

**PETITION TO MODIFY  
(Financial Matters)**

1. Fill out Petition to Modify.
  - A. Fill in the Plaintiff's name, Defendant's name and case number.
  - B. In your own words, complete the Petition to Modify by telling the Court what you want to change or modify.
  - C. Sign the petition and provide your contact information.

2. Once the clerk gives you a hearing date, complete the Notice of Hearing.

**3. You must serve the other party with a copy of the Petition to Modify, Notice of Hearing, and a blank Financial Affidavit by one of the following methods:**

- A. Service by a Sheriff's Deputy
- B. Service by a licensed private process server
- C. Certified, restricted delivery via U.S. mail with a return receipt
- D. Via a third party carrier (e.g. FED EX, UPS), restricted delivery with a return receipt.

4. If you choose service by the Sheriff, they will provide you with an Affidavit of Service, as long as you have paid them. You must e-file the Affidavit in your case. If you use a licensed private process server, they will usually give you the option of e-filing the Affidavit of Service yourself, or they will e-file it for you, as long as you have paid them. If you use U.S. mail or a third party carrier, it is your responsibility to e-file your proof of service/delivery to the other party. **You must e-file the proof of service in your court file at least 3 days prior to the court date.**

**5. Financial Affidavit. According to Rule 42 of the Rules of the Circuit Court of the 10<sup>th</sup> Judicial Circuit, if you are asking to change or modify financial matters, both parties must complete a Financial Affidavit, and e-file it in the court file at least seven (7) days prior to the date of the hearing, and it shall be served on all parties.**

Rule 42 Financial Affidavits and Affidavits of amount due

(a) In any case filed pursuant to the Marriage and Dissolution of Marriage Act, Civil Union Act, Parentage Act or (Guardianship of) Minors Act wherein economic issues arise, a mandatory form financial affidavit shall be e-filed by all parties. If a party is seeking support for a non-minor child, that party shall also e-file a financial affidavit on behalf of the non-minor child. The financial affidavit(s) shall be e-filed not less than seven (7) days before the date of the hearing and shall be served on all parties.

**FAILURE TO FOLLOW THE ABOVE INSTRUCTIONS COULD RESULT IN YOUR HEARING BEING CONTINUED.**

## **DO YOU NEED LEGAL HELP?**

**If you need legal help, there are options available to you.** The best option is ALWAYS to consult with an attorney. If you cannot afford to hire a lawyer, you might be eligible for free legal assistance through *Prairie State Legal Services*, or through the *Peoria County Pro Bono* (free legal services) Plan, through which some attorneys provide volunteer legal services to qualified individuals in Tazewell County. Courts recommend that you consult with an attorney.

**To contact Prairie State Legal Service's call their counseling services at: (309)674-9831 or 1-800-322-2280**, available Monday through Friday from 9:05am to 11:45am and 1:05pm to 4:00pm. You will be able to speak with a lawyer by phone about your legal problem and may possibly obtain legal representation with your case, if qualified.

**If you are not qualified for free legal services**, and wish to be represented, you may contact the *Illinois State Bar's Lawyer Finder Service* at [www.illinoislawyerfinder.com](http://www.illinoislawyerfinder.com) or 1-800-922-8757, or call the *Peoria County Bar Association Lawyer Referral Service* at (309)674-1224. These services provide the names of local lawyers with whom you can discuss your legal problem for a very low fee. After the initial consultation, you can decide whether or not to hire the lawyer.

**Another service available is the Tazewell County Legal Self Help Center.** This free, internet based service will help you find information about foreclosure and eviction actions, videos on what to do in court, and court documents which you can fill out and file with the Circuit Clerk. You may access this free service online at <http://tazewell.illinoislegalaid.org>, at home, a public library or the *Tazewell County Law Library* located in the Tazewell County Courthouse, 342 Court Street, Pekin, Illinois 61554, Room 103, where there will be a staff person available during posted hours:

Monday, Tuesday, and Friday 9am-2pm or Wednesday and Thursday 11:30am-4:30pm.

