

STATE OF ILLINOIS

UNITED STATES OF AMERICA

COUNTY OF DU PAGE

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

- IN RE THE MARRIAGE OF
 CIVIL UNION OF
 PARENTAGE

CASE NUMBER

vs PETITIONER

RESPONDENT

**FINANCIAL DISCLOSURE STATEMENT PURSUANT TO LOCAL (OR SUPREME) COURT
RULE**

INSTRUCTIONS

(1) All questions require a written response. If you do not have the information requested or do not know the answer to a particular question, indicate that as your answer.

(2) You must attach copies of the following:

- Your personal federal and state income tax returns (including all W-2, 1099 and supporting schedules) for the last three (3) calendar years; and
- Your most current pay stub.

(3) Use additional sheets if necessary.

Petitioner/Respondent, _____, under oath, states that the following is an accurate statement as of _____, 20 _____, 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, a statement of health insurance coverage, and statement of assets transferred of whatsoever kind and nature and wherever situated to whomever:

I. GENERAL INFORMATION

Name: _____ Telephone No.: _____

Address: _____ Date of birth: _____

_____ Current Age: _____

Date of Marriage/Civil Union: _____ Reside in same household? Yes No

Date of Separation: _____

Minor and/or dependant children of this _____ marriage _____ civil union or _____ parentage.

Full Names: _____ Age _____ Birth date _____ Residing with _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Case # _____

Date: _____

Current Employer: _____ Address: _____

Self Employment or other source: _____ Address: _____

Other Employment: _____ Address: _____

Other income other than employment: _____

_____ Check if unemployed:

Number of Paychecks per Year (Please Circle) 12 24 26 52 Other _____

Number of Exemptions Claimed: _____

Gross income from all sources for the prior year: \$ _____

Gross income from all sources this year through today: \$ _____

II. STATEMENT OF HEALTH INSURANCE COVERAGE

Currently effective health insurance coverage: Yes No

Name of insurance carrier: _____ Name of 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 Spouse/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 dependants \$ _____ for self

III. POTENTIAL AREAS OF DISAGREEMENT (Circle all that may apply. The failure to identify an issue shall not be a bar to raising the issue at a later date).

- Grounds
- Custody
- Visitation
- Child Support/Daycare/Extracurricular
- Responsibility for health insurance costs
- Removal from Illinois
- College
- Asset identification
- Asset values
- Responsibility for debts
- Dissipation of the marital estate
- Maintenance
- Tax liabilities
- Other _____
- _____

Case # _____

Date: _____

IV. STATEMENT OF ASSETS ACQUIRED DURING MARRIAGE/CIVIL UNION - The date of valuation is _____, 20_____, unless otherwise specified. Attach current statements to show the current balance.

Cash or Cash Equivalents:

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)				

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

Case # _____

Date: _____

Motor Vehicle(s), Boats, Trailers, etc.: 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

Business Interest: Type of equity, 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	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/Defined Benefit Plans, IRA Accounts, Deferred Compensation, Annuities, 401(k) Defined Contribution Plan, Profit Sharing, etc.: Provide name and 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

Other Investment Accounts and Securities:

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

Case # _____

Date: _____

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, (not previously listed) , 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 six (6) months)

Description of Property	To Whom Transferred and Relationship to Transferee	Date of Transfer	Value

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, the date received, the basis on which you claim it is non-marital property, its location, and the present value of the property:

Description of Asset	Fair Market Value	Basis for Non-Martial Claim (inheritance, gift or other)	When Acquired	Title Held in Name of

Case # _____

Date: _____

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

Creditor Name	Payment for	Who incurred	Balance due	Minimum monthly payment
TOTAL LIABILITIES				

Attorney Name	Amount Paid	Amount Due		
(Husband)				
(Wife)				
(GAL)				

Have you ever filed for bankruptcy relief? Yes No If yes, 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.

CERTIFICATE OF DOCUMENT PRODUCTION

I, _____, certify that the attached corroborating documents are all of 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 Comprehensive Financial Statement; that he/she knows the contents thereof, and that the information therein contained is true and correct.

Case # _____

Date: _____

AFFIDAVIT OF INCOME AND EXPENSES

CURRENT MONTHLY INCOME OF _____

Salary/wages/base pay	
Overtime/Commission	
Bonus (list whether cash, stock, option, etc)	
Draw	
Pension and retirement benefits	
Interest income	
Dividend income	
Trust income	
Social Security Payments	
Unemployment benefits	
Disability payments	
Worker's Compensation	
Public Aid/Food Stamps	
Investment income	
Rental income	
Business income, Partnership, Sub-Chapter S, or LLC income (specify)	
Royalty income, Fellowships, Stipends, Annuity (specify)	
Other income (specify):	
TOTAL MONTHLY GROSS INCOME FROM ALL SOURCES	
Required Monthly Deductions	
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? Yes _____ No _____)	
Prior obligation(s) of support actually paid pursuant to Court order	
Total Required Deductions	
Voluntary Deductions from Income	
401(k)	
Flexible Spending Health Savings Account Plan	
Other (specify)	
Total Voluntary Deductions	

Case # _____

Date: _____

CURRENT MONTHLY LIVING EXPENSES OF _____

1. HOUSEHOLD EXPENSES

- a. Mortgage or rent - Circle the one that applies
- 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 and 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 (specify)

SUBTOTAL HOUSEHOLD EXPENSES:

2. TRANSPORTATION EXPENSES

- a. Gasoline
- b. Repairs, Maintenance
- c. Insurance/license/city stickers
- d. Payments/replacement
- e. Alternative transportation
- f. Parking/tolls
- g. Other (specify)

SUBTOTAL TRANSPORTATION EXPENSES:

3. PERSONAL EXPENSES (excluding children's expenses)

- a. Clothing
- b. Grooming
- c. Medical (after insurance proceeds/reimbursement):
 - (1) Doctor
 - (2) Dentist
 - (3) Optical
 - (4) Medication
 - (5) Counseling
- d. Insurance
 - (1) Life Insurance Premiums (specify term/whole)

Case # _____

Date: _____

(2) Medical/Hospitalization Insurance Premiums (if not deducted from paycheck)	
(3) Dental/Optical Insurance Premiums (if not deducted from paycheck)	
e. Other (specify)	
SUBTOTAL PERSONAL EXPENSES:	
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 (specify)	
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	
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 (specify)	
SUBTOTAL CHILDREN'S EXPENSES	
6. BUSINESS EXPENSES (not reimbursed by employer)	
a. Membership /Trade Association/Other dues for fees:	
Association Name(s): _____	

Case # _____

Date: _____

b. Malpractice/Professional Liability Insurance Premiums	
c. Accountants/Other Professional Services Utilized	
d. Political contributions	
e. Office upkeep expenses (cleaning service, etc.)	
f. Postage	
g. Travel	
h. Client/Business Entertainment	
i. Other (specify)	
SUBTOTAL BUSINESS EXPENSES:	
TOTAL MONTHLY LIVING EXPENSES	
<u>RECAP</u>	
NET MONTHLY INCOME	
TOTAL MONTHLY EXPENSES	
DIFFERENCE BETWEEN NET INCOME AND EXPENSES	
LESS MONTHLY DEBT SERVICE	
INCOME AVAILABLE PER MONTH	

CERTIFICATE OF DOCUMENT PRODUCTION

I, _____, certify that the attached corroborating documents are all of 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 Comprehensive Financial Statement; that he/she knows the contents thereof, and that the information therein contained is true and correct.

Signature