

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT
McDONOUGH COUNTY, ILLINOIS

IN RE THE MARRIAGE OF: _____)
 _____)
 Petitioner, _____)
 _____)
 and _____)
 _____)
 Respondent. _____)

Case No: _____

FINANCIAL AFFIDAVIT (*Family Cases*)
(Local Court Rule G-5.1)

I, _____, having been duly sworn, upon oath,
state that the information contained herein is true and correct as of _____, **201** .

1. My Name: _____ Age: _____ D/O/B: _____
 Address: _____
 Occupation: _____ Education: _____

2. Opposing party: _____ Age: _____ D/O/B: _____
 Address: _____
 Occupation: _____ Education: _____
 Employer: _____

3. (If Applicable): **a. Date of Marriage:** _____ **b. Date of Separation:** _____
 c. Date final Judgment of Diss. entered: _____

4. My Employment Information

Current Employer: _____ Address: _____
 Self Employed as: _____ Address: _____
 Other Employment: _____ Address: _____
 Unemployed Unemployment Compensation \$ _____ Per _____
 Do you expect your employment to change significantly in the next 6 months? No Yes
 If yes, why? _____
 Number of Paychecks per year: (*Please Check box*) 12 24 26 52 Other: _____
 Number of Dependents claimed on Federal Income Tax returns: _____

5. Any Prior Support Orders (if applicable): Paid by me Paid to me.
 Child Support Maintenance Unallocated child support & maintenance College expenses
 Date of Prior Order: _____ Amount of Prior Order: \$ _____ per _____

6. Minor and/or dependent Children born to myself and opposing party:

Name	Age	Date of Birth	Grade in School	Currently Living With

7. I have additional persons dependent on me:

Name	Age	Date of Birth	Relationship

(Attach additional page(s) as needed)

8. State Total Number of People in your Household:

List Name of all Persons in your Household (exclude yourself):

Name	Age	Date of Birth	Relationship

(Attach additional page(s) as needed)

9. Proof of Income: Pursuant to Local Court Rule G-5.1.B. [] I have attached or [] I shall have available at any hearing regarding child support, maintenance, college expenses, or disposition of property, copies of my prior year's Federal Income Tax return, including all W-2 forms and 1099 forms, and my most recent pay stub showing year to date earnings and deductions therefrom, or if the same is not provided by my employer, my five (5) most recent payroll stubs.

10. STATE AND FEDERAL INCOME TAX REFUNDS

How much was your last State Income Tax Refund? \$ _____. For tax year _____
 How much was your last Federal Income Tax Refund? \$ _____. For tax year _____

11. STATEMENT OF INCOME

11a. Total Gross Monthly Earned Income

Gross Salary/Wages/Base Pay	\$	
Overtime/Commission	\$	
Bonus	\$	
Draw	\$	
SUBTOTAL GROSS MONTHLY EARNED INCOME	\$	

11b. Total Required Monthly Deductions From Earned Income

Federal Tax (based on ___ exemptions)	\$	
State Tax (based on) ___ exemptions	\$	
FICA (or Social Security Equivalent; RR, Tier 1)	\$	
Medicare	\$	
Mandatory 401(k) or retirement contributions	\$	
Union Dues (Name of Union: _____)	\$	
Health-Medical Insurance Premiums Deducted from paycheck – Dependents	\$	
Prior Orders of Maintenance actually paid pursuant to Court Order No.	\$	
Other (specify: _____)	\$	
Other (specify: _____)	\$	
SUBTOTAL REQUIRED MONTHLY DEDUCTIONS	\$	

FROM EARNED INCOME:		
11c. SUBTOTAL NET MONTHLY EARNED INCOME:	\$	

11d. TOTAL OTHER MONTHLY INCOME

Social Security	\$	
Unemployment Benefits	\$	
Worker's Compensation/Disability Payment	\$	
Public Aid/Food Stamps	\$	
Pension and Retirement Benefits	\$	
Interest Income/Dividend Income	\$	
Trust income	\$	
Rental Income	\$	
Business income (including nontaxable distributions)	\$	
Partnership income	\$	
Other: _____	\$	
Spousal Support received (specify)	\$	
_____ Pursuant to a prior judgment or order in another case	\$	
_____ Pursuant to a prior judgment or order in this case	\$	
_____ Voluntarily paid in this case or another case	\$	
Child support received (specify)	\$	
_____ Pursuant to a prior judgment or order in another case	\$	
_____ Pursuant to a prior judgment or order in this case	\$	
_____ Voluntarily paid in this case or another case	\$	
Other: _____	\$	
SUBTOTAL OTHER MONTHLY INCOME	\$	
TOTAL MONTHLY NET EARNED INCOME AND OTHER INCOME (ADD LINES 11c AND 11d)	\$	

