

Appendix A  
 IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT  
 COUNTY, ILLINOIS

IN RE THE MARRIAGE OF \_\_\_\_\_ )  
 )  
 )  
 Plaintiff, )  
 v. ) Case No.:  
 )  
 )  
 Defendant. )

**FINANCIAL AFFIDAVIT OF \_\_\_\_\_  
 IN DISSOLUTION OF MARRIAGE PROCEEDING**

1. Marital History:
  - A. My Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Education: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ SSN: \_\_\_\_\_
  - B. Name of Opposing Party: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Education: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ SSN: \_\_\_\_\_
  - C. Date parties married: \_\_\_\_\_ Date parties separated: \_\_\_\_\_
  - D. Names and Current Ages of Children: \_\_\_\_\_

Name	Age	Date of Birth	Year in School	Name	Age	Date of Birth	Year in School
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

- E. With whom do your children live? \_\_\_\_\_
- F. Date and amount of last support order, if any:  
 \$ \_\_\_\_\_ per \_\_\_\_\_ month for child support entered on \_\_\_\_\_  
 \$ \_\_\_\_\_ per \_\_\_\_\_ month for maintenance entered on \_\_\_\_\_

2. Schedules/Summaries:

Schedule A: My Earned Monthly Income (from page 2):	(A) \$ _____
My Other Monthly Income (from page 2):	\$ _____
My Net Monthly Income (from page 2):	\$ _____
Schedule B: Total Of All My Monthly Expenses (from page 5):	(B) \$ _____
(# of people in your household _____)	
Schedule C: Total Marital Assets (from page 7):	(C) \$ _____
Schedule D: Total Marital Debts (from page 8):	(D) \$ _____
Schedule E: Total My Non-Marital Assets (from page 9):	(E) \$ _____
Total My Non-Marital Debts (from page 9):	\$ _____
Schedule F: Total My Spouse's Non-Marital Assets (from page 10):	(F) \$ _____
Total My Spouse's Non-Marital Debts (from page 10):	\$ _____

3. State your total income last year as shown on your federal income tax return: \$ \_\_\_\_\_

4. Do you expect your income to change significantly in the next 6 months?  Yes  No  
 Why? \_\_\_\_\_

**SCHEDULE A**  
**MONTHLY INCOME AND DEDUCTIONS**  
**(Attach most recent pay stub to this Affidavit)**

**A. STATEMENT OF MY MONTHLY INCOME AND DEDUCTIONS:**

1. \*My Earned Monthly Income from:

- (a) Salary/Wages (attach most recent pay stub) (a) \$ \_\_\_\_\_  
 (b) Other earned income (second job) (b) \$ \_\_\_\_\_

\*If you are paid weekly, multiply income by 4.33 to get monthly amount or  
 If you are paid every 2 weeks, multiply income by 2.17 to get monthly amount or  
 If you are paid twice a month, multiply income by 2 to get monthly amount

**MY MONTHLY EARNED INCOME:** (1)   
 (put on front page)

2. My Other Monthly Income:

- (a) Interest (a) \$ \_\_\_\_\_  
 (b) Dividends (b) \$ \_\_\_\_\_  
 (c) Capital gains (c) \$ \_\_\_\_\_  
 (d) Schedule C income (d) \$ \_\_\_\_\_  
 (e) Farm income (e) \$ \_\_\_\_\_  
 (f) Social Security (for myself and dependents) (f) \$ \_\_\_\_\_  
 (g) Pension Benefits (g) \$ \_\_\_\_\_  
 (h) Child Support (prior relationship) (h) \$ \_\_\_\_\_  
 (i) Maintenance (prior relationship) (i) \$ \_\_\_\_\_  
 (j) Other \_\_\_\_\_ (j) \$ \_\_\_\_\_

**MY OTHER MONTHLY INCOME:** (2)   
 (put on front page)

3. \*\*Deductions Per Month: (Filing status: Single)  
 (No. of exemptions claimed: )

