

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 what tax year?

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

11. STATEMENT OF INCOME

11a. Total Gross Monthly Earned Income

Gross Salary/Wages/Base Pay \$
Overtime/Commission \$
Bonus \$
Draw \$

11a. TOTAL 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 I) \$
Medicare \$
Mandatory 401(K) or retirement contributions \$
Union Dues (Name of Union: _____) \$
Health - Medical Insurance Premiums deducted from paycheck:
Myself \$
My Dependents \$
Prior Orders of Child Support or Mainatenance actually paid
pursuant to Court Order No. _____ \$
Other (specify): _____ \$
Other (specify): _____ \$

11b. TOTAL REQUIRED MONTHLY DEDUCTIONS FROM EARNED INCOME: \$_____ (- _____)

11c. TOTAL NET MONTHLY EARNED INCOME (11a. minus 11.b) \$_____ \$

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: _____	\$
11d. TOTAL OTHER MONTHLY INCOME	\$ _____

11. TOTAL MONTHLY NET EARNED INCOME & OTHER INCOME \$
(Add lines 11c. and 11d.)

12. STATEMENT OF MONTHLY LIVING EXPENSES

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

12a. Household Expenses

a. Mortgage or Rent (specify): _____	\$
b. Home Equity Loan payment	\$
c. Real Estate Taxes, Assessments <i>(if not in mortgage)</i>	\$
d. Homeowners or Renters Insurance <i>(if not in mortgage)</i>	\$
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 <i>(including long distance)</i>	\$
m. Cell Phone	\$
n. Laundry B Dry Cleaning	\$
o. Household help B Cleaning Services B Maid	\$
p. Furniture, Appliance Repair/Replacement	\$
q. Lawn B 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 (Vehicle 1) \$
- b. Vehicle Payments (Vehicle 2) \$
- c. Fuel & Oil \$
- d. License & Resgistration \$
- e. Repairs & maintenance \$
- f. Vehicle Insurance \$
- g. Other (specify): _____ \$
- h. Other (*specify*): _____ \$
- SUBTOTAL TRANSPORTATION EXPENSES:** \$ _____

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

- a. Clothing & Shoes \$
- b. Business / Work Uniforms \$
- c. Eyeglasses / Contacts (after insurance) \$
- d. Grooming / Cosmetics \$
- e. Hairdresser / Barber \$
- f. Medical (after insurance proceeds/reimbursement)
 - Doctor \$
 - Dentist \$
 - Optical \$
 - Medication \$
- g. Insurance (not deducted from paycheck)
 - 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
 - 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): _____ \$
- SUBTOTAL CHILDREN'S EXPENSES:** \$ _____

12.TOTAL MONTHLY LIVING EXPENSES: \$

13. STATEMENT OF MONTHLY MARITAL DEBT PAYMENT NOT OTHERWISE LISTED

Creditor's Name	Payment for	Balance Due	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

TOTAL DEBT \$ _____
TOTAL MONTHLY MARITAL DEBT PAYMENT \$ _____
(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 Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

TOTAL DEBT \$ _____
TOTAL MONTHLY NON-MARITAL DEBT PAYMENT \$ _____
(Attach additional page(s) as needed)

15. STATEMENT OF MARITAL ASSETS

Valuation Date: _____

15a. Marital Residence and Other Real Estate:

Market Value

- 1. Residence at: _____ \$ _____
 - 2. _____ \$ _____
 - 3. _____ \$ _____
- Subtotal Marital Real Estate** \$ _____

15b. Marital Vehicles & Other Personal Property:

Market Value

- 1. _____ \$ _____
 - 2. _____ \$ _____
 - 3. _____ \$ _____
 - 4. _____ \$ _____
- Subtotal Cars & Other Personal Property** \$ _____

15c. Marital Businesses:

Market Value

- 1. Business Interest: _____ \$ _____
 - 2. _____ \$ _____
- Subtotal Marital Businesses** \$ _____

15e. Marital Financial Assets (Cash Equivalents):

Market Value

- 1. Savings or Checking Accounts \$ _____
 - 2. Certificates of Deposit \$ _____
 - 3. Other (specify): \$ _____
 - 4. Other (specify): \$ _____
- Subtotal Marital Cash Equivalents:** \$ _____

15f. Marital Retirement & Deferred Compensation:

Market Value

- 1. Retirement: _____ \$ _____
 - 2. _____ \$ _____
- Subtotal Marital Retirement & Deferred Comp.** \$ _____

15g. Marital Investment Accounts and Securities: Market Value

1. Stocks/Bonds _____ \$

2. Tax exempt securities _____ \$

3. Other (specify): _____ \$

Subtotal Marital Investment Accounts and Securities \$ _____

15. TOTAL ALL MARITAL ASSETS \$

16. STATEMENT OF NON-MARITAL ASSETS and DEBTS Valuation Date

16a. Non-Marital Residence and Other Real Estate: Market Value

1. Non-Marital Residence at: _____ \$ _____

2. _____ \$ _____

Subtotal Non-marital Real Estate \$ _____

16b. Non-Marital Vehicles & Other Personal Property: Market Value

1. _____ \$ _____

2. _____ \$ _____

Subtotal Non-marital Personal Property \$ _____

16c. Non-Marital Businesses: Market Value Debt

1. Business Interest: _____ \$ _____ \$

2. _____ \$ _____ \$

Subtotal Non-marital Businesses \$ _____

16c. Non-Marital Financial Assets (Cash or Equivalents): Market Value

1. Savings or Checking Accounts \$

2. Certificates of Deposit \$

4. Other (specify): \$

Subtotal Non-marital Fin. Assets \$ _____

16d. Non-Marital Retirement & Deferred Compensation: Market Value

1. Retirement: _____ \$

2. _____ \$

Subtotal N.M. Retirement & Deferred Compensation \$ _____

16e. Non-Marital Investment Accounts and Securities: Market Value

1. Stocks _____ \$

2. Bonds _____ \$

3. Other (specify): _____ \$

Subtotal N.M. Investment Accounts and Securities \$ _____

16. TOTAL ALL NON-MARITAL ASSETS AND DEBTS \$

17. STATEMENT OF HEALTH INSURANCE COVERAGE CURRENTLY IN EFFECT

Name of insurance carrier: _____ Policy or Group No.:

Type of insurance: [] Medical [] Dental [] Optical

Persons covered: [] Self [] Spouse [] Dependents

Deductible: Per individual: \$ _____ Per family: \$ _____

Type of policy: [] HMO [] PPO [] Full indemnity

Provided by: [] Employer [] Private Policy [] Other Group

Monthly costs: [] Paid by Employer and/or [] Paid by employee for self \$ _____

[] Paid by employer 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

Prepared by:

[] Self

[] Attorney's Name:

Typed or Printed Name of Affiant

Address:

City _____ State _____ Zip _____

Phone _____

Fax _____

ARDC# _____

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.