12. STATEMENT OF MONTHLY LIVING EXPENSES

*(Mark with * if projected expenses. Be prepared to offer testimony in support of estimates)*

12a. Household Expenses

a) Mortgage or rent (specify which): _____	\$	
b) Home Equity Loan Payment	\$	
c) Real Estate Taxes, Assessments (if not in mortgage)	\$	
d) Homeowners or Renters Insurance (if not in mortgage)	\$	
e) Condo Maintenance Fee	\$	
f) Heat/Fuel	\$	
g) Electricity	\$	
h) Water	\$	
i) Sewer	\$	
j) Groceries and Household Supplies	\$	
k) Garbage and Refuse Removal	\$	
l) Home Telephone (including long distance)	\$	
m) Cell Phone	\$	
n) Laundry & Dry Cleaning	\$	
o) Household Help – Cleaning Services – Maid	\$	
p) Furniture, Appliance Repair/Replacement	\$	
q) Lawn & Garden Care/Snow Removal	\$	
r) Tobacco, Liquor, Beer, Wine, etc.	\$	
s) Cable or Satellite Television	\$	
t) Internet Computer Service	\$	
u) Other (specify): _____	\$	
SUBTOTAL HOUSEHOLD EXPENSES	\$	

12b. Transportation

a) Vehicle Payments (for this vehicle: _____)	\$	
b) Vehicle Payments (for this vehicle: _____)	\$	
c) Vehicle Payments (for this vehicle: _____)	\$	
d) Vehicle Payments (for this vehicle: _____)	\$	
e) Fuel and Oil	\$	
f) License and Registration	\$	
g) Repairs and Maintenance	\$	
h) Vehicle Insurance	\$	
i) Other (specify): _____	\$	
SUBTOTAL TRANSPORTATION EXPENSES:	\$	

12c. Personal Expenses (*actually paid for you and dependents*)

a) Clothing and Shoes	\$	
b) Business/Work Uniforms	\$	
c) Eyeglasses/Contacts (after insurance)	\$	
d) Grooming/Cosmetics	\$	
e) Hairdresser/Barber	\$	
f) Medical (after insurance proceeds/reimbursement)	\$	ENTER BELOW
Doctor	\$	
Dentist	\$	
Optical	\$	
Medication	\$	
g) Insurance (not deducted from paycheck)	\$	ENTER BELOW
Life Insurance	\$	
Medical/Hospitalization	\$	
Dental/Optical	\$	
h) Educational Expense	\$	
i) Books, Magazines, newspapers, etc.	\$	
j) Recreation, Sports, and hobby expenses	\$	
k) Religious/charitable contributions	\$	
l) Vacations	\$	
m) Social/Club Dues	\$	
n) Gifts and Presents other than to Children	\$	
o) Other (specify): _____	\$	
SUBTOTAL PERSONAL EXPENSES	\$	

12d. Expenses of Minor or Dependent Children

a) Education	\$	ENTER BELOW
Tuition	\$	
Books/Fees	\$	
Lunches	\$	
Transportation	\$	
b) Allowance	\$	
c) Child care/After-school care	\$	
d) Sitters	\$	
e) Child Clubs/Summer Camps	\$	
f) Entertainment	\$	
g) Gifts (for holidays, birthdays, etc.):	\$	
h) Other (specify): _____	\$	
i) Other (specify): _____	\$	
j) Other (specify): _____	\$	
SUBTOTAL MINOR OR DEPENDENT CHILDREN EXPENSES	\$	

12. TOTAL MONTHLY LIVING EXPENSES:
 (add lines 12a through 12d)

\$ _____

13. STATEMENT OF MONTHLY MARITAL DEBT PAYMENT NOT OTHERWISE LISTED

Creditor's Name	Payment for	\$	Balance Due	\$	Monthly Pmt
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
TOTAL MARITAL DEBT (total of amounts in Section 13 only)		\$		\$	