**If you are facing foreclosure**, other available resources include the *Illinois Attorney General's Homeowner Helpline*, 1-866-544-7151 (voice/TTY) or 1-312-814-5094, and their website offering links to the *Mortgage Lending Guide and Illinois Homeowners Rights Act*, at [www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov); *HOPE for Homeowners Preservation Foundation Hotline*, 1-888-995-4673; *HUD-Certified Housing Counseling Agencies* at [www.hud.gov](http://www.hud.gov); and US government resources at [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov).

**If you are a victim of domestic violence**, other available resources include the *Center for Prevention of Abuse*. The center has court advocates at the Tazewell County Courthouse who will provide services including assistance in petitioning and appearing in court for an Order of Protection, counseling and referral services. You may visit the center's local office at the corner of Fourth and Court Streets in Pekin (diagonal across the street from the courthouse) or call (309)477-3066, or you may go directly to the center's advocacy office located in room 301 of the Tazewell County Courthouse in Pekin, from 9am to 12pm or 1pm to 5pm.

**PLEASE KEEP IN MIND THAT ADVOCATES, LEGAL SELF-HELP NAVIGATORS, AND OTHER COURTHOUSE PERSONNEL ARE NOT PERMITTED TO PROVIDE LEGAL ADVICE OR LEGAL GUIDANCE TO YOU. YOU SHOULD SEEK THE SERVICES OF AN ATTORNEY, OR ACCESS ONE OF THE OPTIONS LISTED ABOVE.**

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

\_\_\_\_\_  
Plaintiff

Vs

CASE # \_\_\_\_\_

\_\_\_\_\_  
Defendant

**PETITION**

Now comes \_\_\_\_\_, Petitioner and respectfully  
pleads unto this court as follows, Pro Se:

I want to modify or abate my child support obligation because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully submitted

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

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

**PLAINTIFF** \_\_\_\_\_

vs.

Case No. \_\_\_\_\_

**DEFENDANT** \_\_\_\_\_

**NOTICE OF HEARING**

**TO:** \_\_\_\_\_  
(Respondent's full name)

**ADDRESS:** \_\_\_\_\_  
(Required)  
\_\_\_\_\_

**KINDLY TAKE NOTICE** that I will appear before the presiding Judge of said Court at the Tazewell County Courthouse on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at the hour of \_\_\_\_AM/PM in courtroom\_\_\_\_ and will thereupon call for a hearing \_\_\_\_\_ (a copy of which is attached), at which time and place you may appear, if you see fit.

PETITIONER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

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

PLAINTIFF: \_\_\_\_\_  
 PETITIONER  RESPONDENT HEREIN

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

VS. Case No. \_\_\_\_\_

DEFENDANT: \_\_\_\_\_  
 PETITIONER  RESPONDENT HEREIN

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PROOF OF SERVICE BY RESTRICTED MAIL OR THIRD PARTY CARRIER**

The undersigned certifies that a copy of the **PETITION TO MODIFY** and a copy of the **NOTICE OF HEARING** were served upon the Respondent in the above captioned matter by:

Enclosing a copy in a sealed envelope addressed to him/her last known address directing delivery by certified mail, limited to addressee only, postage prepaid, depositing it in a United States Postal Service depository on \_\_\_\_\_, 20\_\_\_\_\_.

Enclosing a copy in a sealed envelope provided by a third party carrier (e.g. FED EX, UPS) addressed to him/her last known address directing delivery, limited to addressee only, postage paid and sent via third party carrier's method of delivery on \_\_\_\_\_, 20\_\_\_\_\_.

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters that undersigned certifies as aforesaid that he/she believes the same to be true.

\_\_\_\_\_  
PETITIONER

## **FINANCIAL AFFIDAVIT**

According to Rule 42 of the Rules of the Circuit Court of the 10<sup>th</sup> Judicial Circuit, if you are a party to a petition to change or modify financial matters, you must complete a Financial Affidavit and e-file it in your case at least seven (7) days prior to your hearing date.

