

7. I have additional persons dependent on me:

Initials	Age	Year of Birth	Currently Living with:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional page(s) as needed)

8. Proof of Income: Pursuant to Circuit Court Rule Part 5.20 **I have attached** 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 most recent payroll stubs.

Or I have attached an affidavit which explains the absence of these documents.

9. 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? _____

10. STATEMENT OF INCOME:

10a. Gross Monthly Earned Income:

- 1. Gross Salary/Wages/Base Pay \$ _____
- 2. Overtime/Commission \$ _____
- 3. Bonus \$ _____
- 4. Other: _____ \$ _____

10b. Total Gross Monthly Earned Income: \$ _____ \$ _____

10c. Required Monthly Deductions From Earned Income:

- 1. Federal Tax (based on _____ exemptions) \$ _____
- 2. State Tax (based on _____ exemptions) \$ _____
- 3. FICA (or Social Security equivalent: RR, Tier I) \$ _____
- 4. Medicare \$ _____
- 5. Mandatory 401(k) or retirement contributions \$ _____
- 6. Union Dues (Name of Union: _____) \$ _____
- 7. Health - Medical Insurance Premiums deducted from paycheck:
 - Myself \$ _____
 - My Dependents \$ _____
- 8. Prior Orders of Child Support or Maintenance actually paid pursuant to Court Order No. _____ \$ _____
- Other (specify): _____ \$ _____

10d. Total Required Monthly Deductions from Earned Income: \$ _____ (-\$ _____)

10e. Total Net Monthly Earned Income (10b. minus 10d.): \$ _____ \$ _____

10f. Other Monthly Income:

- 1. Social Security \$ _____
- 2. Unemployment benefits \$ _____
- 3. Worker's Compensation/Disability payment \$ _____
- 3. Public Aid/Food Stamps \$ _____
- 4. Other: _____ \$ _____
- 5. **Maintenance or Alimony received (specify who is paying)**
 _____ \$ _____
- 6. **Child Support received (specify who is paying)**
 _____ \$ _____
 _____ \$ _____

10g. Total Other Monthly Income: \$ _____ \$ _____

10h. Total Monthly Net Earned Income & Other Income: \$ _____

(Add lines 10e. and 10g.)

11. STATEMENT OF MONTHLY LIVING EXPENSES:

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

11a. Household Expenses:

- 1. Mortgage or Rent (*specify*): \$ _____
- 2. Home Equity Loan payment \$ _____
- 3. Real Estate Taxes, Assessments (*if not in mortgage*) \$ _____
- 4. Homeowners or Renters Insurance (*if not in mortgage*) \$ _____
- 5. Heat/Fuel/Electricity \$ _____
- 6. Water & Sewer \$ _____
- 7. Groceries and Household Supplies \$ _____
- 8. Garbage and Refuse Removal \$ _____
- 9. Telephone (*including cell phone & long distance*) \$ _____
- 10. Tobacco, Liquor, Beer, Wine, *etc.* \$ _____
- 11. Cable or Satellite Television \$ _____
- 12. Internet Computer Service \$ _____
- 13. Other (*specify*): _____ \$ _____
- 14. Other (*specify*): _____ \$ _____

11b. Total Household Expenses: \$ _____ \$ _____

11c. Transportation Expenses:

- 1. Vehicle Payments (Vehicle 1) _____ \$ _____
- 2. Vehicle Payments (Vehicle 2) _____ \$ _____
- 3. Fuel & Oil \$ _____
- 4. Vehicle Insurance \$ _____
- 5. Other (*specify*): _____ \$ _____

11d. Total Transportation Expenses: \$ _____ \$ _____

11e. Personal Expenses: (*actually paid for you and dependents*)

- 1. Clothing \$ _____
- 2. Hairdresser/Barber \$ _____
- 3. Medical Expenses (*after insurance proceeds/reimbursement*) \$ _____
- 4. Medical/Hospitalization Insurance (*not deducted from paycheck*) \$ _____
- 5. Life Insurance (*not deducted from paycheck*) \$ _____
- 6. Books, magazines, newspapers, *etc.* \$ _____
- 7. Religious/charitable contributions \$ _____
- 8. Other (*specify*): _____ \$ _____
- 9. Other (*specify*): _____ \$ _____

11f. Total Personal Expenses: \$ _____ \$ _____

11g. Expenses of Minor or Dependent Children:

- 1. Education/School Expense \$ _____
- 2. Child care/After-school care \$ _____
- 3. Entertainment \$ _____
- 4. Gifts (for Holidays, birthdays, *etc.*) \$ _____
- 5. Other (*specify*): _____ \$ _____
- 6. Other (*specify*): _____ \$ _____

11h. Total Children's Expenses: \$ _____ \$ _____

11i. Total Monthly Living Expenses: (*add lines 11b., 11d., 11f. and 11h.*) \$ _____