(Attach additional page(s) as needed)

14. STATEMENT OF MONTHLY NON-MARITAL DEBT PAYMENT NOT OTHERWISE LISTED

Creditor's Name	Payment for	\$	Balance Due	\$	Monthly Pmt
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
TOTAL NON-MARITAL DEBT (total of amounts in Section 14 only)		\$		\$	

15. STATEMENT OF MARITAL ASSETS
 Valuation Date: _____

15a. Marital Residence and Other Real Estate

Description	\$	Value
	\$	
	\$	
SUBTOTAL MARITAL RESIDENCE & OTHER REAL ESTATE	\$	

15b. Marital Vehicles and Other Personal Property:

Description	\$	Value
	\$	
	\$	
SUBTOTAL MARITAL VEHICLES AND OTHER PERSONAL PROPERTY:	\$	

15c. Marital Businesses:

Description	\$	Value
	\$	
	\$	
SUBTOTAL MARITAL BUSINESS:	\$	

15d. Marital Financial Assets (Cash Equivalents):

Description	\$	Value
a. Checking or Savings Accounts	\$	
Type: _____ Location: _____ Owner of Account: _____	\$	
Type: _____ Location: _____ Owner of Account: _____	\$	
Type: _____ Location: _____ Owner of Account: _____	\$	
Type: _____ Location: _____ Owner of Account: _____	\$	
b. Certificates of Deposit	\$	
Type: _____ Location: _____ Owner of Account: _____	\$	
Type: _____ Location: _____ Owner of Account: _____	\$	
c. Other		
Type: _____ Location: _____ Owner of Account: _____	\$	
d. Other		
Type: _____ Location: _____ Owner of Account: _____	\$	
SUBTOTAL MARITAL FINANCIAL ASSETS	\$	

15e. Marital Retirement & Deferred Compensation:

Description	\$	Value
Type: _____ Location: _____ Owner of Plan::: _____	\$	
Type: _____ Location: _____ Owner of Plan::: _____	\$	
Type: _____ Location: _____ Owner of Plan::: _____	\$	
Type: _____ Location: _____ Owner of Plan::: _____	\$	
SUBTOTAL MARITAL RETIREMENT AND DEFERRED COMPENSATION	\$	

15f. Marital Investment Accounts and Securities

Description	\$	Value
a. Stocks/Bonds	\$	
Type: _____ Location: _____ Owner of Account: _____	\$	
Type: _____ Location: _____ Owner of Account: _____	\$	
b. Tax Exempt Securities	\$	
Type: _____ Location: _____ Owner of Account: _____	\$	
c. Other:		
Type: _____ Location: _____ Owner of Account: _____	\$	

SUBTOTAL MARITAL INVESTMENT ACCOUNTS & SECURITIES	\$	
15. TOTAL MARRIAGE ASSETS (Add lines 15a through 15f.)		

16. STATEMENT OF NON-MARITAL ASSETS:

Valuation Date: _____

16a. Non-Marital Residence and Other Real Estate

Description	\$	Value
	\$	
	\$	
SUBTOTAL NON- MARITAL RESIDENCE & OTHER REAL ESTATE	\$	

16b. Non-Marital Vehicles and Other Personal Property:

Description	\$	Value
	\$	
	\$	
SUBTOTAL NON-MARITAL VEHICLES AND OTHER PERSONAL PROPERTY:	\$	

16c. Non-Marital Businesses:

Description	\$	Value
	\$	
	\$	
SUBTOTAL NON-MARITAL BUSINESS:	\$	

16d. Non-Marital Financial Assets (Cash Equivalents):

Description	\$	Value
e. Checking or Savings Accounts	\$	
Type: _____ Location: _____	\$	
Owner of Account: _____		
Type: _____ Location: _____	\$	
Owner of Account: _____		
Type: _____ Location: _____	\$	
Owner of Account: _____		
Type: _____ Location: _____	\$	
Owner of Account: _____		
f. Certificates of Deposit	\$	
Type: _____ Location: _____	\$	
Owner of Account: _____		
Type: _____ Location: _____	\$	
Owner of Account: _____		
g. Other		
Type: _____ Location: _____	\$	
Owner of Account: _____		
h. Other		
Type: _____ Location: _____	\$	
Owner of Account: _____		
SUBTOTAL NON-MARITAL FINANCIAL ASSETS	\$	

