IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT LAKE COUNTY, ILLINOIS

| N RE: The 🗆 Marriage of: 🗆 Custody of: 🗀 Support of: | | | | |
|--|-----------|------------------|--------------------|---------------------------|
| |) | | | |
| |) | | | |
| Petitioner |) | | | |
| and |) | No | | |
| |) | | | |
| Respondent |) | | | |
| FINANCIAL | AFFI | DAVIT 11. | 02 | |
| | | | | |
| Affiant, | | | | |
| that the information contained herein is true and | correct | as of | | , 20 |
| Name: | | hone No: (|) | |
| Address: | | | irth: | |
| | - | | Birth: | |
| Date of Marriage:(mmddyyyy) | Date | of Dissolution | of Marriage: (if a | npplicable) (mmddyyyy) |
| | | | | |
| Minor and/or Dependent Children of this M | arriage | Date of Birth | | |
| Name | | (mmddyyyy) | Currently I | iving With |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | _ |
| (Attach additi | ional pag | ge(s) as needed) | | |
| Current Employer: | | Address: | | |
| Self Employment: | | Address: | | |
| Other Employment: | | Address: | | |
| ☐ Check if unemployed | | 71441 0001 | | |
| a officer if differiployed | | | | |
| Number of Paychecks per year: (Please Check | k box) | □ 12 □ 24 □ | □ 26 □ 52 □ | Other |
| Number of Exemptions claimed: | | | | |
| Number of Dependents claimed: | | - | | |
| | | | | |
| Gross Income from all sources last year: | | | | |
| Gross income from all sources this year thr | ough _ | Date | : \$ | |

STATEMENT OF INCOME

Gross Monthly Income

Court order

| dioss monthly income | | |
|---|------------|----|
| Salary/Wages/Base Pay | \$ | |
| Overtime/Commission | \$ | |
| Bonus | \$ | |
| Draw | \$ | |
| Pension and Retirement Benefits | \$ | |
| Annuity | \$ | |
| Interest income | \$ | |
| Dividend income | \$ | |
| Trust income | \$ | _ |
| Social Security | \$ | |
| Unemployment benefits | \$ | |
| Disability payment | \$ | _ |
| Worker's Compensation | \$ | _ |
| Public Aid/Food Stamps | \$ | _ |
| Investment income | \$ | - |
| Rental income Rusiness income (including non tayable distributions) | \$ | - |
| Business income (including non-taxable distributions) Partnership income | \$ | - |
| Royalty income | \$ \$ | - |
| Fellowship/stipends | \$ | _ |
| Other income (specify): | \$ | _ |
| TOTAL GROSS MONTHLY INCOME: | | Φ. |
| TOTAL GROSS MONTHLY INCOME. | \$ | \$ |
| Additional Cash Flow (Monthly) | |] |
| 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 | \$ | - |
| 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 | \$ | - |
| Total additional cash flow: | \$ | \$ |
| | | ı |
| Required Monthly Deductions | | 7 |
| Federal Tax (based on exemptions) | \$ | - |
| State Tax (based on exemptions) | \$ | _ |
| FICA (or Social Security equivalent) | \$ | _ |
| Medicare Tax | \$ | _ |
| Mandatory retirement contributions required by law or | \$ | |
| as condition of employment | · | - |
| Union Dues (Name of Union:) | \$ | - |
| Health/hospitalization Premiums | \$ | - |
| Prior obligation(s) of support actually paid pursuant to Court order | \$ | |

| NET MONTHLY INCOME: | \$ \$ |
|---------------------|----------|

\$

Other (specify):
TOTAL REQUIRED DEDUCTIONS FROM INCOME:

\$

STATEMENT OF MONTHLY LIVING EXPENSES

1. Household

| a. Mortgage or rent (specify): | \$ |
|---|----|
| b. Home equity loan payment | \$ |
| c. Real estate taxes, assessments | \$ |
| d. Homeowners or renters insurance | \$ |
| e. Heat/fuel | \$ |
| f. Electricity | \$ |
| g. Telephone (include long distance) | \$ |
| h. Water and Sewer | \$ |
| i. Refuse removal | \$ |
| j. Laundry/dry cleaning | \$ |
| k. Maid/cleaning service | \$ |
| I. Furniture and appliance repair/replacement | \$ |
| m. Lawn and garden care/snow removal | \$ |
| n. Food (groceries, household supplies, etc.) | \$ |
| o. Liquor, beer, wine, etc. | \$ |
| p. Other (specify): | \$ |
| SUBTOTAL HOUSEHOLD EXPENSES: | \$ |

2. Transportation

| a. Fuel | \$ |
|------------------------------------|----------|
| b. Repairs/maintenance | \$ |
| c. Insurance/license/city stickers | \$ |
| d. Payments/replacement | \$ |
| e. Other (specify): | \$ |
| SUBTOTAL TRANSPORTATION EXPENSES: | \$ \$ |
| | |

3. Personal

| a. Clothing | \$ |
|---|----|
| b. Grooming | \$ |
| c. Medical (after insurance proceeds/reimbursement) | |
| (1) Doctor | \$ |
| (2) Dentist | \$ |
| (3) Optical | \$ |
| (4) Medication | \$ |
| d. Insurance | |
| (1) Life – Term/Whole (specify) | \$ |
| (2) Medical/Hospitalization | \$ |
| (3) Dental/Optical | \$ |
| e. Other (specify) | \$ |
| SUBTOTAL PERSONAL EXPENSES: | \$ |