If you are the Petitioner (the one asking for a change or modification of financial matters), you must fill out this Financial Affidavit and e-file it in your case at least seven (7) days prior to your court hearing.

If you are the respondent (the one who was served notice of a Petition to Modify), you must fill out this Financial Affidavit and e-file it in your case at least seven (7) days prior to your court hearing.

**MAKE A COPY OF YOUR COMPLETED FINANCIAL AFFIDAVIT. ALL PARTIES MUST EXCHANGE COMPLETED FINANCIAL AFFIDAVITS PRIOR TO THE COURT DATE.**

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

\_\_\_\_\_) )  
Plaintiff, )  
v. ) Case No.: \_\_\_\_\_  
\_\_\_\_\_) )  
Defendant. )

**FINANCIAL AFFIDAVIT OF \_\_\_\_\_ IN  
POST DECREE or PARENTAGE PROCEEDING**

1. History:

A. My Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_  
Employer: \_\_\_\_\_ Education: \_\_\_\_\_  
Job Title: \_\_\_\_\_ SSN: xxx- xx - \_\_\_\_\_

B. Name of Opposing Party: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_  
Employer: \_\_\_\_\_ Education: \_\_\_\_\_  
Job Title: \_\_\_\_\_ SSN: xxx- xx - \_\_\_\_\_

C. Names and Current Ages of Children:

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

D. With whom do your children live? \_\_\_\_\_

E. 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 and Schedule D are not applicable:

**Schedule E:** Total My Non-Marital Assets (from page 6): (E) \$ \_\_\_\_\_

Total My Non-Marital Debts (from page 6): \$ \_\_\_\_\_

**Schedule F:** Total My Opponent's Non-Marital Assets (from pg 7): (F) \$ \_\_\_\_\_

Total My Opponent's Non-Marital Debts (from page 7): \$ \_\_\_\_\_

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 & DEDUCTIONS  
(Attach most recent pay stub to this Affidavit)**

A. STATEMENT OF MY MONTHLY INCOME AND DEDUCTIONS:

1. My Monthly Income is earned 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: \* (1) \_\_\_\_\_**  
**(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: (2) \_\_\_\_\_**  
**(put on front page)**

3. Deductions Per Month: (Filing status: Single / Married [circle one])  
(Number 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 DEDUCTIONS Per Month: \*\*(3) \_\_\_\_\_**

**MY NET MONTHLY INCOME: \_\_\_\_\_**  
**[(1+2)--(3)] (put on front page)**

B. Do other adults living in your household have income? Yes \_\_\_\_ No \_\_\_\_



**SCHEDULE B.  
MONTHLY EXPENSES**

1. State the Total Number of People in your Household: \_\_\_\_\_

List the names of people in your household (exclude yourself):

Names	Age	Relationship
_____	--	_____
_____	--	_____
_____	--	_____
_____	--	_____

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. Homeowner's or Renter's insurance (circle one) (E) \$ \_\_\_\_\_
- F. Gas/Electric (F) \$ \_\_\_\_\_
- G. Water (G) \$ \_\_\_\_\_
- H. Sewer (H) \$ \_\_\_\_\_
- I. Garbage collection (I) \$ \_\_\_\_\_
- J. Telephone/Land Line (J) \$ \_\_\_\_\_
- K. Portable Phone(s) (K) \$ \_\_\_\_\_
- L. Internet Service (L) \$ \_\_\_\_\_
- M. Cable television (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/Prescription Drugs:
  - Self (D) \$ \_\_\_\_\_
  - Child/Children \$ \_\_\_\_\_
- E. Other \_\_\_\_\_ (E) \$ \_\_\_\_\_  
(specify)

