

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS
TAZEWELL COUNTY

IN RE THE MARRIAGE OF

Plaintiff

VS.

Case Number _____

Defendant

FINANCIAL AFFIDAVIT OF _____
IN DISSOLUTION OF MARRIAGE PROCEEDING

1. Marital History:

- A. My name: _____ Age: _____ DOB: _____
Employer: _____ Education: _____
Job title: _____
- B. Name of Opposing Party: _____ Age: _____ DOB: _____
Employer: _____ Education: _____
Job title: _____
- C. Date parties married: _____
- D. Names and current ages of children:

| Name | Age | DOB | Year in School | Name | Age | DOB | Year in School |
|-------|-----|-----|----------------|-------|-----|-----|----------------|
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |

E. With whom do your children live? _____

F. Date and amount of last support order, if any:

\$ _____ per _____ for child support entered on _____

\$ _____ per _____ for maintenance entered on _____

2. SCHEDULES/SUMMARIES:

Schedule A: My earned monthly income (from page 2): (a) \$ _____

My other monthly income (from page 2): \$ _____

My net monthly income (from page 2): \$ _____

Schedule B: Total of all my monthly expenses (from page 5): (b) \$ _____

(# of people in your household _____)

Schedule C: Total marital assets (from page 7): (c) \$ _____

Schedule D: Total marital debts (from page 8): (d) \$ _____

Schedule E: Total my non-marital assets (from page 9): (e) \$ _____

Total my non-marital debts (from page 9): \$ _____

Schedule F: Total my spouse's non-marital assets (from page 10): (f) \$ _____

Total my spouse's non-marital debts (from page 10): \$ _____

3. State your total income last year as shown on your federal income tax return: \$ _____

4. Do you expect your income to change significantly in the next 6 months: Yes No
Why? _____

SCHEDULE A
MONTHLY INCOME AND DEDUCTIONS

(Attach most recent pay stub to this Affidavit)

A. STATEMENT OF MY MONTHLY INCOME AND DEDUCTIONS:

1. *My earned monthly income from: _____
(state name of employer)

- (a) Salary/wages (attach most recent pay stub) (a) \$ _____
(b) Other earned income (second job) (b) \$ _____

*If you are paid weekly, multiply income by 4.33 to get monthly amount or if you are paid every 2 weeks, multiply income by 2.17 to get monthly amount or if you are paid twice a month, multiply income by 2 to get monthly amount.

MY MONTHLY EARNED INCOME:

(Put on front page)

2. My other monthly income:

- (a) Interest (a) \$ _____
(b) Dividends (b) \$ _____
(c) Capital gains (c) \$ _____
(d) Schedule C income (d) \$ _____
(e) Farm income (e) \$ _____
(f) Social security (for myself and dependents) (f) \$ _____
(g) Pension benefits (g) \$ _____
(h) Child support (prior relationship) (h) \$ _____
(i) Maintenance (prior relationship) (i) \$ _____
(j) Other _____ (j) \$ _____

(Specify)

MY OTHER MONTHLY INCOME:

(Put on front page)

3. **Deductions per month: (Filing status: Single/Married (circle one))
(No. of exemptions claimed: _____)

- (a) Federal taxes (a) \$ _____
(b) State taxes (b) \$ _____
(c) Social security (c) \$ _____
(d) Medicare (d) \$ _____
(e) Mandatory pension (do not include voluntary contributions) (e) \$ _____
(f) Union dues (f) \$ _____
(g) Health insurance individual (g) \$ _____
(h) Health insurance dependent(s) (h) \$ _____
(i) Court ordered child support (i) \$ _____
(j) Other _____ (j) \$ _____

*If you are paid weekly, multiply deductions by 4.33 to get monthly amount or if you are paid every 2 weeks, multiply deductions by 2.17 to get monthly amount or if you are paid twice a month, multiply deductions by 2 to get monthly amount.

