

Appendix B
 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 POST DECREE 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: _____

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 final divorce decree entered: _____

G. Date and amount of last support order:
 \$ _____ per _____ for child support entered on _____
 \$ _____ per _____ 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 Assets (from page 7): (C) \$ _____

Schedule D: Total Debts (from page 8): (D) \$ _____

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: _____ (state name of employer)

(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) \$ _____
 (specify)

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

3. **Deductions Per Month: (Filing status: Single/Married [circle one])
 (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. Rent/Mortgage payment (circle one) | (A) | \$ | |
| B. Home equity loan | (B) | \$ | |
| C. Property taxes | (C) | \$ | |
| D. Condo maintenance fee | (D) | \$ | |
| E. Homeowner's or Renter's insurance (circle one) | (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) | \$ | |
| | (specify) | | | |

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) \$ _____
- P. Other _____ (P) \$ _____

(specify)

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) \$ _____
- R. Other _____ (R) \$ _____

(specify)

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 _____
- H. Other _____ (H) \$ _____
(specify)

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
ASSETS

1. Real Estate

State Type (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:		
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 (your residence)		
Furniture/Appliances (other residences/vacation home, if applicable)		
Jewelry/Furs		
Coin/Stamp/Gun Collections		
Cash		
Other (specify)		
TOTAL:		

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

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(put on front page)

SCHEDULE D
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, (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 DEBTS:
(Sum of Schedule D, paragraphs 1 and 2)

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 (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 _____, 20__.

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 _____, 20__.

Signature: _____