- (a) Federal Taxes (a) \$ \_\_\_\_\_  
 (b) State Taxes (b) \$ \_\_\_\_\_  
 (c) Social Security (c) \$ \_\_\_\_\_  
 (d) Medicare (d) \$ \_\_\_\_\_  
 (e) Mandatory Pension (do not include voluntary contributions) (e) \$ \_\_\_\_\_  
 (f) Union Dues (f) \$ \_\_\_\_\_  
 (g) Health Insurance Individual (g) \$ \_\_\_\_\_  
 (h) Health Insurance Dependent(s) (h) \$ \_\_\_\_\_  
 (i) Court Ordered Child Support (i) \$ \_\_\_\_\_  
 (j) Other \_\_\_\_\_ (j) \$ \_\_\_\_\_

\*\*If you are paid weekly, multiply deductions by 4.33 to get monthly amount or  
 If you are paid every 2 weeks, multiply deductions by 2.17 to get monthly amount or  
 If you are paid twice a month, multiply deductions by 2 to get monthly amount

**TOTAL DEDUCTIONS:** (3)

**MY NET MONTHLY INCOME:**   
 (put on front page)  
 [(1+2) - (3)]

**B. Do other adults living in your household have income?**  Yes  No

## SCHEDULE B

### MONTHLY EXPENSES

**1. State Total Number of People in your Household:**

**List names of people in your household (exclude yourself):**

<u>Names</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. Monthly Housing Expenses:**

(Show 1/12th of Annual Total for Expenses Not Paid Monthly)

A. Mortgage payment	(A) \$ _____
B. Home equity loan	(B) \$ _____
C. Property taxes	(C) \$ _____
D. Condo maintenance fee	(D) \$ _____
E. Homeowner's insurance	(E) \$ _____
F. Gas/Electric	(F) \$ _____
G. Water	(G) \$ _____
H. Sewer	(H) \$ _____
I. Garbage collection	(I) \$ _____
J. Telephone/Land Line	(J) \$ _____
K. Portable Phone(s)	(K) \$ _____
L. Internet Service	(L) \$ _____
M. Cable television	(M) \$ _____
N. Household help	(N) \$ _____
O. House repairs/maintenance	(O) \$ _____
P. Groceries	(P) \$ _____
Q. Household supplies	(Q) \$ _____
R. Laundry & dry cleaning	(R) \$ _____
S. Lawn care and snow removal	(S) \$ _____
T. Other	(T) \$ _____

**TOTAL MONTHLY HOUSING EXPENSES:** \$ \_\_\_\_\_

**3. Monthly Medical Expenses (not paid by insurance):**

(Show 1/12th of Annual Total for Expenses Not Paid Monthly)

A. Doctors:	Self	(A) \$ _____
	Child/Children	\$ _____
B. Dentist:	Self	(B) \$ _____
	Child/Children	\$ _____
C. Orthodontist:	Self	(C) \$ _____
	Child/Children	\$ _____
D. Medicines/Prescription Drugs:	Self	(D) \$ _____
	Child/Children	\$ _____
E. Other		(E) \$ _____

**TOTAL MONTHLY MEDICAL EXPENSES:** \$ \_\_\_\_\_

**4. Monthly Auto Expenses: (State number of cars: \_\_\_\_\_)**

(Show 1/12th of Annual Total for Expenses Not Paid Monthly)

- A. Monthly payment (Car No. 1) (A) \$ \_\_\_\_\_
- B. Monthly payment (Car No. 2) (B) \$ \_\_\_\_\_
- C. Gasoline and Oil (C) \$ \_\_\_\_\_
- D. Maintenance and repairs (D) \$ \_\_\_\_\_
- E. Registration (E) \$ \_\_\_\_\_
- F. Insurance (F) \$ \_\_\_\_\_
- G. Parking (G) \$ \_\_\_\_\_

**TOTAL MONTHLY AUTO EXPENSES:** \$ \_\_\_\_\_

**5. Monthly Child Care Expenses (State number of children: \_\_\_\_\_)**

(Show 1/12th of Annual Total for Expenses Not Paid Monthly)

- A. Clothing/Shoes (A) \$ \_\_\_\_\_
- B. Daycare (B) \$ \_\_\_\_\_
- C. Eyeglasses/contacts (C) \$ \_\_\_\_\_
- D. Hairdresser/Barber (D) \$ \_\_\_\_\_
- E. Grooming/Cosmetics (E) \$ \_\_\_\_\_
- F. Lunch money (F) \$ \_\_\_\_\_
- G. Allowances (G) \$ \_\_\_\_\_
- H. Gifts and Presents (Birthdays/Christmas) (H) \$ \_\_\_\_\_
- I. Books/fees/school supplies (I) \$ \_\_\_\_\_
- J. Transportation (school bus fees) (J) \$ \_\_\_\_\_
- K. Lessons/tutoring (K) \$ \_\_\_\_\_
- L. Recreation, sports and hobby expenses (L) \$ \_\_\_\_\_
- M. Babysitter (M) \$ \_\_\_\_\_
- N. Summer camp (N) \$ \_\_\_\_\_
- O. Private school tuition (O) \$ \_\_\_\_\_

