

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT - DOMESTIC RELATIONS DIVISION

IN RE The Marriage Custody
 Support Parentage

_____,
Petitioner,
and
_____,
Respondent.

No. _____
Calendar: _____

DISCLOSURE STATEMENT
(Pursuant to Rule 13.3.1)

STATE OF _____ |
COUNTY OF _____ | ss:

Petitioner/Respondent, _____, being duly sworn, deposes and says that the following is an accurate statement as of _____, _____, of my net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), statement of income from all sources, statement of monthly living expenses, statement of health insurance coverage, and statement of assets transferred of whatsoever kind and nature and wherever situated:

Name: _____ Telephone No.: _____
Address: _____ Date of Birth: _____
_____ Date of Dissolution of Marriage: _____
(if applicable)

Date of Marriage: _____

Parties reside in the same household: Yes No

Minor and/or Dependent Children of this Marriage or Parentage

Full Names	Age	DOB	Residing with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Employer: _____ Address: _____
Self Employment: _____ Address: _____
Other Employment: _____ Address: _____

Check if unemployed

Number of Paychecks per year 12 24 26 52

Number of Exemptions claimed: _____

Number of Dependents claimed: _____

Gross income from all sources last year: _____

Gross income from all sources this year through: _____

Case No. _____

STATEMENT OF INCOME

as of _____

Gross Monthly Income

Salary/wages/base pay _____ \$ _____

Overtime/commission _____

Bonus _____

Draw _____

Pension and retirement benefits _____

Annuity _____

Interest income _____

Dividend income _____

Trust income _____

Social Security _____

Unemployment benefits _____

Disability payment _____

Worker's compensation _____

Public Aid/Food stamps _____

Investment income _____

Rental income _____

Business income _____

Partnership income _____

Royalty income _____

Fellowship/stipends _____

Other income (specify): _____

TOTAL GROSS MONTHLY INCOME \$ _____

Required Monthly Deductions

Federal Tax (based on _____ exemptions) _____ \$ _____

State Tax (based on _____ exemptions) _____

FICA (or Social Security equivalent) _____

Medicare Tax _____

Mandatory retirement contributions required by law
or as condition of employment _____

Union Dues (Name of Union: _____) _____

Health/Hospitalization Premiums _____

Prior obligation(s) of support actually paid pursuant to Court order _____

Expenditures for repayment of debts that represent reasonable and necessary
expenses for the production of income (identify and itemize) _____

Medical expenditures necessary to preserve life or health _____

Reasonable expenditures for the benefit of the child and the other parent exclusive
of gifts (for non-custodial parent only) _____
(identify and itemize on a separate sheet)

TOTAL REQUIRED DEDUCTIONS FROM INCOME \$ _____

NET MONTHLY INCOME \$ _____

Case No. _____

STATEMENT OF MONTHLY LIVING EXPENSES as of _____

1. Household

- a. Mortgage or rent (specify) _____ \$ _____
- b. Home equity payment _____
- c. Real estate taxes, assessments _____
- d. Homeowners or renters insurance _____
- e. Heat/fuel _____
- f. Electricity _____
- g. Telephone (include long distance/cellular/fax or modem lines) _____
- h. Water and Sewer _____
- i. 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, household supplies, etc.) _____
- p. Liquor, beer, wine, etc. _____
- q. Cable/Satellite TV _____
- r. Internet Service Provider _____
- s. Other (specify): _____

SUBTOTAL HOUSEHOLD EXPENSES: \$ _____

2. Transportation

- a. Gasoline _____ \$ _____
- b. Repairs and Maintenance _____
- c. Insurance/license/city stickers _____
- d. Payments/replacement _____
- e. Alternative transportation _____
- f. Parking _____
- g. Other (specify): _____

SUBTOTAL TRANSPORTATION EXPENSES: \$ _____

3. Personal

- a. Clothing _____ \$ _____
- b. Grooming _____
- c. Medical (after insurance proceeds/reimbursement)
 - (1) Doctor _____
 - (2) Dentist _____
 - (3) Optical _____
 - (4) Medication _____
- d. Insurance
 - (1) Life (term) _____
 - (2) Life (whole or annuity) _____
 - (3) Medical/Hospitalization _____
 - (4) Dental/Optical _____
- e. Other (specify): _____

SUBTOTAL PERSONAL EXPENSES: \$ _____

4. Miscellaneous Case No. _____
- a. Clubs/social obligations/entertainment (including 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 (specify): _____

SUBTOTAL MISCELLANEOUS EXPENSES: \$ _____

5. Minor and/or Dependent children:
- 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 _____
 - e. Allowance _____
 - f. Child care/Pre-school care/After-school care (not included elsewhere) _____
 - g. Sitters _____
 - h. Lessons/extracurricular activities/supplies _____
 - i. Clubs/Summer Camps _____
 - j. Vacations (children only) _____
 - k. Other activities _____
 - l. Entertainment _____
 - m. Other (specify) (e.g. gifts children give to others) _____

SUBTOTAL CHILDREN'S EXPENSES: \$ _____

TOTAL MONTHLY LIVING EXPENSES: \$ _____

STATEMENT OF LIABILITIES

Note: Identify all creditors, but DO NOT DUPLICATE monthly expense if listed above as monthly expense item. Please use Supplemental Statement of Liabilities (Part J of this form) if more space is needed to complete this section.

