

CIRCUIT COURT OF ILLINOIS

Sixth Judicial District
Champaign County

IN RE: THE MARRIAGE OF
Petitioner
v.
Respondent

Case No: _____

FINANCIAL AFFIDAVIT

Pre-Judgment Post-Judgment

_____, on oath state that my present age is _____, and that:

- 1. (a)(PRE-JUDGMENT ONLY): The parties have been married for _____ years, were separated on _____, 20____, and since that time the obligor has paid \$ _____ in child support and \$ _____ in maintenance to their spouse;
(b) (POST-JUDGMENT ONLY): The marriage of the parties was dissolved on _____, 20____. The obligor was ordered to pay \$ _____ child support and \$ _____ in maintenance to their spouse. The said order was amended _____ times and the obligor is now paying \$ _____ in child support and \$ _____ in maintenance. The obligor (is not) (is) presently in arrears in the sum of \$ _____.
2. There are _____ children of the marriage, aged _____, and presently in the custody of _____.
3. I have additional persons dependent on me for support as follows:
Name: _____ Relationship: _____
4. My MONTHLY living expenses are as follows:
Rent or House Payment.....\$ _____
Electricity.....\$ _____
Property Taxes.....\$ _____
Heating.....\$ _____
Water.....\$ _____
Telephone.....\$ _____
Trash Collection Charge.....\$ _____
Sewer Charges.....\$ _____
Groceries/Household Supplies....\$ _____
Restaurant Meals.....\$ _____
Charitable Contributions.....\$ _____
Haircuts/Beauty Shop.....\$ _____
Home Repair/Maintenance.....\$ _____
Car Insurance.....\$ _____
Gas, Oil & Repairs.....\$ _____
Medical/Hospital Insurance.....\$ _____
Life Insurance.....\$ _____
Real Estate Insurance.....\$ _____
Personal Items.....\$ _____
Doctors.....\$ _____
Dentists.....\$ _____
Hospital.....\$ _____
School Expenses(Meals/Supplies)...\$ _____
Cleaning & Laundry.....\$ _____
Entertainment.....\$ _____
Gifts, Toys, Books for Children.....\$ _____
Baby Sitting.....\$ _____
Other.....\$ _____
Other.....\$ _____

5. Debts: (payments to creditors other than noted at #4 above)

To Whom Owed:	Purpose:	Payment per MONTH:	Balance Owed:
(a) _____	Car Payment	\$ _____	\$ _____
(b) _____	Furniture/Appliances	\$ _____	\$ _____
(c) _____	Credit Card (_____)	\$ _____	\$ _____
(d) _____	Credit Card (_____)	\$ _____	\$ _____
(e) _____	_____	\$ _____	\$ _____
(f) _____	_____	\$ _____	\$ _____
(g) _____	_____	\$ _____	\$ _____
(h) _____	_____	\$ _____	\$ _____
(i) _____	_____	\$ _____	\$ _____
(j) _____	_____	\$ _____	\$ _____
(k) _____	_____	\$ _____	\$ _____

6. Present Employment: _____

Address: _____

Number of Dependents Claimed _____

Payroll Deductions:

Pay Period: () weekly () bi-weekly _____
 () semi-monthly () monthly _____
 Hours of Employment _____
 Hourly Wage\$ _____
 Gross Income\$ _____
 Total Deductions\$ _____
 Take-Home Pay\$ _____

(a) Taxes\$ _____
 (b) Social Security\$ _____
 (c) Medical Insurance\$ _____
 (d) Union Dues\$ _____
 (e) Retirement/Disability\$ _____
 (f) Other: _____\$ _____
 Total Deductions _____\$ _____

7. Assets: (List all cash, certificates of deposits, savings, checking and Credit Union accounts, bonds, stocks, household goods and appliances, motor vehicles, real estate and all other property, real or personal, owned by you.)

Description:	Location:	Fair Cash Market Value:	Name of Co-Owners, Joint Tenants, or Partners, if any:
(a) _____	_____	\$ _____	_____
(b) _____	_____	\$ _____	_____
(c) _____	_____	\$ _____	_____
(d) _____	_____	\$ _____	_____
(e) _____	_____	\$ _____	_____
(f) _____	_____	\$ _____	_____
(g) _____	_____	\$ _____	_____
(h) _____	_____	\$ _____	_____

RETIREMENT FUND

Type:	Company:	Contributory Non-Contributory:	Present Value:
(a) _____	_____	_____	\$ _____
(b) _____	_____	_____	\$ _____

LIFE INSURANCE

Type:	Company:	Amount of Coverage:	Beneficiary:	Present Value:
(a) _____	_____	\$ _____	_____	\$ _____
(b) _____	_____	\$ _____	_____	\$ _____

8. Other Income: Amount:

Source: _____ \$ _____

_____ \$ _____

Signature

Subscribed and sworn to before me this _____ day of
_____, 20_____.

Notary Public/Clerk

This form prepared by _____,

Attorney for _____

Petitioner / Respondent

Attorney / Pro se Petitioner _____ / Pro se Respondent _____

Address _____

E-mail Address _____

Phone _____