

IN THE CIRCUIT COURT FOR THE SECOND JUDICIAL CIRCUIT

_____ COUNTY, ILLINOIS

IN RE THE MARRIAGE OF:)
)
 _____,)
)
 and Petitioner,) No. _____
)
 _____,)
)
 Respondent.)

FINANCIAL AFFIDAVIT

Pre-Judgment Post-Judgment

I. INTRODUCTION

I, _____, on oath state that my present age is _____, and that:

(a) (PRE-JUDGMENT ONLY): The parties have been married for _____ years, were separated on _____, _____, and since that time the obligor has paid \$_____ in child support and \$_____ in maintenance to the spouse:

(b) (POST-JUDGMENT ONLY): The marriage of the parties was dissolved on _____, _____. The obligor was ordered to pay \$_____ child support and \$_____ in maintenance to the spouse. The said order was amended _____ time(s) and the obligor is now paying \$_____ in child support and \$_____ in maintenance. The obligor (is not) (is) presently in arrears in the sum of \$_____.

II. PARTIES AND CHILDREN

HUSBAND

WIFE

Name: _____

Name: _____

Address: _____

Address: _____

Soc. Sec. #: XXX-XX-____

Soc. Sec. #: XXX-XX-____

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.

	<u>HUSBAND</u>	<u>WIFE</u>
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)	\$ _____	\$ _____
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):	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL GROSS MONTHLY INCOME	\$ _____	\$ _____

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:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL NET MONTHLY INCOME	\$ _____	\$ _____

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		\$ _____
Family gifts		\$ _____
Toiletries	\$ _____	\$ _____

SUBTOTAL \$ _____ \$ _____

CREDITOR PAYMENTS NOT PREVIOUSLY LISTED:

Monthly installment payments (credit cards):

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Others (specify):

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

SUBTOTAL: \$ _____

TOTAL AVERAGE MONTHLY EXPENSES: \$ _____

V. RECAP:

NET MONTHLY INCOME \$ _____

TOTAL MONTHLY LIVING EXPENSES \$ _____

DIFFERENCE BETWEEN NET INCOME AND EXPENSES \$ _____

LESS MONTHLY DEBT SERVICE \$ _____

INCOME AVAILABLE PER MONTH \$ _____

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 NON-CONTRIBUTORY	PRESENT VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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