



- c.  We were never married/united.
- d. We currently live together:  Yes  No
- e. We stopped living together on (if applicable): \_\_\_\_\_ (Date)

6. I am providing the following information about the children that were born or legally adopted as a result of my relationship with the other party:

a.  No children were born or adopted as a result of my relationship with the other party.

b.	Name of Child	Age	Date of Birth	Residing with
1				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
2				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
3				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
4				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
5				<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

7. I am employed:  Yes  No

a. If yes;  I am self-employed  I work for someone else

b. Company's name \_\_\_\_\_

c. Company's address: \_\_\_\_\_  
(Street Address)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

d. Other employment: \_\_\_\_\_

e. Address: \_\_\_\_\_  
(Street Address)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

f. Number of paychecks per year (per job, use additional sheets in necessary):

- 12 (monthly)  24 (two times a month)
- 26 (every two weeks/biweekly)  52 (weekly)

I am paid in cash.

g. For additional employment - use separate sheets with same information as above.

8. I am proving the following tax information:

a. Tax filing status last year:  Married (joint)  Married (separate)  Single  
 Head of Household  Other \_\_\_\_\_

b. Number of dependent exemptions claimed: \_\_\_\_\_

c. Total number of exemptions claimed: \_\_\_\_\_

Amount	Exhibit & Page #

d. Amount of:  Tax Refund  liability last year:

e. Gross income (before taxes) from all sources last year:

f. Gross income (before taxes) from all sources this year:

9. I have filed for bankruptcy:  Yes  No

a. If yes, date of filing was : \_\_\_\_\_ Case Number: \_\_\_\_\_  
(Date)

b. My bankruptcy case is still pending:  Yes  No







**13. My Statement of Debts:**

a.	Creditor Name	Payment For	Amount Still Owed	Monthly Payment Made
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

For additional debt - use separate sheets with same information as above.

b. Total Monthly Debt Payments: \$                     -

**14. Summary of Monthly Income and Expenses:**

a. Gross Monthly Income \$                     -

b. Total Monthly Income \$                     -

c. Net Monthly Income \$                     -

d. Total Monthly Expenses \$                     -

e. Difference between Net Monthly Income and Total Monthly Living Expenses \$                     -

f. Total Monthly Debt Payments \$                     -

g. Total Income Available Per Month \$                     -

**15. My Statement of Assets:**

a. Cash or Cash Equivalents  
Checking, Savings, Money Market and Other Bank or Credit Union Accounts

Name of Bank or Institution	Name(s) on Account	Account Type	Balance
1			\$ -
2			\$ -
3			\$ -
4			\$ -

Certificates of Deposit

Name of Bank or Institution	Name(s) on Account	Balance
1		\$ -
2		\$ -

Cash and Prepaid Debit Card

Location of Cash/Card	Held By	Balance
1		\$ -
2		\$ -

The use of the abbreviation "FMV" below means Fair Market Value. For information on where to find FMV, see the *How to Complete a Financial Affidavit (Family Cases)*.

b. Investment Accounts and Securities

Stocks, Bonds, Options and Employee Stock Ownership Plans

Company Name	# Shares	Type	Name(s) of Owner	FMV
1				
2				

Investment/Brokerage Accounts, Mutual Funds and Secured or Unsecured Notes

Description of Asset	Owner	Balance
1		
2		

c. Real Estate

Address	Type	Name(s) on Title	FMV	Balance Owed
1				
2				

d. Motor Vehicles (*Cars, trucks, boats, trailers, motorcycles, etc.*)

Year, Make, and Model	Title in Name of	FMV	Balance Owed
1			
2			

e. Business Interests

Name of Business	Type	% of Ownership	FMV
1			
2			

f. Life Insurance Policies

Name of Insurance Company	Type of Policy	Death Benefit	Cash Value
1			
2			

8. Retirement (*Pension, annuities, IRA accounts, 401(k), 403(B), SEP, Deferred Compensation, etc.*)

Name of Plan	Type of Plan	FMV or Account Balance
1		
2		
3		
4		

h. Income Tax Refunds (*Federal and State*) for the last 2 years

Tax Year	Federal Refund Amount	State Refund Amount
1		
2		

i. Potential or Filed Lawsuits or Claims

Date of Occurrence	Date Lawsuit or Claim Filed	Case Number
1		
2		

j. Collectables (*Coins, stamps, art, antiques, etc.*)

Description	FMV
1	
2	

k. Other Assets and Property

Description of Asset	Name of Owner(s)	FMV or Balance
1		
2		

l. Statement of Assets Transferred or Sold Within the Last 2 Years in Excess of \$1,000

Description of Property	Transferred or Sold To	Date of Transfer	FMV	Amount Received for Transfer
1				
2				



**DISSOLUTION AND FAMILY**  
**FINANCIAL AFFIDAVIT INSTRUCTIONS**

Enter above the county name where the case was filed.

