



Current Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Self Employment: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Other Employment: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Other income other than employment: \_\_\_\_\_  
 Check if unemployed  
 Number of paychecks per year:  12  24  26  52  Other: \_\_\_\_\_  
 Number of Exemptions Claimed: \_\_\_\_\_  
 Gross income from all sources last year: \$ \_\_\_\_\_  
 Gross income from all sources this year through \_\_\_\_\_: \$ \_\_\_\_\_

**II. STATEMENT OF HEALTH INSURANCE COVERAGE**

Currently effective health insurance coverage:  Yes  No  
 Name of the insurance carrier: \_\_\_\_\_  
 Name of the policy holder: \_\_\_\_\_  
 Policy or Group No. \_\_\_\_\_ Type of insurance:  Medical  Dental  Optical  
 Health savings Account?  Yes  No Pre-Tax?  Yes  No  
 Deductible: Per Individual \$ \_\_\_\_\_ Per Family \$ \_\_\_\_\_  
 Persons covered:  Self  Self/Partner  Dependents  
 Type of policy:  HMO  PPO  Standard Indemnity (i.e. 80/20)  
 Provided by:  Employer  Private Policy  Other Group  
 Monthly cost:  Paid by Employer or Union  Paid by Employee:  
 Cost to Employee: \$ \_\_\_\_\_ for dependents \$ \_\_\_\_\_ for self

**III. POTENTIAL AREAS OF DISAGREEMENT**

(Check all that may apply. The failure to identify an issue shall not be a bar to raising the issue at a later date.)

- |  |  |
|--|--|
| <input type="checkbox"/> Grounds                                   | <input type="checkbox"/> Asset values                      |
| <input type="checkbox"/> Custody                                   | <input type="checkbox"/> Responsibility for debts          |
| <input type="checkbox"/> Visitation                                | <input type="checkbox"/> Dissipation of the marital estate |
| <input type="checkbox"/> Child Support/Daycare/Extracurricular     | <input type="checkbox"/> Maintenance                       |
| <input type="checkbox"/> Responsibility for health insurance costs | <input type="checkbox"/> Tax liabilities                   |
| <input type="checkbox"/> Removal from Illinois                     | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> College                                   | <input type="checkbox"/> _____                             |
| <input type="checkbox"/> Asset Identification                      |  |

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IV. **STATEMENT OF ASSETS ACQUIRED DURING MARRIAGE/CIVIL UNION**-The date of valuation is \_\_\_\_\_ unless otherwise specified. Attach current statements to show the current balance.

<b>Cash or Cash Equivalents:</b>				
Description of Asset	Title in Name of	Date Acquired	Name of Financial Institution	Fair Market Value
1. Savings or interest bearing accounts				
2. Checking accounts				
3. Certificates of Deposit				
4. Money Market Accounts				
5. Cash				
6. Other (specify)				

<b>Real Property:</b> Provide address, type and description, current fair market value, amounts of mortgages, loans, or liens.				
Description of Asset	Title in Name of	Date Acquired	Mortgage Balance	Fair Market Value
1. Residence				
2. Secondary or Vacation Residence				
3. Investment or Business Real Estate				
4. Vacant Land				
5. Other (specify)				

<b>Motor Vehicle(s), Boats, Trailers, Etc.:</b> Provide year, model, maker, lien, debtor, amount.				
Description of Asset	Title in Name of (include lien holder, if any)	Date Acquired	Lien Balance	Fair Market Value

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**Business Interest:** Type of entity, i.e. Corporations, Partnerships, Sole Proprietorships, (Provide percentage interest and number of shares, names of business, type of business.)

Name of Entity	Owner & Percentage Ownership	Date Acquired	Type of Business	Parties' Fair Market Value

**Insurance Policies:** Type of insurance, i.e. Life, Medical, Disability, Business Overhead, Property, etc. Provide name of insurer, policy number, name of insured, owner of policy, face amount, beneficiary, cash value, cash surrender value.

Name of Insurance Carrier	Title in Name of	Term or Whole?	Death Benefit	Actual Cash Value

**Retirement, Pension Plans, Defined Benefit Plans, IRA Accounts, Deferred Compensation, Annuities, 401k, Defined Contribution Plan, Profit Sharing, etc.:** Provide name, type of plan, trustee of plan, beneficiary, vested or non-vested, most current value.