TOTAL DECUTIONS:

MY NET MONTHLY INCOME:

(Put on front page)
[(1+2) - (3)]

B. 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 (circle one) | (a) \$ | |
| (b) Home equity loan | (b) \$ | |
| (c) Property taxes | (c) \$ | |
| (d) Condo maintenance fee | (d) \$ | |
| (e) Renter/homeowner insurance (circle one) | (e) \$ | |
| (f) Gas/electric | (f) \$ | |
| (g) Water | (g) \$ | |
| (h) Sewer | (h) \$ | |
| (i) Garbage collection | (i) \$ | |
| (j) Telephone/land line | (j) \$ | |
| (k) Cell phone(s) | (k) \$ | |
| (l) Internet services | (l) \$ | |
| (m) Cable TV | (m) \$ | |
| (n) Household help | (n) \$ | |
| (o) House repairs/maintenance | (o) \$ | |
| (p) Groceries | (p) \$ | |
| (q) Household supplies | (q) \$ | |
| (r) Laundry & dry cleaning | (r) \$ | |
| (s) Lawn care and snow removal | (s) \$ | |
| (t) Other _____ | (t) \$ | |

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 | (a) \$ | |
| | Child/Children | \$ | |
| (b) Dentist: | Self | (b) \$ | |
| | Child/Children | \$ | |
| (c) Orthodontist: | Self | (c) \$ | |
| | Child/Children | \$ | |
| (d) Medicines/Prescriptions | Self | (d) \$ | |
| | Child/Children | \$ | |
| (e) Other _____ (Specify) | Self | (e) \$ | |
| | Child/Children | \$ | |

TOTAL MONTHLY MEDICAL EXPENSES:

4. Monthly auto expenses: (state number of cars: _____)

(Show 1/12th of annual total for expenses not paid monthly)

- (a) Monthly payment (car #1) (a) \$ _____
- (b) Monthly payment (car #2) (b) \$ _____
- (c) Gasoline and oil (c) \$ _____
- (d) Maintenance and repairs (d) \$ _____
- (e) Registration (e) \$ _____
- (f) Insurance (f) \$ _____
- (g) Parking (g) \$ _____

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 (a) \$ _____
- (b) Daycare (b) \$ _____
- (c) Eyeglasses/contacts (c) \$ _____
- (d) Hairdresser/barber (d) \$ _____
- (e) Grooming/cosmetics (e) \$ _____
- (f) Lunch money (f) \$ _____
- (g) Allowances (g) \$ _____
- (h) Gifts/presents (birthday & Christmas) (h) \$ _____
- (i) Books/fees/school supplies (i) \$ _____
- (j) Transportation (bus fees, etc.) (j) \$ _____
- (k) Lessons/tutoring (k) \$ _____
- (l) Recreation, sports and hobby expenses (l) \$ _____
- (m) Babysitter (m) \$ _____
- (n) Summer camp (n) \$ _____
- (o) Private school tuition (o) \$ _____
- (p) Other _____ (p) \$ _____

(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 (a) \$ _____
- (b) Business/work uniforms (b) \$ _____
- (c) Eyeglasses/contacts (c) \$ _____
- (d) Hairdresser/barber (d) \$ _____
- (e) Grooming/cosmetics (e) \$ _____
- (f) Lunch money (f) \$ _____
- (g) Professional/union dues not withheld from wages (g) \$ _____
- (h) Education expenses (h) \$ _____
- (i) Books/magazines/newspapers, etc. (i) \$ _____
- (j) Restaurants/movies (j) \$ _____
- (k) Recreation/sports and hobbies (k) \$ _____
- (l) Religious/charitable contributions (l) \$ _____
- (m) Vacations (m) \$ _____

- (n) Social/club dues (n) \$ _____
 - (o) Gifts/presents (not for children) (o) \$ _____
 - (p) Pet expenses (p) \$ _____
 - (q) Tobacco/alcohol (q) \$ _____
 - (r) Other _____ (r) \$ _____
- (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) Health insurance not withheld from wages: (a) \$ _____
Name of company _____
- (b) Life insurance not withheld from wages: (b) \$ _____
Name of company _____
- (c) Life insurance not withheld from wages: (c) \$ _____
Name of company _____
- (d) Life insurance not withheld from wages: (d) \$ _____
Name of company _____
- (e) Life insurance not withheld from wages: (e) \$ _____
Name of company _____
- (f) Life insurance not withheld from wages: (f) \$ _____
Name of company _____
- (g) Disability insurance not withheld from wages: (g) \$ _____
Name of company _____
- (h) Other _____ (h) \$ _____

TOTAL MONTHLY INSURANCE EXPENSES:

8. Debts and obligations requiring regular monthly payments not listed in paragraphs 2-7 above
(such as 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. _____ | _____ | _____ | _____ |

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 (home, rental, property, lot or farm) and address of property | How titled | Value |
|---|------------|-------|
| A. | | |
| B. | | |
| C. | | |

