Expenses:  
(Show 1/12th of Annual Total for Expenses Not Paid Monthly)

A. Rent/Mortgage payment (circle one)	(A) \$	_____
B. Home equity loan	(B) \$	_____
C. Property taxes	(C) \$	_____
D. Condo maintenance fee	(D) \$	_____
E. Homeowner's or Renter's insurance (circle one)	(E) \$	_____
F. Gas/Electric	(F) \$	_____
G. Water	(G) \$	_____
H. Sewer	(H) \$	_____
I. Garbage collection	(I) \$	_____
J. Telephone	(J) \$	_____
K. Cable television	(K) \$	_____
L. Household help	(L) \$	_____
M. House repairs	(M) \$	_____
N. Groceries	(N) \$	_____
O. Household supplies	(O) \$	_____
P. Laundry & dry cleaning	(P) \$	_____
Q. Lawn care and snow removal	(Q) \$	_____
R. Other _____	(R) \$	_____

**TOTAL MONTHLY HOUSING EXPENSES:** \$ \_\_\_\_\_

3. Monthly Medical Expenses (not paid by insurance):  
(Show 1/12th of Annual Total for Expenses Not Paid Monthly)

A. Doctors:	Self	(A) \$	_____
	Child/Children	\$	_____
B. Dentist:	Self	(B) \$	_____
	Child/Children	\$	_____
C. Orthodontist:	Self	(C) \$	_____
	Child/Children	\$	_____
D. Medicines/Prescription Drugs:		(D) \$	_____
E. Other _____		(E) \$	_____
	(specify)		

**TOTAL MONTHLY MEDICAL EXPENSES:** \$ \_\_\_\_\_

**4. Monthly Auto Expenses:** (State number of cars: \_\_\_\_\_ )  
 (Show 1/12th of Annual Total for Expenses Not Paid Monthly)

- A. Monthly payment (Car No. 1) (A) \$ \_\_\_\_\_
- B. Monthly payment (Car No. 2) (B) \$ \_\_\_\_\_
- C. Gasoline and Oil (C) \$ \_\_\_\_\_
- D. Maintenance and repairs (D) \$ \_\_\_\_\_
- E. Registration (E) \$ \_\_\_\_\_
- F. Insurance (F) \$ \_\_\_\_\_
- G. Parking (G) \$ \_\_\_\_\_

**TOTAL MONTHLY AUTO EXPENSES:**

\$ \_\_\_\_\_

**5. Monthly Child Care Expenses** (State number of children: \_\_\_\_\_ )  
 (Show 1/12th of Annual Total for Expenses Not Paid Monthly)

- A. Clothing/Shoes (A) \$ \_\_\_\_\_
- B. Daycare (B) \$ \_\_\_\_\_
- C. Eyeglasses/contacts (C) \$ \_\_\_\_\_
- D. Hairdresser/Barber (D) \$ \_\_\_\_\_
- E. Grooming/Cosmetics (E) \$ \_\_\_\_\_
- F. Lunch money (F) \$ \_\_\_\_\_
- G. Allowances (G) \$ \_\_\_\_\_
- H. Gifts and Presents (Birthdays/Christmas) (H) \$ \_\_\_\_\_
- I. Tuition/books/fees/school supplies (I) \$ \_\_\_\_\_
- J. Transportation (school bus fees) (J) \$ \_\_\_\_\_
- K. Lessons/tutoring (K) \$ \_\_\_\_\_
- L. Recreation, sports and hobby expenses (L) \$ \_\_\_\_\_
- M. Babysitter (M) \$ \_\_\_\_\_
- N. Summer camp (N) \$ \_\_\_\_\_
- O. Other \_\_\_\_\_ (O) \$ \_\_\_\_\_  
 (specify)

**TOTAL MONTHLY CHILD CARE EXPENSES:**

\$ \_\_\_\_\_

**6. My Monthly Personal Expenses:**  
 (Show 1/12th of Annual Total for Expenses Not Paid Monthly)

- A. Clothing/Shoes (A) \$ \_\_\_\_\_
- B. Business/Work Uniforms (B) \$ \_\_\_\_\_
- C. Eyeglasses/Contacts (C) \$ \_\_\_\_\_
- D. Hairdresser/Barber (D) \$ \_\_\_\_\_
- E. Grooming/Cosmetics (E) \$ \_\_\_\_\_
- F. Lunch money (F) \$ \_\_\_\_\_
- G. Professional/Union Dues not withheld from wages (G) \$ \_\_\_\_\_
- H. Education expenses (H) \$ \_\_\_\_\_
- I. Books, magazines, newspapers, etc. (I) \$ \_\_\_\_\_
- J. Recreation, sports and hobby expenses (J) \$ \_\_\_\_\_
- K. Religious/Charitable contributions (K) \$ \_\_\_\_\_
- L. Vacations (L) \$ \_\_\_\_\_
- M. Social/Club dues and expenses (M) \$ \_\_\_\_\_
- N. Gifts and presents (not for your children) (N) \$ \_\_\_\_\_
- O. Pet expenses (O) \$ \_\_\_\_\_
- P. Tobacco/Alcohol (P) \$ \_\_\_\_\_
- Q. Other \_\_\_\_\_ (Q) \$ \_\_\_\_\_  
 (specify)

