

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

IN RE THE MARRIAGE OF

Plaintiff,

Case No. \_\_\_\_\_

and

Defendant.

@

**FINANCIAL AFFIDAVIT**

**INSTRUCTIONS**

- [1] All questions require a written response. If you do not have the information requested or do not know the answer to a particular question, indicate that as your answer.
- [2] Use additional sheets if necessary

Plaintiff/Defendant, \_\_\_\_\_ being duly sworn states that the following is an accurate statement as of \_\_\_\_\_, \_\_\_\_\_ of his/her income from all sources, a statement of monthly living expenses and debts and a statement of health insurance coverage.

Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Date of Dissolution of Marriage \_\_\_\_\_  
Date of Marriage \_\_\_\_\_ (if applicable) \_\_\_\_\_  
Date of Separation \_\_\_\_\_

Dependent Children of this Marriage:

\_\_\_\_\_ d.o.b. \_\_\_\_\_ residing with \_\_\_\_\_  
\_\_\_\_\_ d.o.b. \_\_\_\_\_ residing with \_\_\_\_\_  
\_\_\_\_\_ d.o.b. \_\_\_\_\_ residing with \_\_\_\_\_  
\_\_\_\_\_ d.o.b. \_\_\_\_\_ residing with \_\_\_\_\_

Current Employer \_\_\_\_\_ Address: \_\_\_\_\_  
Self-employment \_\_\_\_\_ Address \_\_\_\_\_  
Other employment \_\_\_\_\_ Address \_\_\_\_\_

Check T if unemployed



**APPENDIX O - Continued**

Additional Cash Flow (Monthly)

Maintenance received ( <i>Payments received from prior Judgment or support orders in other actions</i> );	\$ _____
Child support received ( <i>Payments received pursuant to Court order or voluntarily in this or other actions</i> )	\$ _____
<b><u>Total Additional Cash Flow</u></b>	\$ _____
<b><u>TOTAL MONTHLY GROSS INCOME FROM ALL SOURCES</u></b>	\$ _____

Statutory Monthly Deductions

Federal Tax (based on _____ withholding status)	\$ _____
State Tax (based on _____ withholding status)	\$ _____
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	\$ _____
	\$ _____
Other (specify) _____	\$ _____
<b>TOTAL REQUIRED DEDUCTIONS FROM MONTHLY INCOME</b>	\$ _____
<b>MONTHLY INCOME</b>	\$ _____

**APPENDIX O - Continued**

**STATEMENT OF MONTHLY LIVING EXPENSES** as of \_\_\_\_\_  
(Do not duplicate; list only under one category)

1. Household

- a. Mortgage or Rent (*specify*) \$ \_\_\_\_\_
- b. Home Equity Loan / Second Mortgage \$ \_\_\_\_\_
- c. Real Estate Taxes, Assessments \$ \_\_\_\_\_
- d. Homeowners or Renters Insurance \$ \_\_\_\_\_
- e. Heat /Fuel \$ \_\_\_\_\_
- f. Electricity \$ \_\_\_\_\_
- g.. Telephone (*include long distance*) \$ \_\_\_\_\_
- h. Cell Phone / Pager \$ \_\_\_\_\_
- i. Cablevision \$ \_\_\_\_\_
- j. Water and Sewer \$ \_\_\_\_\_
- k. Computer \$ \_\_\_\_\_
- l. Refuse Removal \$ \_\_\_\_\_
- m. Laundry / Dry Cleaning \$ \_\_\_\_\_
- n. Maid / Cleaning Service \$ \_\_\_\_\_
- o. Furniture and Appliance Repair/Replacement \$ \_\_\_\_\_
- p. Lawn and Garden / Snow Removal \$ \_\_\_\_\_
- q. Food (*groceries, household supplies, etc.*) \$ \_\_\_\_\_
- r. Restaurant Meals \$ \_\_\_\_\_
- Other (*specify*) \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- SUBTOTAL HOUSEHOLD EXPENSES** \$ \_\_\_\_\_

**APPENDIX O - Continued**

2. Transportation (Number of vehicles \_\_\_\_\_)
- a. Gasoline \$ \_\_\_\_\_
  - b. Repairs \$ \_\_\_\_\_
  - c. Insurance / License / City Stickers \$ \_\_\_\_\_
  - d. Alternative Transportation \$ \_\_\_\_\_
  - e. Other (*specify*) \_\_\_\_\_ \$ \_\_\_\_\_
- SUBTOTAL TRANSPORTATION EXPENSES:** \$ \_\_\_\_\_

