

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
MACON COUNTY, ILLINOIS

IN RE: THE MARRIAGE OF _____)
)
)
)
 Plaintiff,)
)
 vs.) No. _____)
)
)
 Defendant.)

FINANCIAL AFFIDAVIT

() Pre-Judgment

() Post-Judgment

_____, on oath states that my present age is ___ and that:

1. (a) (PRE-JUDGMENT ONLY): The parties have been married for _____ years, were separated in _____, _____, and since that time the husband has paid \$_____ in child support and \$_____ in maintenance to his spouse;

(b) (POST-JUDGMENT ONLY): The marriage of the parties was dissolved on _____, _____. The husband was ordered to pay \$_____ in maintenance to his spouse. The said order was amended _____ times and the husband is now paying \$_____ in child support and \$_____ in maintenance. The husband (is) (is not) presently in arrears in the sum of \$_____.

2. There are _____ children of the marriage, namely:
_____, born _____ and
_____, born _____ and
_____, born _____

3. I have additional person dependent on me for support as follows:

Name: _____ Relationship: _____

4. **My monthly living expenses are as follows:**

| | |
|--------------------------------------|-----------|
| Rent or house payment | \$ |
| Real estate taxes | \$ |
| Electricity/Gas | \$ |
| Heating Oil | \$ |
| Water | \$ |
| Telephone | \$ |
| Cable TV | \$ |
| Trash Collection | \$ |
| Sewer charges | \$ |
| Groceries/household supplies | \$ |
| Restaurant meals | \$ |
| Car Insurance | \$ |
| Gas, oil & repairs | \$ |
| Medical /Hospital insurance | \$ |
| Life insurance | \$ |
| Newspaper | \$ |
| Personal items | \$ |
| Doctors | \$ |
| Dentists | \$ |
| Hospital | \$ |
| School expenses (meals/supplies) | \$ |
| Cleaning/laundry | \$ |
| Charitable contributions | \$ |
| Clothing | \$ |
| Haircuts/beauty shop | \$ |
| Union dues | \$ |
| Babysitting | \$ |
| Entertainment | \$ |
| Gifts/toys/books for children | \$ |
| Other: | \$ |
| TOTAL MONTHLY LIVING EXPENSES | \$ |

5. **Debts:** (Payments to creditors other than noted in paragraph 4 above)

| <u>To Whom Owed:</u> | <u>Purpose:</u> | <u>Payment Per Month:</u> | <u>Balance:</u> |
|----------------------|-----------------|---------------------------|-----------------|
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INCOME:

6. Present employment:
Address:

Hours of Employment:

Payroll Deductions:

Hourly wage \$
Weekly gross income \$
Total Deductions \$
Take-home pay \$

(a)Federal Tax \$
(b)State Tax \$
(c)Social Security \$
(d)Medical ins. \$
(e)Union dues \$
(f) Other: \$
Total Deductions: \$

Number of dependents
claimed: S/M- _____

7. **Assets:** (List all cash, Certificates of Deposit, savings, checking and credit union accounts, bonds, stocks, household goods and furniture, motor vehicles, real estate and all property, real or personal owned by you.)

| <u>Description:</u> | <u>Location:</u> | <u>Fair Cash Market Value:</u> | <u>Name of Co-Owners Joint Tenant of Partners, if any:</u> |
|---------------------|------------------|--------------------------------|--|
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RETIREMENT FUND:

| <u>Type:</u> | <u>Company:</u> | <u>Contributory/ Non-Contributory:</u> | <u>Present Value:</u> |
|--------------|-----------------|--|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

LIFE INSURANCE:

| Type | Company | Amount of Coverage | Beneficiary | Present Value |
|------|---------|-----------------------|-------------|---------------|
| | | | | |
| | | | | |
| | | | | |

OTHER INCOME:

Type: Source: _____ Amount: _____

Affiant warrants that the above statement discloses all income received from all sources during the 30-day period prior to the filing of this affidavit.

Subscribed and sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

This form prepared by Leo W. Quigg, Jr.

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