CREDITOR NAME	PAYMENT FOR	BALANCE DUE	MINIMUM MONTHLY PAYMENT
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

SUBTOTAL MONTHLY DEBT SERVICE: \$ _____

Case No. _____

RECAPITULATION

NET MONTHLY INCOME _____ \$ _____

TOTAL MONTHLY LIVING EXPENSES _____

DIFFERENCE BETWEEN NET INCOME AND EXPENSES _____

LESS MONTHLY DEBT SERVICE _____

INCOME AVAILABLE PER MONTH _____

CONTINGENT LIABILITIES:

(Provide potential obligor, claimant, basis of claim, date incurred, amount claimed, who incurred.)

Have you ever filed for Bankruptcy? Yes No

Is so, when? Date _____ Case No. _____

Additional Cash Flow (monthly) (Identify but do not add to monthly income)

Spousal Support Received

(Payments received from prior Judgment or Support orders in other actions): _____

Case No. _____

Child Support Received

(Payments received pursuant to Court order in this action): _____

(Payments received pursuant to Court order in other actions): _____

Case No.: _____

STATEMENT OF ASSETS

The date of valuation is _____ unless otherwise specified. Please designate values. In prejudgment dissolution of marriage actions, please indicate whether the property is marital (M) or non-marital husband (NMH) or non-marital wife (NMW). Please use Supplemental Statement of Assets (Part I of this form) if more space is needed to complete this section.

<u>Description of Asset</u>	<u>Title in Name of</u>	<u>M/NMH/NMW</u>	<u>Value</u>
-----------------------------	-------------------------	------------------	--------------

CASH or CASH EQUIVALENTS:

1. Savings or interest-bearing accounts _____

2. Checking Accounts _____

3. Certificates of Deposit _____

4. Money Market Accounts _____

5. Cash _____

6. Other (specify): _____

Case No. _____

INVESTMENT ACCOUNTS and SECURITIES:

- 1. Stocks _____
- 2. Bonds _____
- 3. Tax exempt securities _____
- 4. Secured or Unsecured Notes _____
- 5. Other (specify): _____

REAL PROPERTY:

(Provide address, type and description, amounts of mortgages, loans or liens)

- 1. Residence _____
- 2. Secondary or vacation residence _____
- 3. Investment or Business Real Estate _____
- 4. Vacant Land _____
- 5. Other (specify): _____

MOTOR VEHICLE(s): Boats, Trailers, Etc. (Provide Year, Model, Make, Lien, Debtor, Amount)

BUSINESS INTERESTS: Corporations, Partnerships, Sole Proprietorships (Provide percentage interest and number of shares, name of business, type of business, type of entity, current accounts receivable, current bank account balances, current inventory value)

INSURANCE POLICIES: Life, medical, disability, business overhead, property, etc. (Provide type of insurance, insurer, policy number, name of insured, owner of policy, face amount, beneficiary, face value, cash value, surrender value, current death benefits)

Case No. _____

PENSION PLANS, IRA ACCOUNTS, DEFERRED COMPENSATION, ANNUITIES, 401K, etc.:

(Provide name and type of plan, trustee of plan, nature of interest, beneficiary, vested or non-vested, current value)

STOCK OPTIONS, ESOPS, OTHER DEFERRED COMPENATION OR EMPLOYMENT BENEFITS:

(Described)

INCOME TAX REFUNDS: Federal and State (Identify tax year)

CHOSSES IN ACTION:

(Provide date of occurrence, nature/amount of claim, date suit filed, case number, name of plaintiffs)

COLLECTIBLES: (Coins, stamps, art, antiques, etc.)

ALL OTHER PROPERTY: (Personal or Real, NOT PREVIOUSLY LISTED valued in excess of \$500.00)

STATEMENT OF ASSETS TRANSFERRED OR SOLD

List all assets transferred or sold in any manner during the preceding three years, or length of marriage, whichever is shorter (transfers or sales in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth.)

Description of Property	To Whom Transferred or Sold and Relationship to Transferee	Date of Transfer	Value	Amount Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Case No. _____

STATEMENT OF HEALTH INSURANCE COVERAGE

Currently effective health insurance coverage? Yes No

Name of insurance carrier: _____ Policy or Group No. _____

Type of insurance: Medical Dental Optical

Deductible: Per individual _____ Per family _____

Persons covered: Self Spouse Dependents

Type of policy: HMO PPO Full indemnity

Provided by: Employer Private Policy Other Group

Monthly cost: Paid by employer Paid by employee
\$ _____ for dependents per month
\$ _____ for myself per month

The foregoing Asset Disclosure Statement has been carefully read by the undersigned who states under oath, under penalties as provided by law pursuant to 735 ILCS 5/1-109, that s/he has knowledge of the matters stated and 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 s/he believes same to be true.

Signature of Party

Petitioner Respondent

Type or Print Name

Signed and sworn to before me

_____, _____.

Notary Public

