

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 _____ \$
(specify)

MY OTHER MONTHLY INCOME: \$

(put on front page)

C. Do other adults living in your household have income? Yes 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 _____	\$	

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:	

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: _____