12. OTHER DEBT:

12a. Statement of Monthly Debt Payment Not Otherwise Listed:

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

12b. Total Debt: (add Balance Due Column) \$ _____

12c. Total Monthly Debt Payment: (add Monthly Payments column) \$ _____
(Attach additional page(s) as needed)

13a. Income and Expense Summary:

Net monthly income (from paragraph 10h.) \$ _____
 Total monthly living expenses (from paragraph 11i.) \$(- _____)
 Monthly debt payment (from paragraph 12c.) \$(- _____)

13b. Monthly Surplus or (Deficit): \$ _____

14. ASSETS:

14a. Real Estate:

Type (marital home, rental property, lot, or farm) (Provide address of property)	How Titled? <u>H</u> usband, <u>W</u> ife, or <u>J</u> oint	Debt On the property	Value Of the Property
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

14b. Motor Vehicles (car, truck, motorcycle, or boat):

State Type and list Year, Make, and Model	How Titled? <u>H</u> usband, <u>W</u> ife, or <u>J</u> oint	Debt On the property	Value Of the Property
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

14c. Checking Accounts, Savings Accounts, Money Market Accounts, and Certificates of Deposits:

Account Type	Name of Institution	How Titled? <u>H</u> usband, <u>W</u> ife, or <u>J</u> oint	Value (Balance)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

14d. Stocks, Bonds, Mutual Funds and Other Investments:

Describe investment & state number of shares/bonds	How Titled? <u>H</u> usband, <u>W</u> ife, or <u>J</u> oint	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

14e. Life Insurance Policies:

Name of Company and Name of Insured	Type of Policy (Whole Life or Term)	Face Value	Cash Value (minus any loans)
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

14f. Retirement Income Plans, Pensions, Profit Sharing Plans, Keoghs, and IRAs:

Name of Plan or Program	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

14g. Other Personal Property:

Description	Where Located	Value
Furniture/Appliances	_____	\$ _____
Cash	_____	\$ _____
Other (specify) _____	_____	\$ _____
Other (specify) _____	_____	\$ _____
Other (specify) _____	_____	\$ _____

14h. Total Value All Assets: (add lines 14a. through 14g.) \$ _____

15. DEBTS:

15a. Mortgage Loans, Home Equity Loans or other Real Estate Loans:

Type of Loan and Lender	Address of Property	Monthly Pmt.	Balance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

15b. Any Other Long Term Debts, including those listed in paragraph 11, which are marital debts (such as auto loans, credit cards, credit accounts, consumer loans, personal loans, etc.):

Creditor	Reason for Debt	Monthly Pmt.	Balance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

15c. TOTAL DEBT: (add lines 15a. and 15b.) \$ _____

16a. ASSET AND DEBT SUMMARY:

Total Value All Assets (from paragraph 14h.) \$ _____
 Total Debt (from paragraph 15c.) \$(- _____)

16b. ASSET EQUITY OR (DEFICIT): \$ _____

17. STATEMENT OF HEALTH INSURANCE COVERAGE CURRENTLY IN EFFECT:

Name of insurance carrier: _____
 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 \$ _____
 and/or Paid by employee 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

Please note requirements of Circuit Court Rules, Part 5.20, of the Ninth Judicial Circuit concerning Financial Affidavits and Proof of Income:

Circuit Court Rule PART 5.20 FINANCIAL DISCLOSURES

A. FINANCIAL AFFIDAVIT

1. A current, accurate, and properly executed and filed financial affidavit, either in the form as prescribed by the Illinois Supreme Court, or until said form is supplied, or a form substantially similar to Form 520 of these rules, must be served upon all parties entitled to notice by the moving party not less than seven 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 attorneys fees, whether temporary or permanent in nature, and by the responding party not less than two days before said hearing date and shall be served, in any event, on or before the date of the case management conference unless earlier served in the case. If an affidavit has been served for purposes of a hearing on temporary relief, an additional affidavit need not be served unless there has been a change in financial circumstances.

2. The Financial Affidavit shall be filed with the Circuit Clerk who shall impound and seal the Affidavit within the court file, to be opened only by the judge presiding at any hearing where it would be relevant. After its use, the Affidavit shall be impounded, sealed, and retained in the court file.

3. Both parties shall provide to the presiding judge a judge=s copy of any contested motion along with any points and authorities relied upon, pursuant to Part 2.55 of these Rules.

B. PROOF OF INCOME

For any hearing regarding child support, maintenance, college expenses, or disposition of property, every party must attach copies of the prior year's federal income tax returns, including all W-2 and 1099 forms, and their most recent pay stub, or other proof of "income" as defined by 750 ILCS 5/505, showing year-to-date earnings and deductions therefrom, or if the same is not provided by a party's employer, the five most recent payroll stubs. In the absence of these documents, an affidavit must be attached explaining why the party is unable to provide this information.