**TOTAL MONTHLY CHILD CARE EXPENSES:** \$ \_\_\_\_\_

**6. My Monthly Personal Expenses:**

(Show 1/12th of Annual Total for Expenses Not Paid Monthly)

- A. Clothing/Shoes (A) \$ \_\_\_\_\_
- B. Business/Work Uniforms (B) \$ \_\_\_\_\_
- C. Eyeglasses/Contacts (C) \$ \_\_\_\_\_
- D. Hairdresser/Barber (D) \$ \_\_\_\_\_
- E. Grooming/Cosmetics (E) \$ \_\_\_\_\_
- F. Lunch money (F) \$ \_\_\_\_\_
- G. Professional/Union Dues not withheld from wages (G) \$ \_\_\_\_\_
- H. Education expenses (H) \$ \_\_\_\_\_
- I. Books, magazines, newspapers, etc. (I) \$ \_\_\_\_\_
- J. Restaurants/Movies (J) \$ \_\_\_\_\_
- K. Recreation, sports and hobby expenses (K) \$ \_\_\_\_\_
- L. Religious/Charitable contributions (L) \$ \_\_\_\_\_
- M. Vacations (M) \$ \_\_\_\_\_
- N. Social/Club dues and expenses (N) \$ \_\_\_\_\_
- O. Gifts and presents (not for your children) (O) \$ \_\_\_\_\_
- P. Pet expenses (P) \$ \_\_\_\_\_
- Q. Tobacco/Alcohol (Q) \$ \_\_\_\_\_

**TOTAL MONTHLY PERSONAL EXPENSES:** \$ \_\_\_\_\_

**7. Monthly Insurance Premiums Not Withheld From Wages:**

(Show 1/12th of Annual Total for Expenses Not Paid Monthly)

- A. Health insurance not withheld from wages: (A) \$ \_\_\_\_\_  
Name of Company: \_\_\_\_\_
- B. Life insurance not withheld from wages: (B) \$ \_\_\_\_\_  
Name of Company: \_\_\_\_\_
- C. Life insurance not withheld from wages: (C) \$ \_\_\_\_\_  
Name of Company: \_\_\_\_\_
- D. Life insurance not withheld from wages: (D) \$ \_\_\_\_\_  
Name of Company: \_\_\_\_\_
- E. Life insurance not withheld from wages: (E) \$ \_\_\_\_\_  
Name of Company: \_\_\_\_\_
- F. Life insurance not withheld from wages: (F) \$ \_\_\_\_\_  
Name of Company: \_\_\_\_\_
- G. Disability insurance not withheld from wages: (G) \$ \_\_\_\_\_  
Name of Company: \_\_\_\_\_

**TOTAL MONTHLY INSURANCE EXPENSES:** \$ \_\_\_\_\_

**8. Debts and Obligations Requiring Regular Monthly Payments Not Listed in Paragraphs 2, 3, 4, 5, 6, and 7 above (such as credit cards, credit accounts, consumer loans, personal loans, etc.)**

(Show 1/12th of Annual Total for Expenses Not Paid Monthly)

	<u>Name of Creditor</u>	<u>Reason for Debt</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____
F.	_____	_____	_____	_____
G.	_____	_____	_____	_____
H.	_____	_____	_____	_____
I.	_____	_____	_____	_____

**TOTAL OF PARAGRAPH 8 MONTHLY PAYMENTS:** \$ \_\_\_\_\_

**TOTAL OF ALL MY MONTHLY EXPENSES:**  
(sum of Schedule B, paragraphs 2-8)

(put on front page)

**SCHEDULE C**  
**MARITAL ASSETS**

**1. Real Estate**

State Type (marital home, rental property, lot or farm) and Address of Property	How Titled	Value
a.		
b.		
c.		
TOTAL:		

