

**STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT  
COUNTY OF WINNEBAGO**

IN RE THE MARRIAGE OF	]	
	]	
	]	
Plaintiff	]	
	]	CASE NO.:
Vs.	]	
	]	
	]	
Defendant	]	

**FINANCIAL AFFIDAVIT OF NON-MINOR CHILD**

I, \_\_\_\_\_, on oath state the following:

That my present age is \_\_\_\_\_.

When at school, I live at \_\_\_\_\_ # mos. \_\_\_\_\_.

When not at school, I live at \_\_\_\_\_ # mos. \_\_\_\_\_.

**1. MONTHLY LIVING EXPENSES:**

<u>ESTIMATED MONTHLY BUDGET</u>	<u>WHEN IN SCHOOL</u>	<u>WHEN NOT IN SCHOOL</u>
Rent or House Payment	\$ _____	\$ _____
Renter's Insurance	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Heating Oil	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Groceries/Household Supplies	\$ _____	\$ _____
Haircuts/Beauty Shop	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Gas, Oil and Repairs	\$ _____	\$ _____
Personal Items	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Cable TV	\$ _____	\$ _____
Cleaning and laundry	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Health Insurance paid by child	\$ _____	\$ _____
Uninsured doctors	\$ _____	\$ _____
Uninsured dentists	\$ _____	\$ _____
Uninsured Pharmaceutical	\$ _____	\$ _____
Other uninsured expenses (specify)	\$ _____	\$ _____

**1. Monthly Living Expenses - Continued**

School Expenses	\$ _____	\$ _____
Fraternity/Sorority Fees	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Installment Debts from #2 below	\$ _____	\$ _____
<b>TOTAL MONTHLY LIVING EXPENSES:</b>	\$ _____	\$ _____

**2. DEBTS:**

<u>To Whom Owed</u>	<u>Purpose</u>	<u>Scheduled Payment Per Month</u>	<u>Actual Payment Per Month</u>	<u>Balance Owed</u>
(a) _____	Car Payment	\$ _____	\$ _____	\$ _____
(b) _____	_____	\$ _____	\$ _____	\$ _____
(c) _____	_____	\$ _____	\$ _____	\$ _____
(d) _____	_____	\$ _____	\$ _____	\$ _____
(e) _____	_____	\$ _____	\$ _____	\$ _____
(f) _____	_____	\$ _____	\$ _____	\$ _____

**TOTAL PAYMENTS TO CREDITORS:** \$ \_\_\_\_\_

**3. SCHOOL INFORMATION AND EXPENSES** (If available, attach school estimate of yearly anticipated expenses, bills and receipts of payments made, class schedule and grading statement listing most recent and cumulative GPA.)

Name of college, university or trade school \_\_\_\_\_.

Address \_\_\_\_\_

\_\_\_\_\_

Course of study \_\_\_\_\_

Month & year began \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

Status: [*check*]     1<sup>st</sup> Year     2<sup>nd</sup> Year     3<sup>rd</sup> Year     4<sup>th</sup> Year     Other

Semesters Completed \_\_\_\_\_ Credit Hours Earned \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Most Recent Semester GPA \_\_\_\_\_

**3. School Information and Expenses - Continued**

TUITION

Fall	\$ _____
Spring	\$ _____
Summer	\$ _____

BOOKS/SUPPLIES

Fall	\$ _____
Spring	\$ _____
Summer	\$ _____

FEES

Fall	\$ _____
Spring	\$ _____
Summer	\$ _____

ROOM AND BOARD:

Fall	\$ _____
Spring	\$ _____
Summer	\$ _____

**TOTAL PER ACADEMIC YEAR**      \$ \_\_\_\_\_

**4. FINANCIAL AID (*Attach all documentation*)**

Subsidized Student Loans (payment deferred)

Fall	\$ _____
Spring	\$ _____
Summer	\$ _____

Unsubsidized Student Loans (payment not deferred)

Fall	\$ _____
Spring	\$ _____
Summer	\$ _____

Grants

Fall	\$ _____
Spring	\$ _____
Summer	\$ _____

**4. Financial Aid - Continued**

Scholarships

Fall \$ \_\_\_\_\_  
 Spring \$ \_\_\_\_\_  
 Summer \$ \_\_\_\_\_

Work Study Aid

Fall \$ \_\_\_\_\_  
 Spring \$ \_\_\_\_\_  
 Summer \$ \_\_\_\_\_

**TOTAL AID:** \$ \_\_\_\_\_

**5. RECAPITULATION**

TOTAL COSTS - Academic year or semester (designate) \$ \_\_\_\_\_

LESS AID \$ \_\_\_\_\_

BALANCE - of out-of-pocket expenses per academic year or  
 Per semester (designate) \$ \_\_\_\_\_

**6. INCOME AND ASSETS** (*Attach W2's, 1099's, tax returns, etc.*)

A. School year employer: \_\_\_\_\_  
 Address \_\_\_\_\_

Number of weeks of employment per year \_\_\_\_\_

Payroll Deductions:

Hours of employment	_____	Federal taxes withheld	_____
Withholding status	_____	State taxes withheld	_____
Hourly wage	_____	FICA withheld	_____
Weekly gross income	_____	Medicare withheld	_____
Net weekly income	_____	Medical insurance	_____
		Other	_____
		<b>Total Deductions</b>	_____

6. **Income and Assets** - Continued

B. Summer and recess employer if different from above: \_\_\_\_\_  
 Address \_\_\_\_\_

Number of weeks of employment per year \_\_\_\_\_

Payroll Deductions:

Hours of employment	_____	Federal taxes withheld	_____
Withholding status	_____	State taxes withheld	_____
Hourly wage	_____	FICA withheld	_____
Weekly gross income	_____	Medicare withheld	_____
Net weekly income	_____	Medical Insurance	_____
		Other	_____
		<b>Total Deductions</b>	_____

C. Other sources of annual income or cash receipts:

<u>Description</u>	<u>Amount</u>	<u>Frequency</u>
1. Dividends	\$ _____	per _____
2. Interest	\$ _____	per _____
3. Other support received; gifts, trusts, etc.	\$ _____	per _____
4. Other	\$ _____	per _____

D. Savings Accounts

<u>Description</u>	<u>Location</u>	<u>Acct. No.</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. **Income and Assets** - Continued

E. Assets (*e.g. stocks, bonds, investment accounts, trust beneficiary, vehicles, etc.*) Attach statements if available.

<u>Asset</u>	<u>Location</u>	<u>Value as of (date)</u>
_____	_____	\$ _____ as of _____
_____	_____	\$ _____ as of _____
_____	_____	\$ _____ as of _____
_____	_____	\$ _____ as of _____
_____	_____	\$ _____ as of _____

\_\_\_\_\_  
**A Non-Minor Child**

VERIFICATION BY CERTIFICATION

UNDER PENALTIES of perjury as provided by law pursuant to Section 1-109 of the **Code of Civil Procedure**, I certify that the statements set forth in this instrument are true and correct except as to matters therein stated to be on information and belief and as to such matters I certify as aforesaid that I verily believe the same to be true.

\_\_\_\_\_  
*(Signature of Non-Minor Child)* *(Date)*