STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
COUNTY OF MCLEAN

_____	Petitioner,	)	No: _____
and		)	IV-D No
_____		)	
	Respondent	)	

FINANCIAL AFFIDAVIT

TO THE CLERK OF THE COURT: **THIS FINANCIAL AFFIDAVIT AND ALL SUBMITTED DOCUMENTARY EVIDENCE SHALL NOT BE MADE PART OF THE PUBLIC RECORD.**

1. I am the _____ 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 mostly living expenses (*to my best knowledge, information and belief*) 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 ☐ without attachments
   - b. ☐ Paystubs or proof of income;
   - c. ☐ Bank Statements AND/OR;
   - d. ☐ Other supporting documents (i.e. utility bills, cable bills, child support statements, etc.)

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'm providing the following information about our relationship
   - a. We were married on: _____
   - b. Our Marriage was dissolved on: _____
   - c. ☐ We were never married.
   - 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 a result of my relationship with the other party.

b.

Name of Child	Age	Date of Birth	Residing With
1.			
2.			
3.			
4.			
5.			

7. I am employed: ☐ Yes ☐ No

a. If Yes, I am ☐ self employed ☐ employed by someone else.

b. Company Name: _____

c. Company Address: _____

d. Other Employment: _____

e. Address: _____

f. Number of paychecks per year (per job, use additional sheet if necessary)

☐ 12 Monthly ☐ 24 SemiMonthly ☐ 26 Bi-Weekly ☐ 52 Weekly

☐ I am paid in cash

g. For additional employment - use separate sheets with same information as above.

8. I am providing the following tax information

a. Tax Filing Status Last year: ☐ Married *(joint)* ☐ Married *(separate)* ☐ Single

b. Number Dependents Claimed: _____

c. Total Number of Exemptions Claimed: _____

	Amount	Exhibit & Page #
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 is still pending: ☐ Yes ☐ No

10 My Gross (before taxes) Monthly Income:	Amount	Exhibit & Page #
a. ☐ Salary ☐ Wages ☐ Base Pay ☐ Draw		
Overtime		
Commisson		
Bonus		
Pension or other retirement benefits		
Annuity		
Interest Income		
Dividend Income		
Trust Income		
Social Security		
Unemployment Benefits		
Disability Benefits		
Worker's Compensation		
Public Aid / TANF (cash assistance)		
Food Stamps / SNAP		
Foster Care payments paid by DCFS		
Investment Income		
Rental Income		
Partnership Income		
Royalty Income		
Maintenance: Case Number:		
Child Support: Case Number:		
☐ Fellowships ☐ Stipends ☐ Grants ☐ Scholarships		
☐ Other		
b. **Total Gross Monthly Income:**		

11 My Monthly Paycheck Deductions Are:	Amount	Exhibit & Page #
a. Federal Income: _____ withholding allowances		
State Income Tax		
FICA (or Social Security Equivalent)		
Medicare Tax		
Mandatory Retirement Contributions (by law or condition of		
Union Dues		
Insurance Premiums ☐ Medical ☐ Dental ☐ 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		
Other:		
b. **Total Monthly Deductions**		

12 My Monthly Living Expenses Are:	Amount	Exhibit & Page #
a. House Expenses		
Mortgage or Rent		
Home Equity Payment / Second Mortgage		
Real Estate Tax Assessment		
Homeowner's or Renter's Insurance		
Heat / Gas		
Electric		
Telephone ☐ Cellphone ☐ Landline		
Cable, Satellite, Netflix, Hulu, Etc		
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	Amount	Exhibit & Page #
Gasoline		
Repairs / Maintenance		
Insurance / License / City Stickers		
Car / Motorcycle Payments		
1. Year / Make / Model _____		
2. _____		
Public or alternative Transportation (taxi, ride-share, bus, train)		
Parking:		
Other:		
b. **Subtotal Monthly Transportation Expenses**		

c, My Monthly Personal expenses	Amount	Exhibit & Page #
Medical (unreimbursed / uncovered / out-of-pocket expenses):		
Doctor Visits		
Therapy / Counseling		
Dental / Orthodontia		
Vision (glasses, contact lenses)		
Medicine		