16e. Non-Marital Retirement & Deferred Compensation:

Description	\$	Value
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Type: _____ Location: _____	\$	
Owner of Plan:: _____		
Type: _____ Location: _____	\$	
Owner of Plan:: _____		
SUBTOTAL NON-MARITAL RETIREMENT AND DEFERRED COMPENSATION	\$	

16f. Non-Marital Investment Accounts and Securities

Description	\$	Value
d. Stocks/Bonds	\$	
Type: _____ Location: _____	\$	
Owner of Account: _____		
Type: _____ Location: _____	\$	
Owner of Account: _____		
e. Tax Exempt Securities	\$	
Type: _____ Location: _____	\$	
Owner of Account: _____		
f. Other:		
Type: _____ Location: _____	\$	
Owner of Account: _____		
SUBTOTAL NON-MARITAL INVESTMENT ACCOUNTS & SECURITIES	\$	
15. TOTAL NON-MARITAL ASSETS (Add lines 16a through 16f.)		

17. STATEMENT OF HEALTH INSURANCE COVERAGE CURRENTLY IN EFFECT

Name of Insurance Carrier: _____ Policy No. _____
Type of Insurance: Medical Dental Optical Other
Persons covered: Self Spouse Dependents
Deductible per individual: \$ _____
 per family: \$ _____
Type of Policy: HMO PPO Full indemnity
Provided by: Employer Private Policy Other: _____
Monthly costs: Paid by Employer and/or Paid by employee for self \$ _____
 Paid by Employer and/or paid by employee for dependents \$ _____

VERIFICATION

The foregoing Financial Affidavit has been carefully read by the undersigned who states under oath and under penalties of perjury as provided by law pursuant to 735 ILCS 5/109, that this Financial Affidavit includes all of his/her income and expenses, that he/she has knowledge of the matters stated, and that he/she certifies that the statements set forth in this Affidavit are true and correct, except as to matters specifically stated to be on information and belief, and as to such matters the undersigned certifies as aforesaid that he/she verily believes same to be true.

Date signed: _____

Signature of Affiant

Typed or Printed Name of Affiant

Prepared by:
[] Self
[] Attorney
Alison Vawter
133 South Randolph Street
Macomb, IL 61455
(309) 837-5400/(309) 837-1910 (fax)

NOTICE:

Court Filing Instructions and Proof of Income:

Do not file this Financial Affidavit with the Clerk of the Court. Pursuant to Local Court Rule G-5.1, a copy of this completed and signed Financial Affidavit must be served by the moving party on all parties entitled to notice not less than seven (7) days before the date of hearing on a pleading seeking to establish, modify, or otherwise affect issues of support or maintenance, disposition of property, college expenses or attorney's fees, whether temporary or permanent in nature, and by the responding party not less than two (2) days before said hearing date the case. If such an affidavit has been served for purposes of a hearing, an additional affidavit need not be served for subsequent hearings unless there has been a change in financial circumstances.

Pursuant to Local Court Rule G-5.1, each party shall file with the Clerk of the Circuit Court within seven (7) days after service of this Financial Affidavit a **Certificate of Compliance and Service**, certifying this Financial Affidavit has been completed and further setting forth the date on which this completed Financial Affidavit was served upon the opposing party.

This Financial Affidavit shall not be filed with the Clerk of the Circuit Court. Both parties shall, however, be required to provide a copy of the Financial Affidavit, together with a copy of the notice, motion and any points and authorities relied upon, to the judge before whom the motion is set or assigned. The judge's copy so provided for the judge pursuant to Local Rule shall not be filed as part of the court record.

Pursuant to Local Court Rule G-5.1.B, each party shall also have available at any such hearing copies of the prior year's Federal Income Tax return, including all W-2 forms and 1099 forms, and the most recent pay stub showing year to date earnings and deductions therefrom, or if the same is not provided by their employer, their five (5) most recent payroll stubs. Failure to comply with these Rules may result in sanctions pursuant to local and Supreme Court Rule.