

**IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS**

Case No. _____

| | | |
|--------------|--------------|------------|
| | | |
| Plaintiff(s) | Defendant(s) | File Stamp |

**COMPREHENSIVE FINANCIAL STATEMENT
PURSUANT TO LOCAL RULE #15.13 (c)
INSTRUCTIONS**

- (1) All questions require a written response. If you do not have the information requested or do not know the answer to a particular question, indicate that as your answer.
- (2) Use additional sheets if necessary.
- (3) Attach copies of all supporting documentation in your possession.

Petitioner/Respondent, _____, being duly sworn, states that the following is an accurate statement as of 12/6/08, of his/her net worth (assets of both parties), a statement of income from all sources, a statement of monthly living expenses, a statement of health insurance coverage, and a statement of assets transferred of whatsoever kind and nature and wherever situated:

Name: _____

Telephone No.: _____

Address: _____

Social Security No. (last 4 digits only): _____

Date of Birth: _____

Date of Marriage: _____

Date of Dissolution of Marriage:

Date of Separation: _____

(if applicable) _____

Children of this marriage:

_____ age _____ residing with _____

_____ age _____ residing with _____

_____ age _____ residing with _____

_____ age _____ residing with _____

Current Employer: _____

Address: _____

Self Employment: _____

Address: _____

Other Employment: _____

Address: _____

Check if unemployed

Number of Paychecks per year (Please Select One) 12 24 26 52 Other _____

Number of Exemptions Claimed: _____

Number of Dependents: _____

Gross income from all sources last year: _____

Gross income from all sources this year: _____

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

STATEMENT OF INCOME as of _____

GROSS MONTHLY INCOME

| | | |
|---------------------------------|-------|---------|
| Salary/wages/base pay | _____ | Line 1 |
| Overtime/commission | _____ | Line 2 |
| Bonus | _____ | Line 3 |
| Draw | _____ | Line 4 |
| Pension and retirement benefits | _____ | Line 5 |
| Annuity | _____ | Line 6 |
| Interest income | _____ | Line 7 |
| Dividend income | _____ | Line 8 |
| Trust income | _____ | Line 9 |
| Social Security Payments | _____ | Line 10 |
| Unemployment benefits | _____ | Line 11 |
| Disability payments | _____ | Line 12 |
| Worker's Compensation | _____ | Line 13 |
| Public Aid/Food Stamps | _____ | Line 14 |
| Investment income | _____ | Line 15 |
| Rental income | _____ | Line 16 |
| Business income | _____ | Line 17 |
| Partnership income | _____ | Line 18 |
| Royalty income | _____ | Line 19 |
| Fellowships/stipends | _____ | Line 20 |
| Other income (specify) _____ | _____ | Line 21 |

SUBTOTAL GROSS MONTHLY INCOME

(Total of lines 1-21) _____ Line 22

Additional Cash Flow (monthly)

| | | |
|---|-------|---------|
| Maintenance received | _____ | Line 23 |
| (payments received prior to judgment or support orders in other actions) | | |
| Child support received | _____ | Line 24 |
| (payments received pursuant to Court order or voluntarily in this or other actions) | | |

SUBTOTAL ADDITIONAL CASH FLOW

(Total of line 23 and 24) _____ Line 25

TOTAL MONTHLY GROSS INCOME FROM ALL SOURCES

(Total of line 22 and 25) _____ Line 26

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

REQUIRED MONTHLY DEDUCTIONS

| | | |
|---|-------|-----------------------|
| Federal Tax (based on _____ exemptions) | _____ | Line 27 |
| State Tax (based on _____ exemptions) | _____ | Line 28 |
| FICA (or Social Security equivalent) | _____ | Line 29 |
| Medicare Tax | _____ | Line 30 |
| Mandatory retirement contributions required by law or as conditions of employment | _____ | Line 31 |
| Union Dues (Name of Union _____) | _____ | Line 32 |
| Health/Hospitalization Premiums | _____ | Line 33 |
| Prior obligation(s) of support actually paid pursuant to Court Order | _____ | Line 34 |
| TOTAL REQUIRED DEDUCTIONS FROM MONTHLY INCOME (Add lines 27 through 34) | _____ | Line 35 |
| NET MONTHLY INCOME (Line 26 minus line 35) | _____ | \$0.00 Line 36 |