	Amount	Exhibit & Page #
Life Insurance Premium (not required by law to secure child		
Life (Term)		
Life (Whole or Annuity)		
Clothing		
Grooming (hair, nails, spa, etc)		
Social / Health Club Memberships / Private Clubs		
Entertainment / Dining Out / Hobbies		
Newspapers / Magazines / Books / Subscriptions		
Gifts		
Donations (Political / Religions / Charity)		
Vacations		
Voluntary Trade Organizations Dues / Liability Insurance		
Professional Fees (Accountants , Tax Preparers, Attorneys, etc)		
Other:		
Subtotal Monthly Personal Expenses		

d. Monthly Minor and Dependent Expenses	Amount	Exhibit & Page #
Clothing		
Grooming (hair, nails, spa, etc)		
Education		
Tuition		
Books / Fees / Supplies		
Transportation		
School-Sponsored Activities / Events		
Before / After School Care		
Tutoring / Summer School.		
Medical (unreimbursed / uncovered / out-of-pocket expenses):		
Doctor Visits		
Therapy / Counseling		
Dental / Orthodontia		
Vision (glasses, contact lenses)		
Medicine		
Allowances		
Child Care / Sitters		
Extracurricular Activities / Sports (including equipment, uinforms,		
Summer / School-break camps		
Gifs (Children Only)		
Vacations (Children Only)		
Entertainment / Dining Out / Hobbies (Children Only)		
Other:		
Subtotal Monthly Minor or Dependent Children Expenses		
e. **Total Monthly Expenses (Total of a + b + c + d)**		

13 **My Statement of Debts:**

a.

Creditor Name	Payment For	Amount Still Owed	Monthly Payment Made
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

For Additional Debts - Use separation sheets with the same information as above.

b. Total Monthly Debt Payments $

14 **Summary of Monthly Income and Expenses**

a.	Gross Monthly Income	$
b.	Total Monthly Deductions	$
c.	Net Monthly Income	$
d.	Total Monthly Expenses	$
e.	Differences between Net Monthly Income and Total Monthly Living Expenses	$
f.	Toal Monthly Debt Payments	$
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(s) on Account	Account Type	Balance
1			$
2			$
3			$
4			$

Certificates of Deposit

Name of Bank or Institution	Name(s) on Account	Balance
1.		
2.		

Cash and Prepaid Debit Card

Location of Cash / Card	Held By	Balance
1		
2		

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

b. Investment Accounts and Securities

Stocks, Bonds, Options and Employee Stock Ownership Plans

Company Name	#	Type	Name(s) of Owner	FMV
1				
2				

Investment / Brokerage Accounts, Mutual Funds and Secured or Unsecured Notes

Description of Asset	Owner	Balance
1		
2		

c. Real Estate

Address	Type	Name(s) On Title	FMV	Balance
1				
2				

d. Motor Vehicles (Cars, Trucks, Boats, Trailers, Motorcycles, etc.)

Year, Make, Model	Titled in the Name of	FMV	Balance
1			
2			

e. Business Interests

Name of Business	Type	Percent (%) Ownership	FMV
1			
2			

f. Life Insurance Policies

Name of Insurance Company	Type of Policy	Death Benefit	Cash Value
1			
2			

g. Retirement *(Pension, annuities, IRA Accounts, 401(k), 403(B), SEP, Deferred Compensation, etc)*

	Name of Plan	Type of Plan	FMV or Account Balance
1			
2			
3			
4			

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 Occurance	Date Lawsuit or Claim Filed	Case Number
1			
2			

j. Collectables (Coins, Stamps, Art, Antiques, etc.)

	Description	Fair Market Value
1		
2		

k. Other Assets and Property

	Descriptions	Name of Owner(s)	Fair Market Value or Balance
1			
2			

l. Statement of Assets Transferred or Sold Within the Last 2 Years in Excess of $1000.00

	Description of Property	Transferred / Sold To	Date of Transfer	FMV	Amount Received
1					
2					

16. My Statement of Health Insurance:

a. I have health insurance: ☐ Yes ☐ No

b. My 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 this Financial Affidavit (Family Cases) is true and correct *To My Best information and Belief as all information need to complete this form may not have been available to me at the time of preparation.* I understand that making a *deliberate* false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

_____
Your Signature

_____
Street Address

_____
Print Your Name

_____
City, State, Zip

_____
Date

_____
Telephone

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INSTRUCTIONS:

You must complete the attached Financial Affidavit. Below are instructions for completing various portions of the affidavit. In addition to the information in the affidavit, you must attach documentary evidence (including income tax returns, pay stubs, and bank statements) with the affidavit.