**2. Motor Vehicles (car, truck, motorcycle, or boat)**

State year, make and model	How Titled	Value
a.		
b.		
c.		
d.		
TOTAL:		

**3. Checking Accounts, Savings Accounts, Money Market Accounts and Certificates of Deposits**

Account Type	Name of Institution	How Titled	Balance
a.			
b.			
c.			
d.			
e.			
TOTAL:			

**4. Securities Accounts, Stocks, Bonds, Mutual Funds and Other Investments**

Describe investment & state number of shares/bonds	How Titled	Value
a.		
b.		
c.		
d.		
TOTAL:		

**5. Life Insurance Policies (privately purchased, not employer provided)**

Name of Insurance Company	Owner/Insured	Type of Policy (Whole or Term)	Face Value	Cash Value (minus any Loans)
a.				
b.				
c.				
d.				
e.				
TOTAL:				

**6. Retirement Income Plans, Pensions, Profit Sharing Plans, 401(k)'s, IRAs and Annuities**

State name of Plan (Designate defined benefit or defined contribution)	Owner	Value
a.		
b.		
c.		
d.		
e.		
f.		
g.		
TOTAL:		

**7. Personal Property (present value - not purchase price)**

Description	Where Located	Value
Furniture/Appliances (marital residence)		
Furniture/Appliances (spouse's residence, if applicable)		
Jewelry/Furs		
Coin/Stamp/Gun Collections		
Cash		
Other (specify)		
TOTAL:		

**TOTAL MARITAL ASSETS:**  
**(Sum of Schedule C, paragraphs 1-7)**

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(put on front page)

**SCHEDULE D**  
**MARITAL DEBTS**

**1. Mortgage Loans, Home Equity Loans or other Real Estate Loans**

Type of Loan and Lender	Address of Property	Monthly Pmt.	Balance
a.			
b.			
c.			
TOTAL:			

**2. Any Other Debts, including those listed in paragraph 8 on page 5, which are marital debts (such as auto loans, credit cards, credit accounts, consumer loans, personal loans, etc.)**

Creditor	Reason for Debt	Monthly Pmt.	Balance
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			
TOTAL:			

**TOTAL MARITAL DEBTS:**  
**(Sum of Schedule D, paragraphs 1 and 2)**

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(put on front page)

**SCHEDULE E**  
**MY NON-MARITAL ASSETS AND DEBTS**

**1. My Non-Marital Assets**

Description (real estate, motor vehicles, financial Accounts, stocks, etc.)	Where Located	Value
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		

**TOTAL MY NON-MARITAL ASSETS:**

(put on front page)

**2. My Non-Marital Debts, including those non-marital debts listed in paragraph 8 on page 5**

Creditor	Reason for Debt	Monthly Pmt.	Balance
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			

**TOTAL MY NON-MARITAL DEBTS:**

(put on front page)

**SCHEDULE F**  
**MY SPOUSE'S NON-MARITAL ASSETS AND DEBTS**

**1. My Spouse's Non-Marital Assets**

Description (real estate, motor vehicles, financial accounts, stocks, etc.)	Where Located	Value
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		

**TOTAL MY SPOUSE'S NON-MARITAL ASSETS:**

(put on front page)

**2. My Spouse's Non-Marital Debts, including those non-marital debts listed in paragraph 8 on page 5**

Creditor	Reason for Debt	Monthly Pmt.	Balance
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			

**TOTAL MY SPOUSE'S NON-MARITAL DEBTS:**

(put on front page)

## CERTIFICATION

I, the undersigned, certify under penalty of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, that I have read the foregoing Financial Affidavit, that I know the contents thereof, and that the statements contained therein are true to the best of my knowledge, information and belief.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2002.

\_\_\_\_\_  
Plaintiff/Defendant

Name of Attorney \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_

Facsimile \_\_\_\_\_

E-mail \_\_\_\_\_

### CERTIFICATE OF SERVICE

The undersigned certifies that the foregoing instrument was served upon all parties to the above cause by sending a copy to the attorneys of record and other parties of interest at their addresses as disclosed on the pleadings by hand delivery or U.S. mail, first class postage prepaid, in Peoria, Illinois, before 5:00 p.m., on the \_\_\_\_\_ day of \_\_\_\_\_, 2002.

Signature: \_\_\_\_\_