4. Miscellaneous:

| | _ | ١. |
|--|----|----|
| f. Other (specify) | \$ | |
| e. Vacations | \$ | |
| d. Donations, church or religious affiliations | \$ | |
| c. Gifts | \$ | |
| b. Newspapers, magazines, books | \$ | |
| a. Clubs/social obligations/entertainment | \$ | |
| | | |

| SUBTOTAL MISCELLANEOUS EXPENSES | \$ | \$ |
|---------------------------------|----|----|
|---------------------------------|----|----|

5. Expenses of Minor and/or Dependent Children of this Marriage:

| a. Clothing | \$ |
|---|----------|
| b. Grooming | \$ |
| c. Education | |
| (1) Tuition | \$ |
| (2) Books/Fees | \$ |
| (3) Lunches | \$ |
| (4) Transportation | \$ |
| (5) Medication | \$ |
| d. Medical (after insurance proceeds/reimbursement) | |
| (1) Doctor | \$ |
| (2) Dentist | \$ |
| (3) Optical | \$ |
| (4) Medication | \$ |
| e. Allowance | \$ |
| f. Child care/After-school care | \$ |
| g. Sitters | \$ |
| h. Lesson and supplies | \$ |
| i. Clubs/Summer Camps | \$ |
| j. Vacation | \$ |
| k. Entertainment | \$ |
| I. Other (specify) | \$ |
| SUBTOTAL CHILDREN'S EXPENSES: | \$ \$ |

TOTAL MONTHLY LIVING EXPENSES: \$ \$

STATEMENT OF LIABILITIES

| CREDITOR'S NAME | PAYMENT FOR | BALANCE DUE | MONTHLY PAYMENT |
|-----------------|-------------------|-------------|-----------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
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| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | TOTAL LIABILITIES | | |
| | | · . | |

TOTAL MONTHLY DEBT SERVICE \$

(Attach additional page(s) as needed)

STATEMENT OF ASSETS Valuation Date: ______ (mmddyyyy) Marital Residence and Other Real Estate: Market Value Debt

| Marital Residence and Other Real Estate: | Market value | Debt |
|--|--------------|------|
| 1. Marital Residence at: | \$ | \$ |
| 2. | \$ | \$ |
| 3. | \$ | \$ |
| 4. | \$ | \$ |
| TOTAL REAL ESTATE | \$ | \$ |

| Cars & Other Personal Property: | Market Value | Debt |
|-------------------------------------|---------------|------|
| 1. | \$ | \$ |
| 2. | \$ | \$ |
| 3. | \$ | \$ |
| 4. | \$ | \$ |
| 5. | \$ | \$ |
| 6. | \$ | \$ |
| TOTAL CARS & OTHER PERSONAL PROPERT | Γ Υ \$ | \$ |

| Businesses: | Market Value | Debt |
|------------------------|--------------|------|
| 1. Business Interest - | \$ | \$ |
| 2. | \$ | \$ |
| 3. | \$ | \$ |
| 4. | \$ | \$ |
| 5. | \$ | \$ |
| 6. | \$ | \$ |
| TOTAL BUSINESSES | \$ | \$ |

| Financial Assets (Cash or Cash Equivalents): | Market Value |
|--|--------------|
| 1. Savings or interest-bearing accounts | \$ |
| 2. Checking Accounts | \$ |
| 3. Certificates of Deposit | \$ |
| 4. Money Market Accounts | \$ |
| 5. Cash | \$ |
| 6. Other (specify): | \$ |
| 7. Other (specify): | \$ |
| TOTAL CASH OR CASH EQUIVALENTS: | \$ |

| Retirement & Deferred Compensation: | Market Value |
|--|--------------|
| 1. Retirement: | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| TOTAL RETIREMENT & DEFERRED COMPENSATION | N \$ |

| Investment Accounts and Securities: | Market Value |
|--|--------------|
| 1. Stocks | \$ |
| 2. Bonds | \$ |
| 3. Tax exempt securities | \$ |
| 4. Other (specify): | \$ |
| 5. Other (specify): | \$ |
| 6. Other (specify): | \$ |
| TOTAL INVESTMENT ACCOUNTS AND SECURITIES | \$ |

| RECAP OF INCOME AND EXPENSES: | | | |
|---|---|--|--|
| Net Monthly Inc | come (+) \$ | | |
| Total Monthly Living Expe | , , | | |
| Less Monthly Debt Se | * | | |
| Total Income Available per M | onth (=) \$ | | |
| | | | |
| STATEMENT OF HEALTH INSURANCE COVERA Currently effective health insurance coverage? ☐ Yes | .GE □ No | | |
| Name of insurance carrier: | | | |
| Policy of Group No.: | | | |
| Type of insurance: ☐ Medical ☐ Dental ☐ Optical | | | |
| Deductible: Per individual: \$ | Per family: \$ | | |
| Persons covered: ☐ Self ☐ Spouse ☐ Dependents | | | |
| Type of policy: ☐ HMO ☐ PPO ☐ Full indemnity | | | |
| Provided by: ☐ Employer ☐ Private Policy ☐ Other G | roup | | |
| Monthly costs: ☐ Paid by Employer ☐ Paid by employee | e: \$ | for dependents | |
| | \$ | for self | |
| | | | |
| VERIFICATI | ON | | |
| The foregoing Financial Affidavit has been carefully read by penalties as provided by law pursuant to 735 ILCS 5/109, the and expenses, he/she has knowledge of the matters stated forth in this Affidavit are true and correct, except as to matter. | nat this affidavit includes and he/she certifies tha | s all of his/her income t the statements set | |
| belief, and as to such matters the undersigned certifies as a | | | |
| | | | |
| Signature of Petitioner Signature | nature of Respondent | | |
| | | | |
| Typed or Printed Name of Petitioner Type | Typed or Printed Name of Respondent | | |
| Date signed: Da | Date signed: | | |