

**IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS**

IN RE: The Marriage of: Custody of: Support of:

_____)
_____)
_____)
Petitioner)
and)
_____)
_____)
Respondent)

Case Number: _____

FINANCIAL AFFIDAVIT - LOCAL RULE 11.02
(LAST THREE (3) PAY STUBS AND LAST TWO (2) TAX RETURNS MUST ALSO BE PRODUCED)

Affiant, _____, having been duly sworn, upon oath, states that the information contained herein is true and correct as of _____, 20 ____.

Name: _____ **Telephone No:** (_____) _____
Address: _____ **Petitioner Date of Birth** _____ (mmddyyyy)
_____ **Respondent Date of Birth** _____ (mmddyyyy)
Date of Marriage: _____ **Date of Dissolution of Marriage (if applicable)**
(mmddyyyy) _____ (mmddyyyy)

Minor and/or Dependent Children of this Marriage:

NAME	Date of Birth (mmddyyyy)	Currently Living With

(Attach additional page(s) as needed)

Current Employer:	Address:
Self Employment:	Address:
Other Employment	Address:

Check if unemployed

Number of Paychecks per year: (Please Check Box) 12 24 26 52 Other _____

Number of Exemptions claimed: _____

Number of Dependents claimed: _____

Gross Income from all sources last year: _____

Gross Income from all sources this year through _____ : \$ _____

STATEMENT OF INCOME

Gross Monthly Income

Salary/Wages/Base Pay	\$
Overtime/Commission	\$
Bonus	\$
Draw	\$
Pension and Retirement Benefits	\$
Annuity	\$
Interest income	\$
Dividend income	\$
Trust income	\$
Social Security	\$
Unemployment benefits	\$
Disability payment	\$
Worker's Compensation	\$
Public Aid/Food Stamps	\$
Investment income	\$
Rental income	\$
Business income (including non-taxable distributions)	\$
Partnership income	\$
Royalty income	\$
Fellowship/stipends	\$
Other income (specify):	\$

TOTAL GROSS MONTHLY INCOME: \$ _____ \$ _____

ADDITIONAL CASH FLOW (Monthly)

Spousal support received (specify)	\$
<input type="checkbox"/> Pursuant to a prior judgment or order in another case	\$
<input type="checkbox"/> Pursuant to a prior judgment or order in this case	\$
<input type="checkbox"/> Voluntarily paid in this case	\$
Child Support received (specify)	\$
<input type="checkbox"/> Pursuant to a prior judgment or order in another case	\$
<input type="checkbox"/> Pursuant to a prior judgment or order in this case	\$
<input type="checkbox"/> Voluntarily paid in this case	\$

TOTAL ADDITIONAL CASH FLOW: \$ _____ \$ _____

REQUIRED MONTHLY DEDUCTIONS

Federal Tax (based on _____ exemptions)	\$
State Tax (based on _____ exemptions)	\$
FICA (or Social Security equivalent)	\$
Medicare Tax	\$
Mandatory retirement contributions required by law or as a condition of employment	\$
Union Dues (Name of Union: _____)	\$
Health/hospitalization Premiums	\$
Prior obligation(s) of support actually paid pursuant to Court order	\$
Other (specify):	\$

Total Required Deductions from Income: \$ _____ \$ _____

NET MONTHLY INCOME:

\$ _____	\$ _____
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STATEMENT OF MONTHLY LIVING EXPENSES

1. Household

a. Mortgage or rent (specify)	\$
b. Home equity loan payment	\$
c. Real estate taxes, assessments	\$
d. Homeowners or renters insurance	\$
e. Heat/fuel	\$
f. Electricity	\$
g. Telephone (include long distance)	\$
h. Water and Sewer	\$
i. Refuse removal	\$
j. Laundry/dry cleaning	\$
k. Maid/cleaning service	\$
l. Furniture and appliance repair/replacement	\$
m. Lawn and garden care/snow removal	\$
n. Food (groceries, household supplies, etc.)	\$
o. Liquor, beer, wine, etc.	\$
p. Other (specify)	\$

SUBTOTAL HOUSEHOLD EXPENSES \$ _____ \$ _____

2. Transportation

a. Fuel	\$
b. Repairs/maintenance	\$
c. Insurance/license/city stickers	\$
d. Payments/replacement	\$
e. Other (specify)	\$

SUBTOTAL TRANSPORTATION EXPENSES \$ _____ \$ _____

3. Personal

a. Clothing	\$
b. Grooming	\$
c. Medical (after insurance proceeds/reimbursement)	\$
(1) Doctor	\$
(2) Dentist	\$
(3) Optical	\$
(4) Medication	\$
d. Insurance	\$
(1) Life – Term/Whole (specify)	\$
(2) Medical/Hospitalization	\$
(3) Dental/optical	\$
e. Other (specify)	\$
SUBTOTAL PERSONAL EXPENSES:	\$ _____ \$ _____