STATEMENT OF MONTHLY LIVING EXPENSES as of _____

1. Household

| | | |
|--|-------|---------|
| a. Mortgage or rent (specify) _____ | _____ | Line 37 |
| b. Home equity loan/Second mortgage | _____ | Line 38 |
| c. Real estate taxes, assessments | _____ | Line 39 |
| d. Homeowners or renters insurance | _____ | Line 40 |
| e. Heat/fuel | _____ | Line 41 |
| f. Electricity | _____ | Line 42 |
| g. Telephone (include long distance and cell) | _____ | Line 43 |
| h. Water and Sewer | _____ | Line 44 |
| i. Refuse removal | _____ | Line 45 |
| j. Laundry/dry cleaning | _____ | Line 46 |
| k. Maid/cleaning service | _____ | Line 47 |
| l. Furniture and appliance repair/replacement | _____ | Line 48 |
| m. Lawn and garden/snow removal | _____ | Line 49 |
| n. Food (groceries, household supplies, etc.) | _____ | Line 50 |
| o. Liquor, beer, wine, etc. | _____ | Line 51 |
| p. Cable/Satellite/Internet | _____ | Line 52 |
| q. Other (specify) _____ | _____ | Line 53 |
| SUBTOTAL HOUSEHOLD EXPENSES (Total of lines 37 through 53) | _____ | Line 54 |

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

MONTHLY LIVING EXPENSES CONTINUED

- 2. Transportation
 - a. Gasoline _____ Line 55
 - b. Repairs _____ Line 56
 - c. Insurance/license/city stickers _____ Line 57
 - d. Payments/replacement _____ Line 58
 - e. Alternative transportation _____ Line 59
 - f. Other (specify) _____ Line 60

SUBTOTAL TRANSPORTATION EXPENSES _____ Line 61

(Total of line 55 through 60)

- 3. Personal
 - a. Clothing _____ Line 62
 - b. Grooming _____ Line 63
 - c. Medical (after insurance)
 - 1. Doctor _____ Line 64
 - 2. Dentist _____ Line 65
 - 3. Optical _____ Line 66
 - 4. Medication _____ Line 67
 - d. Insurance
 - 1. Life Insurance Premiums _____ Line 68
 - 2. Medical/Hospitalization Insurance Premiums _____ Line 69
 - 3. Dental/Optical Insurance Premiums _____ Line 70
 - e. Other (specify) _____ Line 71

SUBTOTAL PERSONAL EXPENSES _____ Line 72

(Total of line 62 through 71)

- 4. Miscellaneous
 - a. Clubs/social obligations/entertainment _____ Line 73
 - b. Newspaper, magazines, books _____ Line 74
 - c. Gifts _____ Line 75
 - d. Donations, church or religious affiliation _____ Line 76
 - e. Vacations _____ Line 77
 - f. Other (specify) _____ Line 78

SUBTOTAL MISCELLANEOUS EXPENSES _____ Line 79

(Total of line 73 through 78)

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

MONTHLY LIVING EXPENSES CONTINUED

| | | |
|----|------------------------------------|-------|
| 5. | Dependent children: Names and Ages | |
| | Name | Age |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Children's separate expenses

- a. Clothing _____ Line 80
- b. Grooming _____ Line 81
- c. Education
 - 1. Tuition _____ Line 82
 - 2. Books/fees _____ Line 83
 - 3. Lunches _____ Line 84
 - 4. Transportation _____ Line 85
 - 5. Activities _____ Line 86
- d. Medical (after insurance):
 - 1. Doctor _____ Line 87
 - 2. Dentist _____ Line 88
 - 3. Optical _____ Line 89
 - 4. Medication _____ Line 90
- e. Allowance _____ Line 91
- f. Child care/after school care _____ Line 92
- g. Sitters _____ Line 93
- h. Lessons and supplies _____ Line 94
- i. Clubs/summer camps _____ Line 95
- j. Vacation _____ Line 96
- k. Entertainment _____ Line 97
- l. Other (specify) _____ Line 98

SUBTOTAL CHILDREN'S EXPENSES: _____ Line 99

(Total of line 80 through 98)

TOTAL MONTHLY LIVING EXPENSES: _____ Line 100

(Add lines 54, 61, 72, 79 and 99)