TOTAL:

2. Motor vehicles (cars, trucks, motorcycles or boats)

| State year, make and model | How titled | Value |
|----------------------------|------------|-------|
| A. | | |
| B. | | |
| C. | | |
| D. | | |

TOTAL:

3. Checking accounts, saving accounts, money market accounts and certificates of deposits

| Account type | Name of institution | How titled | Balance |
|--------------|---------------------|------------|---------|
| A. | | | |
| B. | | | |
| C. | | | |
| D. | | | |
| E. | | | |

TOTAL:

4. Securities accounts, stocks, bonds, mutual funds and other investments

| Describe investments & state number of shares/bonds | How titled | Value |
|---|------------|-------|
| A. | | |
| B. | | |
| C. | | |
| D. | | |

TOTAL:

5. Life insurance policies (privately purchased, not employer provided)

| Name of insurance company | Owner/Insured | Type of Policy (whole or term) | Face Value | Cash Value (minus any loans) |
|---------------------------|---------------|--------------------------------|------------|------------------------------|
| A. | | | | |
| B. | | | | |
| C. | | | | |
| D. | | | | |
| E. | | | | |

TOTAL:

6. Retirement income plans, pensions, profit sharing plans, 401(K)'s, IRAs and Annuities

| State name of plan (designate defined benefit or defined contribution) | Owner | Value |
|--|-------|-------|
| A. | | |
| B. | | |
| C. | | |
| D. | | |
| E. | | |
| F. | | |
| G. | | |

TOTAL:

7. Personal property (present value-not purchase price)

| Description | Where located | Value |
|--|---------------|-------|
| Furniture/appliances (your residence) | | |
| Furniture/appliances (other residences/vacation home(s) if applicable) | | |
| Jewelry/furs | | |
| Coin/stamp/gun collections | | |
| Cash | | |
| Other (specify) | | |

TOTAL:

TOTAL MARITAL ASSETS:
(Sum of schedule C, paragraphs 1-7)

(Put on front page)

SCHEDULE D
MARITAL DEBTS

1. Mortgage loans, home equity loans or other real estate loans

| Type of loan and lender | Address of property | Monthly payment | Balance |
|-------------------------|---------------------|-----------------|---------|
| A. | | | |
| B. | | | |
| C. | | | |

TOTAL:

2. Any other debts, including those listed in paragraph 8 on page 5. (Such as auto loans, credit cards, credit accounts, consumer loans, person loans, etc.)

| Creditor | Reason for debt | Monthly payment | 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 & 2)

(Put on front page)

SCHEDULE E
MY NON-MARITAL ASSETS AND DEBTS

1. My non-marital assets

| Description (real estate, vehicles, financial accounts, stocks, etc.) | 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 payment | Balance |
|----------|-----------------|-----------------|---------|
| A. | | | |
| B. | | | |
| C. | | | |
| D. | | | |
| E. | | | |
| F. | | | |
| G. | | | |
| H. | | | |

TOTAL MY NON-MARITAL DEBTS:

(Put on front page)

SCHEDULE F
MY SPOUSE'S NON-MARITAL ASSETS AND DEBTS

1. My spouse's non-marital assets

| Description (real estate, vehicles, financial accounts, stocks, etc.) | Where located | Value |
|---|---------------|-------|
| A. | | |
| B. | | |
| C. | | |
| D. | | |
| E. | | |
| F. | | |
| G. | | |
| H. | | |

TOTAL MY SPOUSES NON-MARITAL ASSETS:

(Put on front page)

2. My spouse's non-marital debts, including those non-marital debts listed in paragraph 8 on page 5

| Creditor | Reason for debt | Monthly payment | Balance |
|----------|-----------------|-----------------|---------|
| A. | | | |
| B. | | | |
| C. | | | |
| D. | | | |
| E. | | | |
| F. | | | |
| G. | | | |
| H. | | | |

TOTAL MY SPOUSE'S 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

Name of Attorney _____

Name of Law Firm _____

Address _____

Telephone _____

Fax _____

Email _____

Certification of Service

The undersigned certifies that the foregoing instrument was served upon all parties to the above cause by sending a copy to the attorney of record and other parties of interest at their addresses as disclosed on the pleadings by hand delivery or U.S. Mail, first class postage prepaid, in Peoria, Illinois, before 5:00 p.m., on the ____ day of _____, 20_____.

Signature: _____