

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
_____ COUNTY, ILLINOIS

IN RE THE MARRIAGE OF:)
)
_____,)
)
 Petitioner,)
)
 vs.)
)
_____,)
)
 Respondent.)

Case No. 20 ___-D-___

FINANCIAL AFFIDAVIT (FAMILY CASES)

UNLESS THE COURT OTHERWISE DIRECTS, THIS *FINANCIAL AFFIDAVIT (FAMILY CASES)* AND ALL SUBMITTED DOCUMENTARY EVIDENCE SHALL NOT BE MADE PART OF THE PUBLIC RECORD. IF A PARTY INTENTIONALLY OR RECKLESSLY FILES AN INACCURATE OR MISLEADING *FINANCIAL AFFIDAVIT (FAMILY CASES)*, HE OR SHEE MAY FACE SIGNIFICANT PENALTIES AND SNACTIONS, INCLUDING BUT NOT LIMITED TO, COSTS AND ATTORNEY’S FEES.

If you need more room to complete this *Financial Affidavit (Family Cases)*, fill out and attach an *Additional Information for Financial Affidavit (Family Cases)* form and check this box:

- 1. I am the Petitioner Respondent in this case.

- 2. I swear the following *Financial Affidavit (Family Cases)* and all attached documents are a true and accurate statement of my income, assets, debts, and monthly living expenses as of _____, unless otherwise specified.

- 3. I have attached the most recent copies of the following documents (*check all that apply*):
 - a. income tax returns with or without attachments;
 - b. pay stubs or other proof of income;
 - c. bank statements; AND/OR
 - d. Other support documents (*specify*)

- 4. I am providing the following information about myself:

- a. Name: _____
 b. Phone Number: _____
 c. Home Address: _____
 d. Date of Birth: _____ Current Age: _____

5. I am providing the following information about our relationship:

- a. We were married/united on: _____
 b. Our marriage/civil union was dissolved on (if applicable): _____
 c. We were never married/united.
 d. We currently live together: Yes No
 e. We stopped living together on (if applicable): _____

6. I am providing the following information about the children that were born or legally adopted as a result of my relationship with the other party:

- a. No children were born or adopted as result of my relationship with the other party.

b.

	Name of Child	Age	Date of Birth	Residing With
1.				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
2.				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
3.				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
4.				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
5.				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

7. I am employed: Yes No

- a. If yes: I am self-employed I work for someone else
 b. Company's Name: _____
 c. Company's Address: _____
 d. Other employment: _____
 e. Address: _____
 f. Number of Paychecks per year: 12 (monthly) 24 (two times a month)
 26 (every two weeks) 52 (weekly)
 I am paid in cash.

8. I am providing the following tax information:

- a. Tax filing status last year: Married (Joint) Married (Separate)
 Single Head of Household Other
 b. Number of dependent exemptions claimed: _____
 c. Total number of exemptions claimed: _____
 d. Amount of: tax refund liability last year \$ _____
 e. Gross income (before taxes) from all sources last year: \$ _____
 f. Gross income (before taxes) from all sources this year: \$ _____

9. I have filed for bankruptcy: Yes No

a. If yes, date of filing was: _____

Case number: _____

b. My bankruptcy case is still pending: Yes

No

10. My gross (before taxes) monthly income is:

a. Salary Wages Base Pay Draw (Check all that apply)

Overtime	
Commission	
Bonus	
Pension or other retirement benefits	
Annuity	
Interest income	
Dividend income	
Trust income	
Social Security	
Unemployment benefits	
Disability payment	
Workers compensation	
Public Aid/TANF (cash assistance)	
Food Stamps/SNAP	
Foster care payments paid by DCFS	
Investment income	
Rental income	
Partnership income	
Royalty income	
<input type="checkbox"/> Fellowships <input type="checkbox"/> Stipend (check all that apply)	
<input type="checkbox"/> Grants <input type="checkbox"/> Scholarships	
Other:	
b. Total gross monthly income:	

11. My monthly deductions are:

a.

Federal income: _____ withholding allowances	
State income tax	
FICA (or Social Security equivalent)	
Medicare tax	
Mandatory retirement contributions (by law or condition of employment)	
Union dues	
Insurance Premiums (check all that apply)	
<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	
Life insurance premiums to secure child support	
Maintenance: Case Number:	

Child Support: Case number:	
Expenditures that are repayment of debts reasonable and necessary for the production of income, including student loans	
Medical expenditures necessary to preserve life or health	
Reasonable expenditures for child and other parent, excluding gifts	
Foster care payments paid by DCFS	
b. Total monthly deductions	

12. My monthly living expenses are:

a. Household expense:

Mortgage or rent	
Home equity payment/second mortgage	
Real estate tax assessment	
Homeowners or renters insurance	
Heat/gas	
Electric	
Telephone	
Cable or satellite TV	
Internet	
Water/sewer	
Garbage removal	
Laundry/dry cleaning	
Maid/cleaning service	
Furniture/appliance repair/necessary replacement	
Necessary repairs/maintenance to residence	
Lawn/garden/snow removal	
Groceries/household supplies/toiletries	
Liquor/tobacco	
Other:	
Subtotal Monthly Household Expenses	

b. My monthly transportation:

Gasoline	
Repairs/maintenance	
Insurance/license/city stickers	
Car payment	
Public or alternative transportation (<i>taxi, ride-share, bus, train, etc.</i>)	
Parking	
Other:	
Subtotal Monthly Transportation Expenses	

c. My monthly personal expenses:

Medical (<i>unreimbursed/uncovered/out-of-pocket expenses</i>):	
Doctor visits	
Therapy/counseling	
Dental/orthodontia	
Vision (<i>glasses, contact lenses</i>)	
Medicine	
Life insurance premium (<i>not required by law to secure child support</i>):	
Life (<i>term</i>)	
Life (<i>whole or annuity</i>)	
Clothing	
Grooming (<i>hair, nails, spa, etc.</i>)	
Social/health club memberships/private clubs	
Entertainment/dining out/hobbies	
Newspapers/magazines/books/subscriptions	
Gifts	
Donations (<i>political/religious/charity</i>)	
Vacations	
Voluntary trade organization dues/liability insurance	
Professional fees (<i>accountants, tax preparers, etc.</i>)	
Other:	
Subtotal Monthly Personal Expenses:	

d. Monthly minor and dependent expenses:

Clothing	
Grooming (<i>hair, nails, spa, etc.</i>)	
Education	
Tuition	
Books/fees/supplies	
School lunch	
Transportation	
School-sponsored activities/events	
Uniforms	
Before/after-school care	
Tutoring/summer school	
Medical (<i>unreimbursed/uncovered/out-of-pocket expenses</i>)	
Doctor visits	
Therapy/counseling	
Dental/orthodontia	
Vision (<i>glasses, contact lenses</i>)	
Medicine	

Allowance	
Childcare/sitters	
Extracurricular activities/sports (<i>including equipment, uniforms, etc.</i>)	
Summer/school-break camps	
Vacations (<i>children only</i>)	
Entertainment/dining out/hobbies (<i>children only</i>)	
Other:	
Subtotal Monthly Minor or Dependent Children Expenses	

e. Total Monthly Expenses: \$ _____

13. My Statement of Debts:

a.

	Creditor Name	Payment For	Amount Still Owed	Monthly Payment Made
1.				
2.				
3.				
4.				
5.				

b. Total Monthly Debt Payments: \$ _____

14. Summary of Monthly Income and Expenses:

a. Gross Monthly Income \$ _____
minus

b. Total Monthly Deductions: \$ _____
equals

c. Net Monthly Income: \$ _____
minus

d. Total Monthly Expenses: \$ _____

e. Difference between Net Monthly Income and Total Monthly Living Expenses: \$ _____
minus

f. Total Monthly Debt Payments: \$ _____
Equals

g. Total Income Available Per Month \$ _____

15. My Statement of Assets:

a. Cash or Cash Equivalents

Checking, Savings, Money Market and Other Bank or Credit Union Accounts				
	Name of Bank or Institution	Name on Account	Account Type	Balance
1.				
2.				\$

Certificates of Deposit			
	Name of Bank or Institution	Name on Account	Balance
1.			\$

Cash and Prepaid Debit Card			
	Location of Cash/Card	Held By	Amount
1.			\$

The use of the abbreviation "FMV" below means Fair Market Value. For information on where to find FMV, see the *How to Complete a Financial Affidavit (Family Cases)*.

b. Investment Accounts and Securities

Stocks, Bonds, Options and Employee Stock Ownership Plans					
	Company Name	# Shares	Type	Name of Owner	Balance
1.					\$

Investment/Brokerage Accounts, Mutual Funds and Secured or Unsecured Notes					
	Description of Asset			Name of Owner	Balance
1.					\$

c. Real Estate

	Address	Type	Name on Title	FMV	Balance Due
1.					
2.				\$	\$

d. Motor Vehicles (*Cars, trucks, boats, trailers, motorcycles, etc.*)

	Year, Make, and Model		Name on Title	FMV	Balance Due
1.					
2.					
3.					

e. Business Interests

	Name of Business	Type	Owner	% Ownership	FMV
1.					\$

f. Life Insurance Policies

	Name of Insurance Company	Type of Policy	Owner	Death Benefit	Cash Value
1.				\$	\$

g. Retirement (*Pension, annuities, IRA accounts, 401(k), SEP, Deferred Compensation, etc.*)

	Name of Plan	Type of Plan	Owner	FMV	Account Balance
1.				\$	\$

h. Income Tax Refunds (*Federal and State*) for the Last 2 Years

	Tax Year			Federal Refund Amount	State Refund Amount
1.					
2.					

i. Potential or Filed Lawsuits or Claims

	Date of Occurrence			Date Lawsuit or Claim Filed	Case Number
1.					
2.					

j. Collectables (*Coins, stamps, art, antiques, etc.*)

	Description					FMV
1.						
2.						

k. Other Assets and Property

	Description of Asset			Name of Owner	FMV or Balance
1.					
2.					

l. Statement of Assets Transferred or Sold Within the Last 2 Years in Excess of \$1,000

	Description of Property	Transferred or Sold To	Date of Transfer	FMV	Amount Received for Transfer
1.					
2.					

16. My Statement of Health Insurance:

- a. I have health insurance: Yes No
- b. Insurance company name is: _____
- c. The type of insurance is (*check all that apply*): Medical Dental Vision
- d. Deductible: Per Individual \$ _____ Per Family \$ _____
- e. Co-Payment: Hospital \$ _____
- f. Co-Payment: Doctor Visit \$ _____
- g. Co-Payment: Medicine \$ _____
- h. It covers: Me My spouse My Dependents
- i. Provided by: Employer Private Policy Medicaid Other Group
- j. Monthly cost is paid by: Employer Me Subsidy Other
- k. Total monthly cost: \$ _____

I certify that everything in the *Financial Affidavit (Family Cases)* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/109.

Name: _____

Address: _____

Phone: _____

Date: _____