4. Miscellaneous:

a. Clubs/social obligations/entertainment	\$
b. Newspapers, magazines, books	\$
c. Gifts	\$
d. Donations, church or religious affiliations	\$
e. Vacations	\$
f. Other (specify)	\$
SUBTOTAL MISCELLANEOUS EXPENSES	\$ _____ \$ _____

5. Expenses of Minor and/or Dependent Children of this Marriage:

a. Clothing	\$
b. Grooming	\$
c. Education	
(1) Tuition	\$
(2) Books/Fees	\$
(3) Lunches	\$
(4) Transportation	\$
(5) Medication	\$
d. Medical (after insurance proceeds/reimbursement)	
(1) Doctor	\$
(2) Dentist	\$
(3) Optical	\$
(4) Medication	\$
e. Allowance	\$
f. Child care/After-school care	\$
g. Sitters	\$
h. Lesson and supplies	\$
i. Clubs/Summer Camps	\$
j. Vacation	\$
k. Entertainment	\$
l. Other (specify)	\$
SUBTOTAL CHILDREN'S EXPENSES	\$ _____ \$ _____

TOTAL MONTHLY LIVING EXPENSES

\$ _____ \$ _____

STATEMENT OF LIABILITIES:

CREDITOR'S NAME	PAYMENT FOR	BALANCE DUE	MONTHLY PAYMENT
		\$	\$
		\$	\$
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		\$	\$

TOTAL LIABILITIES \$ _____

TOTAL MONTHLY DEBT SERVICE \$ _____

(Attach additional page(s) as needed)

STATEMENT OF ASSETS

Valuation Date: _____ (mmddyyy)

Marital Residence and Other Real Estate

Market Value

Debt

1. Marital Residence at:	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

TOTAL REAL ESTATE \$ _____ \$ _____

Cars & Other Personal Property

Market Value

Debt

1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$

TOTAL CARS & OTHER PERSONAL PROPERTY \$ _____ \$ _____

Businesses:	Market Value	Debt
1. Business Interest	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____
4.	\$ _____	\$ _____
5.	\$ _____	\$ _____
6.	\$ _____	\$ _____
TOTAL BUSINESS	\$ _____	\$ _____

Financial Assets (Cash or Cash Equivalents):	Market Value
1. Savings or interest-bearing accounts	\$ _____
2. Checking Accounts	\$ _____
3. Certificates of Deposit	\$ _____
4. Money Market Accounts	\$ _____
5. Cash	\$ _____
6. Other (specify):	\$ _____
7. Other (specify):	\$ _____
TOTAL CASH OR CASH EQUIVALENTS	\$ _____

Retirement & Deferred Compensation:	Market Value
1. Retirement	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
TOTAL RETIREMENT & DEFERRED COMPENSATION	\$ _____

Investment Accounts and Securities:	Market Value
1. Stocks	\$ _____
2. Bonds	\$ _____
3. Tax exempt securities	\$ _____
4. Other (specify):	\$ _____
5. Other (specify):	\$ _____
6. Other (specify):	\$ _____
TOTAL INVESTMENT ACCOUNTS & SECURITIES	\$ _____

RECAP OF INCOME AND EXPENSES:

Net Monthly Income (+)	\$ _____
Total Monthly Living Expenses (-)	\$ _____
Less Monthly Debt Service (-)	\$ _____
Total Income Available per Month (=)	\$ _____

STATEMENT OF HEALTH INSURANCE COVERAGE

Currently effective health insurance coverage? Yes No

Name of insurance carrier: _____

Policy of Group No.: _____

Type of insurance: Medical Dental Optical

Deductible: Per individual: \$ _____ Per family: \$ _____

Persons covered: Self Spouse Dependents

Type of policy: HMO PPO Full indemnity

Provided by: Employer Private Policy Other Group

Monthly costs: Paid by Employer Paid by employee: \$ _____ for dependents
\$ _____ for self

VERIFICATION

The foregoing Financial Affidavit has been carefully read by the undersigned who states under oath, under penalties as provided by law pursuant to 735 ILCS 5/109, that this affidavit includes all of his/her income and expenses, he/she has knowledge of the matters stated and he/she certifies that the statements set forth in this Affidavit are true and correct, except as to matters specifically stated to be on information and belief, and as to such matters the undersigned certified as aforesaid that he/she believes same to be true.

Signature of Petitioner

Signature of Respondent

Typed or Printed Name of Petitioner

Typed or Printed Name of Respondent

Date signed: _____

Date signed: _____