

STATE of \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 COUNTY )

IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT  
 COUNTY, ILLINOIS

IN RE THE MARRIAGE OF: )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Petitioner, )  
 and \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Respondent. )

NO. \_\_\_\_\_

**IXb FINANCIAL DISCLOSURE STATEMENT  
 OF PETITIONER/RESPONDENT**

**HUSBAND**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 No. occupants in household: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**WIFE**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 No. occupants in household: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**CHILDREN**

Total number of children of this relationship: total \_\_\_\_\_  
 Of that total number of children, how many reside with? mother/wife \_\_\_\_\_  
 father/husband \_\_\_\_\_  
 Number of other children residing with either parent (Note below) mother/wife \_\_\_\_\_  
 Note: (do not count children of this relationship at issue) father/husband \_\_\_\_\_

**STATEMENT OF INCOME, EXPENSES, ASSETS & LIABILITIES**

**INCOME**

	<b><u>HUSBAND</u></b>	<b><u>WIFE</u></b>
<b><u>GROSS MONTHLY INCOME from:</u></b>		
Salary, wages, commissions, bonuses, allowances & overtime		
(Note: To arrive at gross monthly income, multiply weekly gross by 4.3 if paid weekly, or multiply bi-weekly income by 2.15 if paid bi-weekly.) . . .	\$ _____	\$ _____
Pension or retirement	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____
Disability or unemployment benefits	\$ _____	\$ _____
Public aid (ADC - Welfare)	\$ _____	\$ _____
Child support from prior marriage (alimony)	\$ _____	\$ _____
Rents	\$ _____	\$ _____
Other income (specify) _____	\$ _____	\$ _____
Other income (specify) _____	\$ _____	\$ _____
Other income (specify) _____	\$ _____	\$ _____
<b>TOTAL GROSS MONTHLY INCOME</b>	<b>\$ -</b>	<b>\$ -</b>

**DEDUCTIONS:**

**HUSBAND**

**WIFE**

State income tax withheld	.....	\$ _____	\$ _____
Federal income tax withheld	.....	\$ _____	\$ _____
Social Security / Medicare withheld (OASDI)	.....	\$ _____	\$ _____
Medical or other insurance	.....	\$ _____	\$ _____
Prior Court Ordered Support Withholding	.....	\$ _____	\$ _____
Mandatory Retirement (TRS, IMRF, etc.)	.....	\$ _____	\$ _____
Voluntary Retirement (401k, TSP, SIP)	.....	\$ _____	\$ _____
Credit Union payments	.....	\$ _____	\$ _____
Credit Union savings	.....	\$ _____	\$ _____
Union or other dues: (specify)	_____	\$ _____	\$ _____
Other deductions (specify)	_____	\$ _____	\$ _____
Other deductions (specify)	_____	\$ _____	\$ _____

**TOTAL MONTHLY DEDUCTIONS** \$ - \$ -

**TOTAL NET MONTHLY INCOME** \$ - \$ -

**Number of paychecks per year:**

**Filing status:**

**No. exemptions claimed:** \_\_\_\_\_

- monthly (12) \_\_\_\_\_
- semi-weekly (24) \_\_\_\_\_
- bi-weekly (26) \_\_\_\_\_
- weekly (52) \_\_\_\_\_

- \_\_\_\_\_ single
- \_\_\_\_\_ married
- \_\_\_\_\_ other (specify below)

**EXPENSES**

LIST ALL EXPENSES BY MONTH: State the name and relationship of all persons whose expenses are included:

Mortgage or rental payments (residence)	.....	\$ _____	\$ _____
Real estate taxes if not included in mortgage payment	.....	\$ _____	\$ _____
Real estate insurance if not included in mortgage payment	.....	\$ _____	\$ _____
Food & household supplies	.....	\$ _____	\$ _____
Utilities (gas, electric, water, sewer)	.....	\$ _____	\$ _____
Home Telephone	.....	\$ _____	\$ _____
Cell Phone	.....	\$ _____	\$ _____
Internet	.....	\$ _____	\$ _____
Laundry & dry cleaning	.....	\$ _____	\$ _____
Clothing (for yourself and family members)	.....	\$ _____	\$ _____
Medical (expenses not covered by insurance)	.....	\$ _____	\$ _____
Dental (expenses not covered by insurance)	.....	\$ _____	\$ _____
Insurance ( do not include payroll deducted items)			
specify health, dental, disability/accident, life, etc)	_____	\$ _____	\$ _____
Child Care (babysitters, etc.)	.....	\$ _____	\$ _____
School (preschool, college, other schooling expenses)	.....	\$ _____	\$ _____
Payment of child/spousal support from prior marriage	.....	\$ _____	\$ _____
Auto expenses (gas, oil, repairs)	.....	\$ _____	\$ _____
Auto insurance	.....	\$ _____	\$ _____
Auto payments (exclude payroll deducted)	.....	\$ _____	\$ _____
Transportation (other than automobile)	.....	\$ _____	\$ _____
Entertainment (clubs, movies, recreation, travel, etc)	.....	\$ _____	\$ _____
Incidentals (grooming, gifts, etc.)	.....	\$ _____	\$ _____
Installment payments (charges, etc., not previously included)	.....	\$ _____	\$ _____
Other monthly expenses (specify)	_____	\$ _____	\$ _____
Other monthly expenses (specify)	_____	\$ _____	\$ _____
Other monthly expenses (specify)	_____	\$ _____	\$ _____
Other monthly expenses (specify)	_____	\$ _____	\$ _____

