

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

IN RE THE MARRIAGE OF \_\_\_\_\_ )  
 )  
 )  
 Plaintiff, )  
 )  
 v. ) Case No.:  
 )  
 Defendant. )

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:

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 \_\_\_\_\_

II. Schedules/Summaries:

Schedule A: My Gross Monthly Earned Income(from page 2): \$ \_\_\_\_\_

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): \$ \_\_\_\_\_

(# of people in your household \_\_\_\_\_)

Schedule C: Total Marital Assets (from page 7): \$ \_\_\_\_\_

Schedule D: Total Marital Debts (from page 8): \$ \_\_\_\_\_

Schedule E: Total My Non-Marital Assets(from page 9): \$ \_\_\_\_\_

III. 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 employer's name)

a. Salary/Wages \$ \_\_\_\_\_

b. Other earned income (second job) \$ \_\_\_\_\_

\*Multiply weekly income by 4.33 to get monthly amount *or*  
Multiply bi-weekly income by 2.17 to get monthly amount *or*  
Multiply twice monthly 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 \$ \_\_\_\_\_

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)

\*\*Multiply weekly deductions by 4.33 to get monthly amount *or*

Multiply bi-weekly deductions by 2.17 to get monthly amount *or*  
Multiply twice monthly deductions by 2 to get monthly amount

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

**MY NET MONTHLY EARNED INCOME:** \$ \_\_\_\_\_  
*(subtract Total Deductions from Gross above)* *(put on front 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 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*):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

- A. Rent/Mortgage Payment (*circle one*) \$ \_\_\_\_\_
- B. Property Taxes \$ \_\_\_\_\_
- C. Condo maintenance fee \$ \_\_\_\_\_
- D. Homeowner's or Renter's insurance (*circle one*) \$ \_\_\_\_\_
- 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 \_\_\_\_\_ \$ \_\_\_\_\_  
(specify)

**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 \$ \_\_\_\_\_  
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 Expense 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 Expense 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 (*not for children*) \$ \_\_\_\_\_
- O. Pet expenses \$ \_\_\_\_\_
- P. Tobacco/Alcohol \$ \_\_\_\_\_
- Q. Other \_\_\_\_\_ \$ \_\_\_\_\_  
(*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: \$ \_\_\_\_\_
- B. Health insurance not withheld from wages: \$ \_\_\_\_\_
- C. Disability insurance not withheld from wages: \$ \_\_\_\_\_



D. Other \_\_\_\_\_ \$ \_\_\_\_\_  
(specify)

**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 from Expenses Not Paid Monthly)

Creditor	Reason for Debt	Balance Owed	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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**

**SCHEDULE D**

**MARITAL DEBTS**

**SCHEDULE E**

**MY NON-MARITAL ASSETS AND DEBTS**