

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT

DEWITT COUNTY, ILLINOIS

IN RE: THE MARRIAGE OF

Plaintiff

VS.

Case Number _____

Defendant

FINANCIAL AFFIDAVIT

_____, 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 his 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 his 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	\$ _____	Medical/Hospital Insurance	\$ _____
Electricity	\$ _____	Life Insurance	\$ _____
Property Taxes	\$ _____	Real Estate Insurance	\$ _____
Heating	\$ _____	Personal Items	\$ _____
Water	\$ _____	Doctors	\$ _____
Telephone	\$ _____	Dentists	\$ _____
Trash Collection Charge	\$ _____	Hospital	\$ _____
Sewer Charge	\$ _____	School Expense	\$ _____
Groceries/Household Sup	\$ _____	Cleaning & Laundry	\$ _____
Restaurant Meals	\$ _____	Entertainment	\$ _____
Charitable Contributions	\$ _____	Gifts, Toys, Books	\$ _____

Haircuts/Beauty Shop	\$ _____	Babysitting	\$ _____
Home Repair/Maintenance	\$ _____	Other	\$ _____
Car Insurance	\$ _____	Other	\$ _____
Gas, Oil, & Repairs	\$ _____	Other	\$ _____

5. DEBTS:

To Whom Owed	Purpose	Payment Per Month	Balance Owed
(a) _____	Car Payment	_____	_____
(b) _____	Furniture/Appliances	_____	_____
(c) _____	Credit Card (_____)	_____	_____
(d) _____	Credit Card (_____)	_____	_____
(e) _____	_____	_____	_____
(f) _____	_____	_____	_____
(g) _____	_____	_____	_____

EMPLOYMENT INCOME

6. Present Employment _____ Address _____

Number of Dependents Claimed _____

Pay Period () weekly () bi-weekly () semi-monthly () monthly

Hour of Employment _____

Hourly Wage _____

Gross Income _____

Total Deductions _____

Take-Home Pay _____

Payroll Deductions: (A) Taxes	\$ _____
(B) Social Security	\$ _____
(C) Medical Insurance (Children)	\$ _____
(D) Union Dues	\$ _____
(E) Retirement/Disability Contributions	\$ _____
(F) Other	\$ _____
Total Deductions	\$ _____

7. Assets: (List all cash, certificates of deposit, 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-owner Joint Tenants or Partners, if any
(a) _____	_____	_____	_____
(b) _____	_____	_____	_____
(c) _____	_____	_____	_____
(d) _____	_____	_____	_____
(e) _____	_____	_____	_____
(f) _____	_____	_____	_____
(g) _____	_____	_____	_____

LIFE INSURANCE

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

OTHER INCOME

Source	Amount
(a) _____	_____
(b) _____	_____

Signature

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

Notary Public Clerk

This form prepared by _____.

Attorney for _____.