Enter name of the Petitioner, the Respondent, and the case number as listed in the *Petition for Dissolution*.

Enter the Case Number given by the Circuit Clerk.

**UNLESS THE COURT OTHERWISE DIRECTS, THIS FINANCIAL AFFIDAVIT (FAMILY CASES) AND ALL SUBMITTED DOCUMENTARY EVIDENCE SHALL NOT BE MADE PART OF THE PUBLIC RECORD. IF A PARTY INTENTIONALLY OR RECKLESSLY FILES AN INACCURATE OR MISLEADING FINANCIAL AFFIDAVIT (FAMILY CASES), HE OR SHE MAY FACE SIGNIFICANT PENALTIES AND SANCTIONS, INCLUDING BUT NOT LIMITED TO, COSTS AND ATTORNEY'S FEES.**

If you need help filling out this form, see *How to Complete a Financial Affidavit (Family Cases)* for line-by-line instructions.

In **2**, fill in the date this *Financial Affidavit (Family Cases)* is completed.

In **3**, check what documents you have attached, including, income tax returns, pay stubs and bank statements.

In **4**, provide your home address or alternative mailing address if your address is protected.

In **5b**, if this is a post judgment case (you are already divorced from each other) identify the date the dissolution judgment was entered.

In **6b**, list the name, age, date of birth of each child and check the box of the person with whom the child lives. If the child does not reside with Petitioner or Respondent, leave the boxes blank.

In **7**, identify all employment you have.

In **8a**, check only one. Your selection should match your federal tax return form.

In **8b-d**, your selection should match your federal tax return form.

In **8f**, fill in your total gross income from all sources from January 1 of this year through the date this *Financial Affidavit (Family Cases)* is completed.

In **10**, identify all sources of income including, employment, investments, benefits and support.

If you have additional income, distributions, gains or earnings from any other source, specify the source and amount in "Other".

In **11**, use information from your paystubs, W4 form, tax records and other sources to identify deductions. If you need information about your withholding allowances contact your employer.

For maintenance payment and child support payment, put only payments actually made.

In **11b**, add the numbers from **11a** together and fill in the total.

In **12a**, if you and the other party still reside together, include all of the expenses of the household no matter who pays them.

In **12b**, put only your monthly transportation expenses.

In **12c**, put only your monthly personal expenses.

In **12d**, include the monthly minor and dependent children expenses no matter who pays them.

In **12e**, add the numbers from **12a-12d** together and fill in the total.

In **13**, list all debts, including credit cards, lines of credit, store charge cards, medical bills, car loans, past due utilities and other bills. Include all debts whether in your name, other party's name or both.

In **13b**, total the column in **13a** that says Monthly Payment Made.

In **14a**, fill in your total from **10b**.

In **14b**, fill in your total from **11b**.

In **14c**, subtract **14b** from **14a** and fill in the total.

In **14d**, fill in the total from **12e**.

In **14e**, subtract **14d** from **14c**.

In **14f**, fill in the total from **13b**.

In **14g**, subtract **14f** from **14e**.

In **15a**, list all your cash or cash equivalents, but **do not** list account numbers.

In **15c**, provide address, type (single family, multi-unit, etc.), the name of the person on the title and FMV. Also include in Balance Due the total amounts of all unpaid mortgages, loans or liens.

In **15d**, for Balance Due, fill in the amount remaining on your loan.

In **15e**, for Type, fill in whether the business is a sole proprietorship corporation, S Corp or LLC, etc.

In **15f**, fill in information on all life insurance policies that insure you or your spouse's life, including insurance provided by an employer.

In **15g**, include all retirement benefits even if you are not vested and even if it was not earned during the marriage/union.

In **15i**, fill in all lawsuits or claims that you are currently pursuing or intend to pursue. Leave Date of Lawsuit or Claim Filed blank if you have not yet filed one.

In **15k**, complete this section if you have any other assets that you did not list above.

In **15l**, list assets transferred or sold not in the ordinary course of business.

In **16h**, check both Employer and Me if both pay part of the cost. Check Subsidy if all or part of the cost is paid by a government grant, e.g., Medicare, Medicaid or ACA.

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

After you finish this form, sign and print your name.

Enter your complete current address and telephone number.