**TOTAL MONTHLY PERSONAL EXPENSES:**

\$ \_\_\_\_\_

**7. Monthly Insurance Premiums Not Withheld From Wages:**

(Show 1/12th of Annual Total for Expenses Not Paid Monthly)

- A. Life insurance not withheld from wages: (A) \$ \_\_\_\_\_
- B. Health insurance not withheld from wages: (B) \$ \_\_\_\_\_
- C. Disability insurance not withheld from wages: (C) \$ \_\_\_\_\_
- D. Other \_\_\_\_\_ (specify) (D) \$ \_\_\_\_\_

**TOTAL MONTHLY INSURANCE EXPENSES:** \$ \_\_\_\_\_

**8. Debts and Obligations Requiring Regular Monthly Payments Not Listed in Paragraphs 2-7 above (such as credit cards, credit accounts, consumer loans, personal loans, etc.)**

(Show 1/12th of Annual Total for Expenses Not Paid Monthly)

	<u>Name of Creditor</u>	<u>Reason for Debt</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____
F.	_____	_____	_____	_____
G.	_____	_____	_____	_____
H.	_____	_____	_____	_____
I.	_____	_____	_____	_____
J.	_____	_____	_____	_____
K.	_____	_____	_____	_____
L.	_____	_____	_____	_____
M.	_____	_____	_____	_____
N.	_____	_____	_____	_____
O.	_____	_____	_____	_____

**TOTAL OF PARAGRAPH 8 MONTHLY PAYMENTS:** \$ \_\_\_\_\_

**TOTAL OF ALL MY MONTHLY EXPENSES:**

(sum of Schedule B, paragraphs 2-8)

(put on front page)

**SCHEDULE C**  
**MARITAL ASSETS**

**1. Real Estate**

State Type (marital home, rental property, lot or farm) and Address of Property	How Titled	Value
a.		
b.		
c.		
TOTAL:		

**2. Motor Vehicles (car, truck, motorcycle, or boat)**

State type and list year, make and model	How Titled	Value
a.		
b.		
c.		
d.		
TOTAL:		

**3. Checking Accounts, Savings Accounts, Money Market Accounts and Certificates of Deposits**

Account Type	Name of Institution	How Titled	Balance
a.			
b.			
c.			
d.			
e.			
TOTAL:			

**4. Stocks, Bonds, Mutual Funds and Other Investments**

Describe investment & state number of shares/bonds	How Titled	Value
a.		
b.		
c.		
d.		
TOTAL:		

**5. Life Insurance Policies**

Name of Company and Name of Insured	Type of Policy (Whole Life or Term)	Face Value	Cash Value (minus any loans)
a.			
b.			
c.			
d.			
e.			
<b>TOTAL:</b>			

**6. Retirement Income Plans, Pensions, Profit Sharing Plans, Keoghs and IRAs**

State name of Plan or Program	Owner	Value
a.		
b.		
c.		
d.		
e.		
f.		
<b>TOTAL:</b>		

**7. Personal Property**

Description	Where Located	Value
Furniture/Appliances		
Jewelry/Furs		
Coin/Stamp/Gun Collections		
Cash		
Other (specify)		
<b>TOTAL:</b>		

**TOTAL MARITAL ASSETS:**   
 (Sum of Schedule C, paragraphs 1-7) (put on front page)

**SCHEDULE D**  
**MARITAL DEBTS**

**1. Mortgage Loans, Home Equity Loans or other Real Estate Loans**

Type of Loan and Lender	Address of Property	Monthly Pmt.	Balance
a.			
b.			
c.			
<b>TOTAL:</b>			

**2. Any Other Debts, including those listed in paragraph 8 on page 5, which are marital debts (such as auto loans, credit cards, credit accounts, consumer loans, personal loans, etc.)**

Creditor	Reason for Debt	Monthly Pmt.	Balance
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			
<b>TOTAL:</b>			

**TOTAL MARITAL DEBTS:**   
(Sum of Schedule D, paragraphs 1 and 2) (put on front page)



**SCHEDULE E**  
**MY NON-MARITAL ASSETS AND DEBTS**

**1. My Non-Marital Assets**

Description (real estate, motor vehicle, financial accounts, stocks, etc.)	Where Located	Value
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		

**TOTAL MY NON-MARITAL ASSETS:**

(put on front page)

**2. My Non-Marital Debts, including those non-marital debts listed in paragraph 8 on page 5**

Creditor	Reason for Debt	Monthly Pmt.	Balance
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			

**TOTAL MY NON-MARITAL DEBTS:**

(put on front page)

**CERTIFICATION**

I, the undersigned, certify under penalty of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, that I have read the foregoing Financial Affidavit, that I know the contents thereof, and that the statements contained therein are true to the best of my knowledge, information and belief.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Plaintiff/Defendant

Attorney's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

<b>PROOF OF SERVICE</b>	
The undersigned certifies that the foregoing instrument was served upon all parties to the above cause by sending a copy to the attorneys of record at their addresses as disclosed on the pleadings, on the _____ day of _____, 19__ by the following:	
<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> FAX
<input type="checkbox"/> Overnight Courier	<input type="checkbox"/> U.S. Mail
<input type="checkbox"/> Other: _____	
Signature: _____	