

AFFIDAVIT OF MILITARY SERVICE

I, _____, on oath, state:

1. I am a • reservist / • guardsman in the _____ (branch of military). I am reporting for active duty on _____ (date). My activation orders state that I shall be on duty for _____ (days/years). My orders are subject to modification, extension, or cancellation at the discretion of the government.

2. My rank for pay purposes is _____ (E-1 – O-10). I have _____ “years of service” for pay purposes (based on Pay Entry Base Date). My monthly military gross Base Pay is \$ _____ which is taxable. My monthly (• BAH / • BAH-differential / • BAH with Dependents) gross pay is \$ _____ which is non-taxable. My monthly gross BAS pay is \$ _____ which is non-taxable. My known taxable other and/or special pays are _____ for which I will monthly receive gross pay of \$ _____. My known non-taxable other and/or special pays are _____ for which I will monthly receive gross pay of \$ _____. I have attached the Statement to the Illinois Department of Public Aid of Military Reservist/Guardsman Service and Military Income. It is verified by my respective military branch as to my monthly pay as of the date of my military activation.

3. A copy of my activation orders is certified to be a true copy by my military service and attached hereto and made a part of this affidavit.

4. All additional non-military related income that I expect to receive during the period of my military activation is included in the attached Affidavit of Income and Expenses.

5. The full-time Commanding Officer/Point of Contact who is in administrative support/charge of the Reserve /Guard units at my drilling location can be contacted at _____ (address) / (_____) - _____ (phone).

6. My civilian employer is _____ (name) / _____ (address) / (_____) - _____ (phone). My civilian employer’s gross pay to me during my military activation is \$ _____ per • week / • every two weeks / • twice a month / • monthly. My civilian employer is paying me a gross pay of \$ _____ per _____, which will cover the (entire difference) (partial difference) in my civilian pay and military pay.

7. I can properly claim _____ withholding allowances for tax purposes. Health insurance will cost me \$ _____ per • pay period / • month. Mandatory retirement contributions will cost me \$ _____ per pay period. Monthly required union dues will cost me \$ _____ per pay period.

8. I am ordered to pay child support by 1) • the Circuit Court of _____ County, Illinois, docket/case number _____ or 2) • Illinois Department of Public Aid administrative case number _____ to _____ (name), who lives at _____ (address) for my child(ren) _____ (full names). List additional orders for child support/administrative case numbers, custodian, and children information on back of this page)

9. I have attached a copy of the latest judicial order(s) for child support and also the latest judicial order(s) for health insurance to this affidavit for each of my dependent children.

10. My child(ren) has/have health care coverage during my military activation with

1) • Insurance Company _____ (name of insurance company), _____ (Policy number), _____ (address), () - _____ (telephone);

2) a) • TRICARE Standard or b) • TRICARE Prime;

3) • Other _____
(List additional policy numbers/companies/addresses/ medical insurance coverage for your dependent children on the back of this page.)

11. I have requested the Illinois Department of Public Aid to bring this action, and by signing this affidavit further agree to allow the Department to file this case and proceed to hearing to obtain a temporary modification in my absence.

12. I understand that I am required to report my release from active duty, in writing, to the Illinois Department of Public Aid at the following address:
Illinois Department of Public Aid
Community Outreach Unit
Military Project, 11th Floor
32 W. Randolph
Chicago, Illinois 60601

I may send notice of my military deactivation date at any time prior to my release, but under no circumstances may it be later than 30 days after my release from active duty.

13. I make these statements on my own personal knowledge. I am not under any legal disability and if called to testify I would testify as set forth above.

Date

Signature

Print Full Name

CERTIFICATION

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.

Date

Signature