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

STATEMENT OF CURRENT DEBTS/LIABILITIES (not previously listed on pages 1-5)

| Creditor's Name | Purpose of Debt | Balance Due | Monthly Payment |
|-----------------|----------------------|---------------|------------------------|
| | | | |
| | Monthly Debt Service | \$.00 | \$.00 Line 101 |

| RECAP | |
|---|------------------------|
| NET MONTHLY INCOME (Line 36) | \$.00 Line 102 |
| TOTAL MONTHLY LIVING EXPENSES (Line 100) | _____ Line 103 |
| DIFFERENCE BETWEEN NET INCOME AND EXPENSES (Line 102 minus 103) | \$.00 Line 104 |
| LESS MONTHLY DEBT SERVICE (Line 101) | \$.00 Line 105 |
| INCOME AVAILABLE PER MONTH (Line 104 minus 105) | \$.00 Line 106 |

STATEMENT OF HEALTH INSURANCE COVERAGE

Currently effective Health Insurance Coverage: Yes No

Name of Insurance Carrier: _____ Policy or Group No. _____

Type of Insurance: Medical Dental Optical

Deductible: Per Individual _____ Per Family _____

Persons covered: Self Spouse Dependents

Type of policy: HMO PPO Standard Indemnity (i.e. 80/20)

Provided by: Employer Private Policy Other Group

Monthly Cost: Paid by Employer _____ Paid by Employee _____

For dependents _____

For myself _____

POTENTIAL DEBTS/LIABILITIES

| Creditor's Name | Purpose of Debt | Anticipated Debt | Anticipated Monthly Payment |
|-----------------|-----------------|------------------|-----------------------------|
| | | | |

Cash or Cash Equivalents:

| | | | |
|--|------------------|---------------|--------------|
| 1. Savings or Interest Bearing Accounts | | | |
| Name of Bank and Account Number | Title in name of | Date Acquired | Value/Amount |
| | | | |
| 2. Checking Accounts | | | |
| Name of Bank and Account Number | Title in name of | Date acquired | Value/Amount |
| | | | |
| 3. Certificate of Deposit | | | |
| Name of Bank and Account Number | Title in name of | Date acquired | Value/Amount |
| | | | |

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

| | | | |
|---------------------------------|------------------|---------------|--------------|
| 4. Money Market Accounts | | | |
| Name of Bank and Account Number | Title in name of | Date acquired | Value/Amount |
| | | | |
| 5. Cash | | | |
| Name of Bank and Account Number | Title in name of | Date acquired | Value/Amount |
| | | | |
| 6. Other (specify) | | | |
| Name of Bank and Account Number | Title in name of | Date acquired | Value/Amount |
| | | | |

INVESTMENT ACCOUNTS AND SECURITIES:

| | | | |
|---------------------------------------|------------------|---------------|--------------|
| 1. Stocks | | | |
| Description | Title in name of | Date acquired | Value/Amount |
| | | | |
| 2. Bonds | | | |
| Description | Title in name of | Date acquired | Value/Amount |
| | | | |
| 3. Tax Exempt Securities | | | |
| Description | Title in name of | Date acquired | Value/Amount |
| | | | |
| 4. Secured or Unsecured Notes | | | |
| Description | Title in name of | Date acquired | Value/Amount |
| | | | |
| 5. Mutual Funds or Brokerage Accounts | | | |
| Description | Title in name of | Date acquired | Value/Amount |
| | | | |
| 6. Other (specify) | | | |
| Description | Title in name of | Date acquired | Value/Amount |
| | | | |

