

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	FINANCIAL AFFIDAVIT (FAMILY CASES)	<i>For Court Use Only</i>
Instructions ▼ Enter above the county name where the case was filed. Enter name of the Petitioner, the Respondent, and the case number as listed in the <i>Petition for Dissolution</i> . Enter the Case Number given by the Circuit Clerk.	_____ Petitioner (<i>First, middle, last name</i>) v. _____ Respondent (<i>First, middle, last name</i>)	_____ Case Number

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 SHE MAY FACE SIGNIFICANT PENALTIES AND SANCTIONS, 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

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

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

In 3, check what documents you have attached, including, income tax returns, pay stubs, and bank statements.

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

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.
Date

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 supporting documents (*specify*) _____

4. I am providing the following information about myself:
 - a. Name: _____
First *Middle* *Last*
 - b. Phone Number: _____
 - c. Home Address: _____
Street Address, Apt.

City *State* *Zip*
 - d. Date of Birth: _____ Current Age: _____

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

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

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

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.				<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

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

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

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: _____
Street Address

City State ZIP
- d. Other employment: _____
- e. Address: _____
Street Address

City State ZIP
- f. Number of paychecks per year: 12 (monthly) 24 (two times a month)
 26 (every two weeks) 52 (weekly)
- I am paid in cash.

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

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: _____

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

In **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 **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 "Other."

- 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: _____
Date
- 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 \$ _____
 - Fellowships Stipend (*check all that apply*)
 - Grants Scholarships \$ _____
 - Other _____ \$ _____
- b. Total gross monthly income: \$ _____

In 11, use information from your paystubs, W4 form, tax records and other 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 11b, add the numbers from 11a together and fill in the total.

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

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) 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 \$ _____
- b. Total monthly deductions: \$ _____

12. My monthly living expenses are:

- a. Household expenses:
 - 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: \$ _____

In 12b, put only your monthly transportation expenses.

- b. My monthly transportation:
 - Gasoline \$ _____
 - Repairs/maintenance \$ _____
 - Insurance/license/city stickers \$ _____
 - Car payment \$ _____
 - Public or alternative transportation (taxi, ride-share, bus, train, etc.) \$ _____
 - Parking \$ _____
 - Other _____ \$ _____

Subtotal Monthly Transportation Expenses: \$ _____

In 12c, put only your monthly personal expenses.

- c. My monthly personal expenses:
 - Medical (unreimbursed/uncovered/out-of-pocket expenses):
 - Doctor visits \$ _____
 - Therapy/counseling \$ _____
 - Dental/orthodontia \$ _____
 - Vision (glasses, contact lenses) \$ _____
 - Medicine \$ _____
 - Life insurance premium (not required by law to secure child support):
 - 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/religious/charity) \$ _____
 - Vacations \$ _____
 - Voluntary trade organization dues/liability insurance \$ _____
 - Professional fees (accountants, tax preparers, etc.) \$ _____
 - Other _____ \$ _____

Subtotal monthly personal expenses: \$ _____

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

- d. Monthly minor and dependent expenses:
 - Clothing \$ _____
 - Grooming (hair, nails, spa, etc.) \$ _____
 - Education _____

- Tuition \$ _____
- Books/fees/supplies \$ _____
- School lunch \$ _____
- Transportation \$ _____
- School-sponsored activities/events \$ _____
- Uniforms \$ _____
- 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 \$ _____
- Allowance \$ _____
- Childcare/Sitters \$ _____
- Extracurricular activities/sports (*including equipment, uniforms, etc.*) \$ _____
- Summer/school-break camps \$ _____
- Vacations (*children only*) \$ _____
- Entertainment/dining out/hobbies (*children only*) \$ _____
- Other _____ \$ _____

Subtotal Monthly Minor or Dependent Children Expenses: \$ _____

e. Total Monthly Expenses: \$ _____

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

In 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, the other party's name or both.

13. My Statement of Debts:

a.	Creditor Name	Payment For	Amount Still Owed	Monthly Payment Made
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$

In 13b, total the column in 13a that says Monthly Payment Made.

b. Total Monthly Debt Payments: \$ _____

14. Summary of Monthly Income and Expenses:

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

a. Gross Monthly Income \$ _____
 minus

In 14b , fill in your total from 11b .
In 14c , subtract 14b from 14a and fill in the total.
In 14d , fill in the total from 12e .
In 14e , subtract 14d from 14c .
In 14f , fill in the total from 13b .
In 14g , subtract 14f from 14e .

- 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:

In 15a , list all your cash or cash equivalents, but do not list account numbers.
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- 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	Amount
1.			\$
2.			\$

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

Enter the Case Number given by the Circuit Clerk: _____

	Company Name	# Shares	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.			\$

In **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.

c. Real Estate

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

In **15d**, for Balance Due, fill in the amount remaining on your loan.

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

	Year, Make, and Model	Title in Name of	FMV	Balance Due
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$

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

e. Business Interests

	Name of Business	Type	% of Ownership	FMV
1.				\$
2.				\$

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

f. Life Insurance Policies

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

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

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.		\$	\$

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

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.		\$

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

k. **Other Assets and Property**

	Description of Asset	Name of Owner(s)	FMV or Balance
1.			\$
2.			\$

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

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: \$ _____

In 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.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

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 5/1-109.

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

Your Signature

Street Address

Enter your complete current address and telephone number.

Print Your Name

City, State, ZIP

Date

Telephone

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