

**STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
* COUNTY, ILLINOIS**

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

FINANCIAL AFFIDAVIT OF

1. Marital History:

- A. My Name: _____ Age: _____ D/O/B: _____
 Employer: _____ Education: _____
 Job Title: _____ SSN: _____
- B. Name of Opposing Party: _____ Age: _____ D/O/B: _____
 Employer: _____ Education: _____
 Job Title: _____ SSN: _____
- C. Date parties married: _____
 D. Date parties separated: _____
 E. Date final divorce decree entered: _____
 F. Names and Current Ages of Children:

Name	Date of Age Birth	Year in School	Name	Date of Age Birth	Year in School
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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 _____

2. 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): \$ _____
 My Total Monthly Income (Net and Other): \$ _____

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): \$ _____
 Total My Non-Marital Debts (from page 9): \$ _____

3. 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 name of employer)

(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)

(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: _____ \$

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

(put on front page)
(subtract Total Deductions from Gross above)

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 _____ \$

MY OTHER MONTHLY INCOME: \$

(put on front page)

C. Do other adults living in your household have income? G Yes G No

SCHEDULE B
MONTHLY EXPENSES

1. State Total Number of People in your Household:
List names of people in your household (exclude yourself):
- | <u>Names</u> | <u>Age</u> | <u>Relationship</u> |
|--------------|------------|---------------------|
|--------------|------------|---------------------|

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

A. Rent/Mortgage Payment <small>(circle one)</small>	\$
B. Property taxes	\$
C. Condo maintenance fee	\$
D. Homeowner's or Renter's Insurance <small>(circle one)</small>	\$
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 _____	\$

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 _____	\$
<small>(specify)</small>	

TOTAL MONTHLY MEDICAL EXPENSES: \$

4. Monthly Auto Expenses: (State number of cars: _____)
 (Show 1/12th of Annual Total for Expenses Not Paid Monthly)
- A. Gasoline and Oil \$
 - B. Maintenance and repairs \$
 - C. Registration \$
 - D. Insurance \$
 - E. Parking \$

TOTAL MONTHLY AUTO EXPENSES: \$

5. Monthly Child Care Expenses (State number of children: _____)
 (Show 1/12th of Annual Total for Expenses Not Paid Monthly)
- A. Clothing/Shoes \$
 - B. Daycare \$
 - C. Eyeglasses/contacts \$
 - D. Hairdresser/Barber \$
 - E. Grooming/Cosmetics \$
 - F. Lunch money \$
 - G. Allowances \$
 - H. Gifts and Presents (Birthdays/Christmas) \$
 - I. Tuition/books/fees/school supplies \$
 - J. Transportation (school bus fees) \$
 - K. Lessons/tutoring \$
 - L. Recreation, sports and 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 and hobby expenses \$
 - K. Religious/Charitable contributions \$
 - L. Vacations \$
 - M. Social/Club dues and expenses \$
 - N. Gifts and presents (not for your 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 for Expenses Not Paid Monthly)

	<u>Name of Creditor</u>	<u>Reason for Debt</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>
A.				
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				
K.				
L.				
M.				
N.				
O.				

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

1. Real Estate

State Type (marital home, rental property, lot or farm) and Address of Property	How Titled	Value
a.		
b.		
c.		
	TOTAL:	

2. Motor Vehicles (car, truck, motorcycle, or boat)

State type and list year, make and model	How Titled	Value
a.		
b.		
c.		
	TOTAL:	

3. Checking Accounts, Savings Accounts, Money Market Accounts and Certificates of Deposits

Account Type	Name of Institution	How Titled	Balance
a.			
b.			
c.			
d.			
e.			
		TOTAL:	

4. Stocks, Bonds, Mutual Funds and Other Investments

Describe investment & state number of shares/bonds	How Titled	Value
a.		
b.		
c.		
d.		
	TOTAL:	

5. Life Insurance Policies

Name of Company and Name of Insured	Type of Policy (Whole Life or Term)	Face Value	Cash Value
a.			
b.			
c.			
d.			
e.			
		TOTAL:	

6. Retirement Income Plans, Pensions, Profit Sharing Plans, Keoghs and IRAs

State name of Plan or Program	Owner	Value
a.		
b.		
c.		
d.		
e.		
f.		
	TOTAL:	

7. Personal Property

Description	Where Located	Value
Furniture/Appliances		
Jewelry/furs		
Coin/Stamp Collection		
Cash		
Other (specify)		
	TOTAL:	

TOTAL MARITAL ASSETS: \$
 (Sum of Schedule C, paragraphs 1-7) (put on front page)

**SCHEDULE D
MARITAL DEBTS**

1. Mortgage, Home Equity or other Real Estate Loans

Type of Loan and Lender	Address of Property	Monthly Pmt.	Balance
a.			
b.			
c.			
		TOTAL:	

2. Any Other Debts, including those listed in paragraph 8 on page 5, which are marital debts (such as auto loans, credit cards, credit accounts, consumer loans, personal loans. etc.)

Creditor	Reason for Debt	Monthly Pmt.	Balance
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			
		TOTAL:	

TOTAL MARITAL DEBTS: \$
(Sum of Schedule D, paragraphs 1 and 2) (put on front page)

SCHEDULE E
MY NON-MARITAL ASSETS AND DEBTS

1. My Non-Marital Assets

Description (real estate, motor vehicle, financial	Where Located	Value
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		

TOTAL MY NON-MARITAL ASSETS: \$
(put on front page)

2. My Non-Marital Debts, including those non-marital debts listed in paragraph 8 on page 5

Creditor	Reason for Debt	Monthly Pmt.	Balance
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			

TOTAL MY NON-MARITAL DEBTS: \$
(put on front page)

CERTIFICATION

I, the undersigned, certify under penalty of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, that I have read the foregoing Financial Affidavit, that I know the contents thereof, and that the statements contained therein are true to the best of my knowledge, information and belief.

Dated this _____ day of _____, 20_____.

Plaintiff/Defendant

Law Office of
Susan H. Butler, P.C.
100 South Main Street
Morton, IL 61550-2030
Telephone: (309) 263-1204
Facsimile: (309) 263-2053

The undersigned certifies that the foregoing instrument was served upon all parties to the above cause by sending a copy to the attorneys of record at their addresses as disclosed on the pleadings, on the _____ day of _____, 20____, by the following:

Hand Delivery FAX
 Overnight Courier U.S. Mail
 Other:

Signature: _____