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

| SAFE DEPOSIT BOX: | | | | | |
|--|------------------|---------------|----------------------------|-------------------------|-------------------|
| Name of Bank, City, Box Number | Keyholder | Contents | Date acquired | Value/Amount | |
| | | | | | |
| REAL PROPERTY: | | | | | |
| 1. Residence | | | | | |
| Address of Property | Title Holder | Date acquired | Mortgage Lien Holder(s) | Mortgage Amt. Remaining | Fair Market Value |
| | | | | | |
| 2. Secondary or vacation residence | | | | | |
| Address of Property | Title Holder | Date acquired | Mortgage Lien Holder(s) | Mortgage Amt. Remaining | Fair Market Value |
| | | | | | |
| 3. Investment or Business Real Estate | | | | | |
| Address of Property | Title Holder | Date acquired | Mortgage Lien Holder(s) | Mortgage Amt. Remaining | Fair Market Value |
| | | | | | |
| 4. Vacant Land | | | | | |
| Address of Property | Title Holder | Date acquired | Mortgage Lien Holder(s) | Mortgage Amt. Remaining | Fair Market Value |
| | | | | | |
| 5. Other (specify) | | | | | |
| Address of Property | Title Holder | Date acquired | Mortgage Lien Holder | Mortgage Amt. Remaining | Fair Market Value |
| | | | | | |
| MOTOR VEHICLE(S), BOAT(S), TRAILER(S), ETC. | | | | | |
| Year, Make, Model | Title in name of | Date acquired | Lien Holder(s) | Value | Loan Balance |
| | | | | | |
| BUSINESS INTERESTS: Type of entity, i.e. Corporations, Partnerships, Sole Proprietorships | | | | | |
| Business Name/Type of Business | In name of | Date acquired | % Interest/ # of Shares | Value/Amount | |
| | | | | | |
| INSURANCE POLICIES: Type of insurance, i.e. Life, Medical, Disability, Business Overhead, Property, etc | | | | | |
| Name of Company/Policy Number | Name of insured | Date acquired | Beneficiary | Value/Amount | |
| | | | | | |

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

RETIREMENT, PENSION PLANS, IRA ACCOUNTS, DEFERRED COMPENSATION, ANNUITIES, 401(k), PROFIT SHARING, etc.:

| Name of Company/Type of Plan | Participant | Vested Y/N | Date acquired | Beneficiary | Value/Amount |
|------------------------------|-------------|------------|---------------|-------------|--------------|
| | | | | | |

STOCK OPTIONS, ESOPs, OTHER DEFERRED COMPENSATION OR EMPLOYMENT BENEFITS: (Describe fully)

| Description | Title in name of | Date acquired | Fair Market Value |
|-------------|------------------|---------------|-------------------|
| | | | |

INCOME TAX REFUNDS: Federal and State (current or expected)

| Federal/State/Taxpayer Name | Joint or Individual | Tax Year(s) | Refund Amount |
|-----------------------------|---------------------|-------------|---------------|
| | | | |

PENDING CLAIMS FOR PERSONAL INJURY, WORKER'S COMPENSATION, BANKRUPTCY, OR OTHER LAWSUITS, CLAIMS AND/OR DEMANDS SEEKING MONETARY AWARD(S) OR OTHER RELIEF:

| Claimant | Nature and Amount of Claim | Date of Occurrence | Name and Address of Attorney |
|----------|----------------------------|--------------------|------------------------------|
| | | | |

COLLECTIBLES: Coins, stamps, art, antiques, etc.

| Description | Title in name of | Date acquired | Value/Amount |
|-------------|------------------|---------------|--------------|
| | | | |

ALL OTHER MARITAL PROPERTY: Personal or Real, NOT PREVIOUSLY LISTED, valued in excess of \$500.00 excluding normal household furniture and furnishings)

| Description | Title in name of | Date acquired | Fair Market Value |
|-------------|------------------|---------------|-------------------|
| | | | |

NONMARITAL PROPERTY: Identify all property claimed to be nonmarital

| Description | Title | Date acquired | Inheritance(I) or Gift(G) Premarital (P) | Value/Amount |
|-------------|-------|---------------|--|--------------|
| | | | | |

STATEMENT OF ASSET TRANSFERRED: (List all assets transferred in any manner during the preceding six (6) months)

| Description of Property | To Whom Transferred and Relationship To Transferee | Date of Transfer and Purpose | Value/Amount |
|-------------------------|--|------------------------------|--------------|
| | | | |

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

CERTIFICATE OF DOCUMENT PRODUCTION

I, _____, certify that the attached document(s) are all of the documents I have in my possession or that I can obtain upon reasonable effort as of this date. The undersigned certifies that he/she has read the above and foregoing Comprehensive Financial Statement; that he/she knows the contents thereof, and that the information therein contained is true and correct.

I have provided copies of all supporting documents in my possession, relating to the disclosures made above.

Signature of Party Petitioner Respondent

Type or Print Name