Description of Asset	Title in Name of	Date Acquired	Name of Financial Institution	Fair Market Value

**Stock Options, ESOPS, Other Deferred Compensation or Employment Benefits:** (Describe fully)

Description of Asset	Title in Name of	Date Acquired	Number of Options	Option Price

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<b>Other Investment Accounts and Securities:</b>				
<b>Description of Asset</b>	<b>Title in Name of</b>	<b>Date Acquired</b>	<b>Name of Financial Institution</b>	<b>Fair Market Value</b>
1. Stocks				
2. Bonds				
3. Tax Exempt Securities				
4. Secured or Unsecured Notes				
5. Collectibles: Coins, stamps, art, antiques, etc.				
6. All Other Property: Personal or Real. <b>(not previously listed)</b> , valued in excess of \$500.00, excluding normal household furniture and furnishings.				

**V. STATEMENT OF ASSETS TRANSFERRED:**

(List all assets transferred in any manner during the preceding (6) months)

<b>Description of Property</b>	<b>To Whom Transferred and Relationship to Transferee</b>	<b>Date of Transfer</b>	<b>Value</b>

**VI. STATEMENT OF ASSETS CLAIMED TO BE NON-MARITAL AS DEFINED BY STATUTE:**

List all property and your basis for claiming it as non-marital (property owned prior to the marriage/civil union, property received as inheritance or gift during the marriage/civil union), identifying each item of property (real property, personal property, financial accounts, etc.). As to the type of property, list the date received, the basis on which you claim it is non-marital property, its location, and the present value of the property:

<b>Description of Asset</b>	<b>Fair Market Value</b>	<b>Basis for Non-Marital Claim (inheritance, gift or other)</b>	<b>When Acquired</b>	<b>Title Held Name of</b>

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**VII. STATEMENT OF DEBTS/LIABILITIES.** Include all contingent debt/liabilities

Creditor's Name	Payment For	Who incurred	Balance due	Minimum monthly payment
TOTAL LIABILITIES			0	

Attorney Name	Amount Paid	Amount Due		

Have you ever filed for bankruptcy relief?  Yes  No If so, when? \_\_\_\_\_ Case No. \_\_\_\_\_

**VIII. SPECIFIC REQUEST OF PERSONAL PROPERTY** (List items requested)

\_\_\_\_\_

**IX. PHYSICAL AND MENTAL STATUS**

Are you in any manner incapacitated or limited in your ability to earn income at the present time? If so, define and describe such incapacity or limitation, and state when such incapacity or limitation commenced and when it is expected to end.

\_\_\_\_\_

I, \_\_\_\_\_, under penalties of perjury, provided by law in

Please check appropriate box:  Petitioner  Respondent

Section 1-109 of the Code of Civil Procedure certify that the information and attached corroborating documents are all the documents I have in my possession or that I can obtain upon reasonable effort as of this date. The undersigned certifies that he/she has read the above and foregoing Financial Disclosure Statement; that he/she knows the contents thereof, and that the information therein contained is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Affiant

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**AFFIDAVIT OF INCOME AND EXPENSES**

**CURRENT MONTHLY INCOME OF \_\_\_\_\_**

Salary/wages/base pay	\$
Overtime/ Commission	\$
Bonus	\$
Draw	\$
Pension and retirement benefits	\$
Interest income	\$
Dividend income	\$
Trust income	\$
Social Security Payment	\$
Unemployment benefits	\$
Disability payment	\$
Worker's compensation	\$
Public Aid/Food Stamps	\$
Investment income	\$
Rental income	\$
Business income, Partnership, Sub-Chapter S, or LLC Income	\$
Royalty income, Fellowships, Stipends, Annuity	\$
Other: _____	\$
<b>TOTAL MONTHLY GROSS FROM ALL SOURCES</b>	<b>\$</b>
<b>Required Monthly Deductions</b>	<b>\$</b>
Federal Tax (based on _____ exemptions)	\$
State Tax (based on _____ exemptions)	\$
FICA (or Social Security equivalent or Self Employment Tax)	\$
Medicare Tax	\$
Mandatory retirement contributions required by law or as condition of employment	\$
Union Dues (Name of Union: _____)	\$
Health/Hospitalization Premiums (Is this a Pre Tax Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No)	\$
Prior obligation(s) of support actually paid pursuant to Court Order	\$
Other: _____	\$
<b>TOTAL REQUIRED DEDUCTIONS</b>	<b>\$</b>
<b>Voluntary deductions from income</b>	<b>\$</b>
401k	\$
Flexible Spending Health Savings Account Plan	\$
Other: _____	\$
<b>Total Voluntary Deductions</b>	<b>\$</b>

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**CURRENT MONTHLY LIVING EXPENSES OF \_\_\_\_\_**