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

If you need help filing out this form, see How To Complete a *Financial Affidavit (Family Cases)* for line-by-line instructions.

In **paragraph 2**, fill in the date the *Financial Affidavit (Family Cases)* is completed.

In **paragraph 3**, check what documents you the attached, including income tax returns, paystubs and bank statements.

In **paragraph 4**, provide your home address or alternative mailing address is your address is protected.

In **paragraph 5b**, if this is a post judgment case (you are already divorced from each other) identify the date the dissolution judgment was entered.

In **paragraph 6b**, list the name, age, date of birth of each child and identify the person with whom the child lives. If the child does not reside with the Petitioner or Respondent, leave the box blank.

In **paragraph 7**, identify all employment you have.

In **paragraph 8a**, check only one. Your selection should match your federal return form.

In **paragraph 8b-d**, your selection should match your federal tax return form.

In **paragraph 8f**, fill in your total gross income from all sources from January 1 of this year through the date this *Financial Affidavit (Family Cases)* is completed.

In **paragraph 10**, identify all sources of income including employment, investments, benefits and support.

If you have additional income, distributions, gains or earnings from any other source, specify the source and amount in the "Other." If you have additional employment, attache additional sheets of paper as necessary to supply the same information.

In **paragraph 11**, use information from your paystubs, W4 forms, tax records and the sources to identify deductions. If you need information about your withholding allowances contact your employer.

For maintenance payment and child support payment, put only payments actually made.

In **paragraph 11b**, add the numbers from 11a together and fill in the total.

In **paragraph 12a**, if you and there other party still reside together, include all of the expenses of the household no matter who pays them.

In **paragraph 12b**, put only your monthly transportation expenses.

In **paragraph 12c**, put only your monthly personal expenses.

In **paragraph 12d**, include the monthly minor and dependent children expenses no matter who pays them.

In **paragraph 12e**, add the the numbers from paragraphs 12a-12d together and fill in the the total.

In **paragraph 13**, list all debts including credit cards, lines of credit, store charge cards, medical bills, car loans, past due utilities and other bills. Include all debts whether in your name, other party's name or both.

In **paragraph 13b**, total the column in 13 the says Monthly Payment Made.

In **paragraph 14a**, fill in your total from paragraph 10b.

In **paragraph 14b**, fill in your total from paragraph 11b.

In **paragraph 14c**, subtract paragraph 14b from paragraph 14a and fill in the total.

In **paragraph 14d**, fill in the total from paragraph 12e

In **paragraph 14e**, subtract paragraph 14d from paragraph 14c.

In **paragraph 14f**, fill in the total from paragraph 13b.

In **paragraph 14g**, subtract paragraph 14f from paragraph 14e.

In **paragraph 15a**, list all of your cash or cash equivalents, but do not list account numbers.

In **paragraph 15c**, provide address, type (single family, multi-unit, etc), the name of the person on the title and FMV. Also include in Balance Due the total amounts of all unpaid mortgages, loans or liens.

In **paragraph 15d**, for Balance Due, filling the amount remaining on your loan.

In **paragraph 15e**, for Type, fill in whether the business is a sole proprietorship, S Corp or LLC, etc.

In **paragraph 15f**, fill in information on all life insurance policies that insurer you or your spouse's life, including insurance provided by an employer.

In **paragraph 15g**, include all retirement benefits even if you are not vested and even if it was not earned during the marriage.

In **paragraph 15i**, fill in all lawsuits or claims that you are currently pursuing or intend to pursue. Leave Date of Lawsuit for Claim Filed blank if you have not filed one.

In **paragraph 15k**, complete this section if you have any other assets that you did not list above.

In **paragraph 15l**, list assets transferred or sold not in the ordinary course of business.

In **paragraph 16h**, check both Employer and Me if both pay part of the cost. Check Subsidy if all or part of the cost is paid by a government grant, e.g. Medicare, Medicaid or ACA (Obamacare)

Under the Code of Civil Procedure, 735 ILCS 5/109, making a statement one the financial affidavit that you know to be false is perjury, a Class 3 felony.

After you finish the form, sign and print your name.

On the last page you will need to enter your complete current address and telephone number.