

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

IN RE THE MARRIAGE OF _____)
)
)
 Plaintiff,)
)
 v.)
)
)
 Defendant.)

Case No.: _____

FINANCIAL AFFIDAVIT OF _____

- I. Marital History:
 - A. My Name: _____
 Age: _____ D/O/B: _____
 Employer: _____
 Education: _____ Job Title: _____
 - B. Spouse's Name: _____
 Age: _____ D/O/B: _____
 Employer: _____
 Education: _____ Job Title: _____
 - C. Date parties married: _____
 - D. Date parties separated: _____
 - E. Date final divorce decree entered: _____
 - F. Names and Current Ages of Children:

<i>Name</i>	<i>Age</i>	<i>Date of Birth</i>	<i>Year in School</i>

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 _____
_____.

II. Schedules/Summaries:

Schedule A: My Gross Monthly Earned Income: \$ _____

My Net Monthly Earned Income: \$ _____

My Other Monthly Income: \$ _____

Schedule B: Total of All My Monthly Expenses: \$ _____

(# of people in your household: _____)

Schedule C: Total Marital Assets: \$ _____

Schedule D: Total Marital Debts: \$ _____

Schedule E: Total My Non-Marital Assets: \$ _____

III. Do you expect your income to change significantly in the next 6 months? Yes No

If yes, why? _____

SCHEDULE A
MONTHLY INCOME AND DEDUCTIONS

A. STATEMENT OF MY MONTHLY INCOME AND DEDUCTIONS:

1. Gross Earned Income* per Month from _____ :
(Employer's name)

a. Salary/Wages: \$ _____

b. Other earned income (second job): \$ _____

MY GROSS MONTHLY EARNED INCOME: \$ _____
(put on 2nd page)

2. Deductions* per Month:

Filing status: Married Single Head of Household

No. of exemptions claimed: _____

a. Federal Taxes: \$ _____

b. State Taxes: \$ _____

c. Social Security: \$ _____

d. Medicare: \$ _____

e. Mandatory Pension: \$ _____

f. Union Dues: \$ _____

g. Health Insurance Individual: \$ _____

h. Health Insurance Dependent: \$ _____

i. Court Ordered Child Support: \$ _____

j. Other: _____ \$ _____
(specify)

TOTAL DEDUCTIONS: \$ _____

MY NET MONTHLY EARNED INCOME: \$ _____
(subtract Total Deductions from Gross above) *(put on 2nd page)*

B. MY OTHER MONTHLY INCOME:

a. Dividends: \$ _____

b. Interest: \$ _____

c. Child Support: \$ _____

d. Maintenance: \$ _____

e. Social Security *(for myself and dependents)*: \$ _____

f. Pension Benefits: \$ _____

g. Other: _____ \$ _____
(specify)

MY OTHER MONTHLY INCOME: \$ _____
(put on 2nd page)

C. Do other adults living in your household have income? _____

* To get monthly amount, multiply weekly amount by 4.33 or bi-weekly amount by 2.17 or twice monthly amount by 2.
 * To get monthly amount, multiply weekly amount by 4.33 or bi-weekly amount by 2.17 or twice monthly amount by 2.

SCHEDULE B
MONTHLY EXPENSES

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

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
-------------	------------	---------------------

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

- | | | |
|----|---|----------|
| A. | Rent/Mortgage Payment (<i>circle one</i>): | \$ _____ |
| B. | Property Taxes: | \$ _____ |
| C. | Condo maintenance fee | \$ _____ |
| D. | Homeowner's/Renter's insurance (<i>circle one</i>): | \$ _____ |
| E. | Gas/Electric: | \$ _____ |
| F. | Water: | \$ _____ |
| G. | Sewer: | \$ _____ |
| H. | Garbage Collection: | \$ _____ |
| I. | Telephone: | \$ _____ |
| J. | Cable Television: | \$ _____ |
| K. | Household help: | \$ _____ |
| L. | House repairs: | \$ _____ |
| M. | Groceries: | \$ _____ |
| N. | Household supplies: | \$ _____ |
| O. | Laundry & Dry Cleaning: | \$ _____ |
| P. | Lawn care and snow removal: | \$ _____ |
| Q. | Other: _____
<i>(specify)</i> | \$ _____ |

TOTAL MONTHLY HOUSING EXPENSES: \$ _____
(put on 2nd page)

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

- | | | | |
|----|----------|----------------|----------|
| A. | Doctors: | Self | \$ _____ |
| | | Child/Children | \$ _____ |
| B. | Dentist: | Self | \$ _____ |
| | | Child/Children | \$ _____ |

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

TOTAL MONTHLY MEDICAL EXPENSES: \$ _____

4. Monthly Auto Expenses:
(Show 1/12th of Annual Total for Expenses not Paid Monthly)

- Number of cars: _____
- A. Gasoline and Oil \$ _____
 - B. Maintenance and repairs \$ _____
 - C. Registration \$ _____
 - D. Insurance \$ _____
 - E. Parking \$ _____

TOTAL MONTHLY AUTO EXPENSES: \$ _____

5. Monthly Child Care Expenses:
(Show 1/12th of Annual Total for Expenses not Paid Monthly)

- Number of children: _____
- A. Clothing/Shoes \$ _____
 - B. Daycare \$ _____
 - C. Eyeglasses/Contacts \$ _____
 - D. Hairdresser/Barber \$ _____
 - E. Grooming/Cosmetics \$ _____
 - F. Lunch money \$ _____
 - G. Allowances \$ _____
 - H. Gifts/Presents-Birthdays/Christmas \$ _____
 - I. Tuition/books/fees/school supplies \$ _____
 - J. Transportation-school bus fees \$ _____
 - K. Lessons/tutoring \$ _____
 - L. Recreation, sports, hobby expenses \$ _____
 - M. Babysitter \$ _____
 - N. Summer camp \$ _____
 - O. Other: _____ \$ _____
 (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	\$ _____
B.	Business/Work Uniforms	\$ _____
C.	Eyeglasses/Contacts	\$ _____
D.	Hairdresser/Barber	\$ _____
E.	Grooming/Cosmetics	\$ _____
F.	Lunch Money	\$ _____
G.	Professional/Union Dues not withheld from wages	\$ _____
H.	Education expenses	\$ _____
I.	Books, magazines, newspapers, etc.	\$ _____
J.	Recreation, sports, hobby expenses	\$ _____
K.	Religious/Charitable contributions	\$ _____
L.	Vacations	\$ _____
M.	Social/club dues-expenses	\$ _____
N.	Gifts-presents	\$ _____
O.	Pet expenses	\$ _____
P.	Tobacco/Alcohol	\$ _____
Q.	Other: _____ <i>(specify)</i>	\$ _____
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:	\$ _____
B.	Health insurance not withheld from wages:	\$ _____
C.	Disability insurance not withheld from wages:	\$ _____
D.	Other: _____ <i>(specify)</i>	\$ _____
TOTAL MONTHLY INSURANCE EXPENSES		\$ _____

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

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

<i>Creditor</i>	<i>Reason for Debt</i>	<i>Balance Owed</i>	<i>Monthly Payment</i>
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TOTAL OF PARAGRAPH 8 MONTHLY PAYMENTS \$ _____

TOTAL OF ALL MY MONTHLY EXPENSES \$ _____
(Sum of Schedule B, paragraphs 2-8) (Put on 2nd page)

SCHEDULE C
MARITAL ASSETS

SCHEDULE D
MARITAL DEBTS

SCHEDULE E
MY NON-MARITAL ASSETS AND DEBTS