<b>1. HOUSEHOLD EXPENSES</b>	
a. Mortgage or rent:	\$
b. Home equity loan/Second mortgage	\$
c. Real estate taxes, assessments	\$
d. Homeowners or renters insurance	\$
e. Natural Gas/ Heat	\$
f. Electricity	\$
g. Telephone, long distance, cell phone(s), modem lines	\$
h. Cable and Internet Access, Satellite	\$
i. Water/ sewer & refuse removal	\$
j. Laundry/ dry cleaning	\$
k. Maid/ cleaning service	\$
l. Furniture and appliance repair/ replacement	\$
m. Repairs and maintenance to dwelling	\$
n. Lawn and garden/ snow removal	\$
o. Food (groceries, liquor, household supplies, etc.)	\$
p. Other: _____	\$
<b>SUBTOTAL HOUSEHOLD EXPENSES:</b>	<b>\$</b>
<b>2. TRANSPORTATION EXPENSES</b>	
a. Gasoline	\$
b. Repairs, Maintenance	\$
c. Insurance/ license/ city stickers	\$
d. Payments/ replacement	\$
e. Alternative transportation	\$
f. Parking/ tolls	\$
g. Other: _____	\$
<b>SUBTOTAL TRANSPORTATION EXPENSES:</b>	<b>\$</b>
<b>3. PERSONAL EXPENSES (excluding children's expenses)</b>	
a. Clothing	\$
b. Grooming	\$
c. Medical (after insurance proceeds/ reimbursement):	
(1) Doctor	\$
(2) Dentist	\$
(3) Optical	\$
(4) Medication	\$
(5) Counseling	\$
(6) Other: _____	
d. Insurance:	
(1) Life Insurance Premiums	\$
(2) Medical/ Hospitalization Insurance Premiums (if not deducted from paycheck)	\$
(3) Dental/Optical Insurance Premiums (if not deducted from paycheck)	\$
(4) Other: _____	\$
<b>SUBTOTAL PERSONAL EXPENSES:</b>	<b>\$</b>

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4. MISCELLANEOUS EXPENSES	
a. Clubs/ social obligations/ entertainment/ dining out	\$
b. Newspapers, magazines, books	\$
c. Gifts	\$
d. Donations, church or religious affiliation	\$
e. Vacations (not including children)	\$
f. Computer/ supplies/ software	\$
g. Other: _____	\$
SUBTOTAL MISCELLANEOUS EXPENSES:	\$
5. CHILD(REN)'S SEPARATE EXPENSES	
a. Clothing	\$
b. Grooming	\$
c. Education	
(1) Tuition:	\$
(2) Books/ fees	\$
(3) Lunches	\$
(4) Transportation	\$
(5) School Sponsored Activities	\$
d. Medical (after insurance proceeds):	
(1) Doctor	\$
(2) Dentist	\$
(3) Optical	\$
(4) Medication	\$
(5) Counseling	\$
(6) Other: _____	\$
e. Allowance	\$
f. Child care/ Pre-School/ Before and after school care/ Sitters	\$
g. Lessons/ Extracurricular activities supplies	\$
h. Clubs/ summer camps	\$
i. Vacation (children only)	\$
j. Entertainment	\$
k. Gifts to others	\$
l. Other: _____	\$
SUBTOTAL CHILD(REN)'S EXPENSES:	\$
6. BUSINESS EXPENSES (not reimbursed by employer)	
a. Membership/ Trade association/ Other dues for fees	\$
b. Malpractice/ Professional Liability Insurance Premiums	\$
c. Accountants/ Other Professional Services Utilized	\$
d. Political contributions	\$
e. Office upkeep expenses (cleaning services, etc.)	\$
f. Postage	\$
g. Travel	\$
h. Client/ Business Entertainment	\$

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i. Other: _____	\$
<b>SUBTOTAL BUSINESS EXPENSES</b>	\$
<b>TOTAL MONTHLY LIVING EXPENSES</b>	\$

<b><u>RECAP</u></b>	
NET MONTHLY INCOME	\$
TOTAL MONTHLY LIVING EXPENSES	\$
DIFFERENCE BETWEEN NET INCOME AND EXPENSES	\$
LESS MONTHLY DEBT SERVICE	\$
INCOME AVAILABLE PER MONTH	\$

I, \_\_\_\_\_, under penalties of perjury, provide by law in  
Please check appropriate box:  Petitioner  Respondent  
in Section 1-109 of the Code of Civil Procedure, I certify that the information in this Affidavit of Income and Expenses are true, correct, and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Affiant

Name \_\_\_\_\_  
ARDC # \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

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