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 No. 1) (A) \$ \_\_\_\_\_
- B. Monthly payment (Car No. 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 and Presents (Birthdays/Christmas) (H) \$ \_\_\_\_\_
- I. Books/fees/school supplies (I) \$ \_\_\_\_\_
- J. Transportation (school bus fees) (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 hobby expenses (K) \$ \_\_\_\_\_
- L. Religious/Charitable contributions (L) \$ \_\_\_\_\_
- M. Vacations (M) \$ \_\_\_\_\_
- N. Social/Club dues and expenses (N) \$ \_\_\_\_\_
- O. Gifts and presents (not for your 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. Disability insurance not withheld from wages: (D) \$ \_\_\_\_\_  
 Name of Company \_\_\_\_\_
- E. Other \_\_\_\_\_ (E) \$ \_\_\_\_\_  
 (specify)

TOTAL MONTHLY INSURANCE EXPENSES: \$ \_\_\_\_\_

8. Debts and Obligations Requiring Regular Monthly Payments (such as credit cards, credit accounts, consumer loans, personal loans, etc.) not listed above in Paragraphs 2, 3, 4, 5, 6, & 7.  
 (Show 1/12th of Annual Total for Expenses Not Paid Monthly)

Name of Creditor	Reason for Debt	Balance Owed	Monthly Payment
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____
F. _____	_____	_____	_____

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--NOT APPLICABLE

SCHEDULE D. MARITAL DEBTS--NOT APPLICABLE

**SCHEDULE E.  
MY NON-MARITAL ASSETS AND DEBTS**

1. Real Estate (home, rental property, lot or farm)

Address & Type of Property	How Titled	Value
A. _____		
B. _____		
C. _____		
TOTAL:		_____

2. Motor Vehicles (car, truck, motorcycle, or boat)  
year, make and model

How Titled	Value	
A. _____		
B. _____		
C. _____		
D. _____		
E. _____		
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. _____			
F. _____			
TOTAL:			_____

4. Securities Accounts, Stocks, Bonds, Mutual Funds and Other Investments

Describe investment & state number of shares/bonds	How Titled	Value
A. _____		
B. _____		
C. _____		
D. _____		
E. _____		
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

Name of Plan (defined benefit or defined contribution)	Owner	Value
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____

TOTAL: \_\_\_\_\_

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

	Where Located	Value
Furniture/Appliances (in the residence)	_____	_____
Furniture/Appliances (at other residence, if applicable)	_____	_____
Jewelry/Furs	_____	_____
Coin/Stamp/Gun Collections	_____	_____
Cash	_____	_____
Other (specify) _____	_____	_____
Other (specify) _____	_____	_____
Other (specify) _____	_____	_____
Other (specify) _____	_____	_____

TOTAL: \_\_\_\_\_

**TOTAL MY NON-MARITAL ASSETS:**

(Sum of Schedule E, paragraphs 1-7) (put on front page)

**SCHEDULE E (continued)**  
**MY NON-MARITAL DEBTS**

8. Mortgage Loans, Home Equity Loans or other Real Estate Loans

Type of Loan and Lender	remaining balance
A. _____	
B. _____	
C. _____	

9. Any Other Debts, including those listed in paragraph 8 on page 5, (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. _____			

TOTAL: \_\_\_\_\_

**TOTAL NON-MARITAL DEBTS:** \_\_\_\_\_  
**(Sum of Schedule E, paragraphs 8 and 9)**                      **(put on front page)**

**SCHEDULE F.  
MY OPPONENT'S NON-MARITAL ASSETS AND DEBTS**

1. My Opponent's Assets

Description (real estate, motor vehicles, financial accounts, stocks, etc.)	Where Located	Value
A. _____		
B. _____		
C. _____		
D. _____		
E. _____		
F. _____		

**TOTAL MY OPPONENT'S NON-MARITAL ASSETS:** \_\_\_\_\_  
**(put on front page)**

2. My Opponent's Debts,

Creditor	Reason for Debt	Monthly Pmt.	Balance
A. _____			
B. _____			
C. _____			
D. _____			
E. _____			
F. _____			

**TOTAL MY OPPONENT'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

**CERTIFICATE OF SERVICE**

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 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 Illinois, before 5:00 p.m., on the \_\_\_ day of \_\_\_\_\_, 20 \_\_\_.

Signature: \_\_\_\_\_