**TOTAL MONTHLY LIVING EXPENSES** \$ - \$ -

**ASSETS**

**REAL ESTATE:** If more than one parcel owned, please attach schedule with following information:

Address:	_____	Original cost:	\$	-
	_____	Improvements:	\$	-
Type of property:	_____	Total Costs:	\$	-
Date of Purchase:	_____			
How title held:	_____	Liens:	\$	-
Mortgage holder:	_____	Present market value:	\$	-
Tax amount:	\$ _____	EQUITY:(value - liens)	\$	-

**CERTIFICATES OF DEPOSIT**

last 4 numbers of certificate:	_____	last 4 numbers of certificate:	_____
Where held:	_____	Where held:	_____
In whose name:	_____	In whose name:	_____
Amount:	\$ _____	Amount:	\$ _____
Maturity Date:	_____	Maturity Date:	_____
Present Value:	\$ _____	Present Value:	\$ _____

**CHECKING AND/OR SAVINGS ACCOUNTS:** (Include any IRA accounts or money market accounts)

<u>Names of Institution</u>	<u>Type of Account</u>	<u>Owner</u>	<u>Present Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**PENSIONS, RETIREMENT PLANS:** (Includes IRA's, SIP's, 401K Plans, deferred income & profit sharing)

Name of company:	_____	Name of company:	_____
In whose name:	_____	In whose name:	_____
How many years employed:	_____	How many years employed:	_____
Present cash value:	\$ _____	Present cash value:	\$ _____
Name & Address of Plan Administrator:	_____	Name & Address of Plan Administrator:	_____
_____		_____	
_____		_____	

**STOCKS, BONDS, TREASURY NOTES, BILLS AND OTHER INVESTMENTS:**

Name of investor:	_____	Name of investor:	_____
In whose name:	_____	In whose name:	_____
Present cash value:	_____	Present cash value:	_____

**LIFE INSURANCE AND ANNUITIES:**

Name of Company:	_____	Name of Company:	_____
In whose name:	_____	In whose name:	_____
Face amount:	\$ _____	Face amount:	\$ _____
Present cash value:	\$ _____	Present cash value:	\$ _____

**MOTOR VEHICLES:**

<u>Year</u>	<u>Make/Model</u>	<u>How Title held</u>	<u>Liens</u>	<u>Value</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**HOUSEHOLD GOODS & FURNISHINGS:** (List major items only)

<u>ITEM</u>	<u>VALUE</u>	<u>IN WHOSE POSSESSION</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**OTHER ASSETS:** (Interest in a Trust, Stock Options, Deferred Compensation, ATV's, motorcycles, boats, machinery, tools, pending worker's compensation, personal injury or other litigation or collection claims, etc.)

<u>ITEM</u>	<u>VALUE</u>	<u>IN WHOSE POSSESSION</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**BUSINESS / FARMING INTERESTS:** (List interest in any business, corporation, farms, etc. which you or your spouse have an ownership interest in.)

Name of Business: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Form of Ownership: \_\_\_\_\_

Nature of Business Interest (explain): \_\_\_\_\_

<b>DEBTS &amp; LIABILITIES</b>		<u>Balance</u>	<u>Monthly Payment</u>
<u>Name of Company</u>	<u>For</u>		
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**NON-MARITAL PROPERTY CLAIMED BY YOU:** (Owned before marriage, gift or inheritance)

<u>Item</u>	<u>Value</u>	<u>Basis of Claim</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**PREMARITAL AGREEMENT?** \_\_\_\_\_ yes \_\_\_\_\_ no

**HEALTH INSURANCE COVERAGE**

Health insurance coverage currently in effect? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of insurance carrier: \_\_\_\_\_

Type of insurance: \_\_\_\_\_ medical \_\_\_\_\_ dental  
 \_\_\_\_\_ optical \_\_\_\_\_ prescription

Deductible: \_\_\_\_\_ per individual \_\_\_\_\_ per family

Persons covered: \_\_\_\_\_ self \_\_\_\_\_ dependents \_\_\_\_\_ spouse

Provided by: \_\_\_\_\_ employer \_\_\_\_\_ private policy

Monthly costs for: \$ \_\_\_\_\_ self \$ \_\_\_\_\_ dependents

cost paid by: \_\_\_\_\_ employer \_\_\_\_\_ employee

employee's contribution: \$ \_\_\_\_\_ COBRA cost: \$ \_\_\_\_\_

I, the undersigned, declare under penalty of perjury that the foregoing, including attachments, is a true and correct declaration of my assets and liabilities, and that I executed this on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC