



## II. PARTIES AND CHILDREN

### HUSBAND

### WIFE

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

### CHILDREN

Name	Date of Birth	Age	With Whom Residing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## III. STATEMENT OF INCOME.

**IMPORTANT:**

Attach most recent of last three months' pay stubs showing your year-to-date earnings and deductions. For those individuals who receive any income from self-employment sources, attach supporting documentation for year-to-date earnings.

GROSS MONTHLY INCOME from:  
 Salary, wages, commissions, bonuses,  
 allowance & overtime (NOTE: To arrive  
 at gross monthly income, multiply weekly  
 gross by 52 and divide by 12, or multiply  
 bi-weekly income by 26 and divide by 12)

### HUSBAND

### WIFE

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

Pension or retirement benefits

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

Social Security benefits	\$ _____	\$ _____
Disability or unemployment benefits	\$ _____	\$ _____
Public aid (ADC-Welfare)	\$ _____	\$ _____
Child support from prior marriage (alimony)	\$ _____	\$ _____
Rents	\$ _____	\$ _____
Other Income (specify):	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL GROSS MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

**DEDUCTIONS:**

Federal income tax withheld	\$ _____	\$ _____
State income tax withheld	\$ _____	\$ _____
Social Security withheld	\$ _____	\$ _____
Medical or other health-related insurance	\$ _____	\$ _____
Mandatory retirement contributions required as a condition of employment	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Dependent and individual health/hospital insurance premiums	\$ _____	\$ _____
Prior Court ordered support and/or maintenance, actually paid pursuant to a Court Order	\$ _____	\$ _____
Other deductions permitted by 750 ILCS §505(a)(3)(h) — specify:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL NET MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

#### IV. ESTIMATED MONTHLY EXPENSES

(\*mark if a projected expense — Affiant must be prepared to submit testimony to support the same)

##### HOUSEHOLD:

Rent or house payment (specify) \$ \_\_\_\_\_

Repair and upkeep \$ \_\_\_\_\_

Housekeeper and yard work \$ \_\_\_\_\_

Homeowners' or renters' insurance \$ \_\_\_\_\_

Real estate taxes (not included in house payment) \$ \_\_\_\_\_

Other (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_

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

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

SUBTOTAL \$ \_\_\_\_\_

##### UTILITIES:

Electricity \$ \_\_\_\_\_

Gas/Heating oil \$ \_\_\_\_\_

Water and sewer \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Trash removal \$ \_\_\_\_\_

Cable TV \$ \_\_\_\_\_

Other (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_

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

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

SUBTOTAL \$ \_\_\_\_\_

FOOD:

Food, milk, household supplies \$ \_\_\_\_\_

School lunches \$ \_\_\_\_\_

Meals outside home \$ \_\_\_\_\_

Other (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_

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

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

SUBTOTAL \$ \_\_\_\_\_

CLOTHING:

Clothing (self) \$ \_\_\_\_\_

Clothing (children) \$ \_\_\_\_\_

Laundry & dry cleaning \$ \_\_\_\_\_

Other (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

MEDICAL CARE: (after insurance reimbursement)

Doctor & Dentist (self) \$ \_\_\_\_\_

Drugs & medical supplies (self) \$ \_\_\_\_\_

Doctor & dentist (children) \$ \_\_\_\_\_

Drugs & medical supplies (children) \$ \_\_\_\_\_

Medical and dental insurance \$ \_\_\_\_\_  
(do not list if already listed in III. on page 3 as a deduction from gross income)

Other:  
\_\_\_\_\_ \$ \_\_\_\_\_

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

SUBTOTAL \$ \_\_\_\_\_

TRANSPORTATION:

Car payment	\$ _____
Repair & maintenance	\$ _____
Gas & oil	\$ _____
Insurance	\$ _____
License and registration	\$ _____
Bus fare/parking	\$ _____
Other (specify): _____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

MISCELLANEOUS:

	CHILD	YOURS
Child care/babysitter		\$ _____
School & school supplies	\$ _____	\$ _____
Church/charitable contributions		\$ _____
Newspapers, magazines & books		\$ _____
Barber/beauty shop	\$ _____	\$ _____
Life insurance premiums		\$ _____
Disability insurance premiums		\$ _____
Professional dues		\$ _____
Voluntary retirement contributions Allowance (children's)	\$ _____	\$ _____
Recreation/entertainment	\$ _____	\$ _____
Family pets		\$ _____



**VI. ASSETS**

(Designate each non-marital asset as "NM")

**REAL ESTATE:**

DESCRIPTION	LOCATION	PRESENT VALUE	HOW TITLE HELD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MOTOR VEHICLES:**

DESCRIPTION (Year, make and model)	PRESENT VALUE	HOW TITLE HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CASH AND FINANCIAL ACCOUNTS:** (Banks, savings and loans and credit unions)

DESCRIPTION	LOCATION	PRESENT VALUE	HOW TITLE HELD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INVESTMENTS:** (Stocks, bonds and other securities)

DESCRIPTION	LOCATION	PRESENT VALUE	HOW TITLE HELD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RETIREMENT ACCOUNTS:**

TYPE	COMPANY	CONTRIBUTORY	PRESENT VALUE
		NON-CONTRIBUTORY	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE:

TYPE	COMPANY	AMOUNT COVERAGE	BENEFICIARY	CASH SURR. VALUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOUSEHOLD GOODS, APPLIANCES AND ALL OTHER PROPERTY NOT PREVIOUSLY LISTED:

DESCRIPTION	LOCATION	PRESENT VALUE	HOW TITLE HELD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VII. DEBTS:**

(Designate each non-marital debt as "NM")

NAME OF CREDITOR	PURPOSE	BALANCE	MONTHLY PAYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public