3. Personal
- a. Clothing \$ \_\_\_\_\_
  - b. Grooming \$ \_\_\_\_\_
  - c. Medical (*after insurance proceeds*):
    - (1) Doctor \$ \_\_\_\_\_
    - (2) Dentist \$ \_\_\_\_\_
    - (3) Optical \$ \_\_\_\_\_
    - (4) Medication \$ \_\_\_\_\_
    - (5) Counseling \$ \_\_\_\_\_
    - (6) Other \_\_\_\_\_ \$ \_\_\_\_\_
  - d. Insurance:
    - (1) Life Insurance Premiums \$ \_\_\_\_\_
    - (2) Medical/Hospitalization Insurance Premiums  
(*Not withheld from wages*) \$ \_\_\_\_\_
    - (3) Dental/Optical Insurance Premiums  
(*Not withheld from wages*) \$ \_\_\_\_\_
  - e. Other (*specify*) \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
- SUBTOTAL PERSONAL EXPENSES:** \$ \_\_\_\_\_

**APPENDIX O - Continued**

4. Miscellaneous

- a. Clubs/Social Obligations/Entertainment \$ \_\_\_\_\_
- b. Newspapers, Magazines, Books \$ \_\_\_\_\_
- c. Gifts \$ \_\_\_\_\_
- d. Donations, Church or Religious Affiliation \$ \_\_\_\_\_
- e. Vacations \$ \_\_\_\_\_
- f. Tax-deferred Contributions \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- g. Other (*specify*) \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- SUBTOTAL MISCELLANEOUS EXPENSES:** \$ \_\_\_\_\_

5. Children's Separate Expenses: (*Identify special needs* \_\_\_\_\_)

- a. Clothing \$ \_\_\_\_\_
- b. Grooming \$ \_\_\_\_\_
- c. Education:
  - (1) Tuition \$ \_\_\_\_\_
  - (2) Books / Fees \$ \_\_\_\_\_
  - (3) Lunches \$ \_\_\_\_\_
  - (4) Transportation \$ \_\_\_\_\_
  - (5) Activities \$ \_\_\_\_\_
- d. Medical (after insurance proceeds):
  - (1) Doctor \$ \_\_\_\_\_

**APPENDIX O - Continued**

(2) Dentist	\$ _____
(3) Optical	\$ _____
(4) Medication	\$ _____
(5) Counseling	\$ _____
e. Allowance	\$ _____
f. Child Care/Before and After School Care	\$ _____
g. Sitters	\$ _____
h. Lessons and Supplies	\$ _____
i. Clubs / Summer Camps	\$ _____
j. Vacation	\$ _____
k. Entertainment	\$ _____
l. Other ( <i>Specify</i> ) _____	\$ _____
<b>SUBTOTAL CHILDREN'S EXPENSES:</b>	<b>\$ _____</b>
<b>TOTAL MONTHLY LIVING EXPENSES</b>	<b>\$ _____</b>

**STATEMENT OF DEBTS AND LIABILITIES**

<u>CREDITOR</u>	<u>PURPOSE</u>	<u>BALANCE DUE</u>	<u>MONTHLY PMT.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL MONTHLY DEBT PAYMENT</b>			<b>_____</b>

STATEMENT OF HEALTH INSURANCE COVERAGE

Currently effective health insurance coverage:  Yes  No

Name of insured \_\_\_\_\_

Name of insurance carrier: \_\_\_\_\_ Policy or Group No. \_\_\_\_\_

Type of insurance:  Medical  Dental  Optical

Deductible:  Per Individual \_\_\_\_\_ Per Family \_\_\_\_\_

Persons covered:  Self  Spouse  Dependents

Type of policy:  HMO  PPO  Standard Indemnity (i.e. 80/20)

Provided by:  Employer  Private Policy  Other Group

Monthly cost:  Paid by Employer  Paid by Employee: \$ \_\_\_\_\_ for dependents \$ \_\_\_\_\_ for myself

RECAP

MONTHLY INCOME \$ \_\_\_\_\_
TOTAL MONTHLY LIVING EXPENSES \$ \_\_\_\_\_
DIFFERENCE BETWEEN NET INCOME AND EXPENSES \$ \_\_\_\_\_
LESS MONTHLY DEBT PAYMENT \$ \_\_\_\_\_
INCOME AVAILABLE PER MONTH \$ \_\_\_\_\_

Signature of Party:  Plaintiff  Defendant

Type or Print Name

VERIFICATION BY CERTIFICATION

I certify that all of the corroborating documents to this Financial Affidavit in my possession, or that I can obtain upon reasonable effort as of this date, have been provided to the opposing party. 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 Party) (Date)

PREPARED BY: