



# HOW TO COMPLETE A FINANCIAL AFFIDAVIT (FAMILY

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  <b>COUNTY</b> _____	<b>FINANCIAL AFFIDAVIT (FAMILY &amp; DIVORCE CASES)</b> <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>
<b>Instructions ▼</b> 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 initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> ( <i>First, middle, last name</i> )  v.  _____ <b>Respondent</b> ( <i>First, middle, last name</i> )	_____ <b>Case Number</b>

**IMPORTANT:** (1) If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees; and (2) If you need more room to complete this form, complete and attach the *Additional Information for the Financial Affidavit* form.

1. I am the  Petitioner  Respondent in this case.
2. I swear or affirm the information in this *Financial Affidavit* and all attached documents is true and correct as of \_\_\_\_\_ .  

*Date*

In 3a-d, check the boxes of the documents you are attaching to this form as evidence of your income, assets, and debts. If you select 3d, enter the names of the additional documents you are attaching.

3. I attached the most recent copies of the following documents (*check all that apply*):
  - a.  income tax returns
  - b.  pay stubs or other proof of income
  - c.  bank statements
  - d.  other supporting documents: \_\_\_\_\_

In 4, do not complete 4b and 4c if your information is protected because of domestic violence or abuse.

4. **Information about myself:**
    - a. Name: \_\_\_\_\_  

*First*
*Middle*
*Last*
    - b. Phone Number: \_\_\_\_\_
    - c. Home Address: \_\_\_\_\_  

*Street Address, Apt.*
- \_\_\_\_\_
- City*
*State*
*ZIP*
- d. Date of Birth: \_\_\_\_\_

In 5b, if you are already divorced from each other, enter the date the divorce was granted.

5. **Information about this relationship:**
  - a. We were married or united:  Yes \_\_\_\_\_  No  

*Date*
  - b. We are divorced:  Yes \_\_\_\_\_  No  

*Date*
  - c. We currently live together:  Yes  No \_\_\_\_\_  

*Date*

In 5c, if you do not live together, enter the date you separated.

**6. Information about other household members:**

I currently live with another adult who is not the Petitioner or Respondent in this case who helps pay my expenses:  Yes  No

In **7b**, check the box to indicate who each child of this relationship lives with. Check both boxes if the child lives with both parents. If the child does not live with Petitioner or Respondent, do not check either box.

**7. Children:**

a. Children were born or adopted as a result of this relationship :  Yes  No

	Name of Child of this Relationship	Date of Birth	Lives with	
			Petitioner	Respondent
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>

c. Other children not of this relationship live with me:  Yes  No

In **8a**, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. If you need more room to list additional employment, complete and attach *Additional Information for the Financial Affidavit*.

**8. My employment:**

a. I am  unemployed  self-employed  employed by someone else

b. Employer name: \_\_\_\_\_

c. Employer address: \_\_\_\_\_  
*Street Address, Apt.*

\_\_\_\_\_  
*City State ZIP*

d. Number of paychecks per year:  12 (*monthly*)  24 (*two times a month*)  
 26 (*every two weeks*)  52 (*weekly*)  
 I am paid in cash

e. Gross income (*before taxes and deductions*) so far this year \$ \_\_\_\_\_  
as of \_\_\_\_\_  
*Date*

In **8e**, enter your total gross income from all sources from January 1 of this year through the date you list.

In **9a**, check only one.

In **9a-d**, enter the information you submitted on last year's IRS tax return. If you did not file a tax return for last year check **Did not file**, leave **a-d** blank but still complete **9e**.

**9. My gross income and taxes from last year:**

a. Tax filing status:  Married (*Joint*)  Married (*Separate*)  Single  
 Head of Household  Did not file

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

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

d. Amount of most recent tax refund: \$ \_\_\_\_\_ or amount owed \$ \_\_\_\_\_

e. Gross income (*before taxes and deductions*) last year: \$ \_\_\_\_\_

**10. Bankruptcy in the last 5 years:**

I filed for bankruptcy in the last 5 years:  Yes  No

**11. My gross monthly income (*before taxes and deductions*) is:**

Regular employment earnings ( <i>salary, wages, base pay, etc.</i> )	\$ _____
Overtime	\$ _____
Commission	\$ _____
Tips	\$ _____
Bonus	\$ _____

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit*.

In **11, Regular employment earnings** mean the monthly gross income you receive on a regular basis from employment.

Income other than **Regular employment earnings**, such as **Overtime, Commission, or Bonus** should be listed separately.

For **Educational funds** include fellowships, stipends, grants, scholarships, etc.

In **Other**, list other income from all sources, including amounts from the **Additional Information for the Financial Affidavit** form, if any.

In **Total Gross Monthly Income**, add the amounts in **11** together and enter the

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit*.

In **12**, use information from your paystubs, tax records, and other sources to identify all properly calculated deductions.

In **Total Monthly Deductions**, add the amounts from **12** together and enter the total.

Pension and other retirement benefits	\$ _____
Annuity	\$ _____
Interest income	\$ _____
Dividend income	\$ _____
Trust income	\$ _____
Social Security: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> retirement (check all that apply)	\$ _____
Unemployment benefits	\$ _____
Disability payment (not Social Security)	\$ _____
Workers' compensation	\$ _____
TANF and SNAP	\$ _____
Military allowances	\$ _____
Investment income	\$ _____
Rental income	\$ _____
Partnership income	\$ _____
Distributions and draws	\$ _____
Royalty income	\$ _____
Educational funds (include payments made directly to the school)	\$ _____
Maintenance	\$ _____
Child support for children of this relationship	\$ _____
Child support for children not of this relationship	\$ _____
Gifts of money	\$ _____
Other _____	\$ _____

**Total Gross Monthly Income** \$  

**12. My monthly deductions are:**

Federal tax	\$ _____
State tax	\$ _____
FICA (or Social Security equivalent)	\$ _____
Medicare tax	\$ _____
Mandatory retirement contributions (by law or condition of employment)	\$ _____
Union dues	\$ _____
Health insurance premiums (medical, dental, vision)	\$ _____
Life insurance premiums to secure child support	\$ _____
Child support actually paid under a court order in a different case	\$ _____
Maintenance actually paid under a court order in a different case	\$ _____
Maintenance actually paid or payable under a court order in this case	\$ _____
Expenditures for repayment of debts that represent reasonable and necessary expenses for the production of income including, but not limited to, student loans, medical expenditures necessary to preserve life or health, reasonable expenditures for the benefit of the child and other parent, exclusive of gifts.	\$ _____
Foster care payments paid by DCFS	\$ _____

**Total Monthly Deductions** \$

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit*.  
 In **13a**, enter the amount your household spends on each item each month.

In **Other**, list other Household Expenses from all sources, including amounts from the *Additional Information for the Financial Affidavit* form, if any.

In **Subtotal Monthly Household Expenses**, add the amounts in **13a** together and enter the total.

In **13b**, enter the amount you spend monthly on each type of transportation expense.

If you have other transportation expenses not listed in **13b**, describe the expense in **Other** and enter the amount.

In **Subtotal Monthly Transportation Expenses**, add the amounts in **13b** together and enter the total.

In **13c**, enter the amount you spend monthly only for yourself on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.

**13. My monthly living expenses are:**

- a. Household Expenses
  - Mortgage or rent \$ \_\_\_\_\_
  - Home equity (*HELOC*) and second mortgage \$ \_\_\_\_\_
  - Real estate taxes \$ \_\_\_\_\_
  - Homeowners or condo association dues and assessments \$ \_\_\_\_\_
  - Homeowners or renters insurance \$ \_\_\_\_\_
  - Gas \$ \_\_\_\_\_
  - Electric \$ \_\_\_\_\_
  - Telephone \$ \_\_\_\_\_
  - Cable or satellite TV \$ \_\_\_\_\_
  - Internet \$ \_\_\_\_\_
  - Water and sewer \$ \_\_\_\_\_
  - Garbage removal \$ \_\_\_\_\_
  - Laundry and dry cleaning \$ \_\_\_\_\_
  - House cleaning service \$ \_\_\_\_\_
  - Necessary repairs and maintenance to my property \$ \_\_\_\_\_
  - Pet care \$ \_\_\_\_\_
  - Groceries, household supplies, and toiletries \$ \_\_\_\_\_
  - Other \_\_\_\_\_ \$ \_\_\_\_\_

**Subtotal Monthly Household Expenses** \$

- b. Transportation Expenses
  - Car payment \$ \_\_\_\_\_
  - Repairs and maintenance \$ \_\_\_\_\_
  - Insurance, license, and city stickers \$ \_\_\_\_\_
  - Gasoline \$ \_\_\_\_\_
  - Taxi, ride-share, bus, and train \$ \_\_\_\_\_
  - Parking \$ \_\_\_\_\_
  - Other \_\_\_\_\_ \$ \_\_\_\_\_

**Subtotal Monthly Transportation Expenses** \$

- c. Personal Expenses
  - Medical (*out-of-pocket expenses*)
    - Doctor visits \$ \_\_\_\_\_
    - Therapy and counseling \$ \_\_\_\_\_
    - Dental and orthodontia \$ \_\_\_\_\_
    - Optical \$ \_\_\_\_\_
    - Medicine \$ \_\_\_\_\_
  - Life insurance (*not required by law to secure child support*)
    - Life (*term*) \$ \_\_\_\_\_
    - Life (*whole or annuity*) \$ \_\_\_\_\_
  - Clothing \$ \_\_\_\_\_
  - Grooming (*hair, nails, spa, etc.*) \$ \_\_\_\_\_
  - Club membership dues \$ \_\_\_\_\_

Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

In **Other**, list other Personal Expenses from all sources, including amounts from the **Additional Information for the Financial Affidavit** form, if any.

In **Subtotal Monthly Personal Expenses**, add the amounts in **13c** together and enter the total.

In **13d**, enter the amount spent monthly on the minor and dependent children of this relationship.

In **Medical**, do not include expenses you are reimbursed for through insurance or your employer.

If there are other child-related expenses not listed in **13d**, describe the expense in **Other** and enter the amount.

In **Subtotal Monthly Children Expenses**, add the amounts in **13d** together and enter the total.

In **Total Monthly Living Expenses**, add the Subtotals from **13a-13d** together and enter the total.

Entertainment, dining out, and hobbies	\$
Newspapers, magazines, and subscriptions	\$
Gifts	\$
Donations ( <i>political, religious, charity, etc.</i> )	\$
Vacations	\$
Voluntary trade or professional association dues	\$
Professional fees ( <i>accountants, tax preparers, etc.</i> )	\$
Other _____	\$

**Subtotal Monthly Personal Expenses** \$

d. Minor and Dependent Children Expenses

Clothing	\$
Grooming ( <i>hair, nails, spa, etc.</i> )	\$
Education	
Tuition	\$
Books, fees, and supplies	\$
School lunch	\$
Transportation	\$
School-sponsored trips and special events	\$
Uniforms	\$
Before and after-school care	\$
Tutoring and summer school	\$
Medical ( <i>out-of-pocket expenses</i> )	
Doctor visits	\$
Therapy and counseling	\$
Dental and orthodontia	\$
Optical	\$
Medicine	\$
Allowance	\$
Childcare and sitters	\$
Extracurricular activities and sports ( <i>including equipment, uniforms, etc.</i> )	\$
Summer and school-break camps	\$
Vacations ( <i>children only</i> )	\$
Entertainment, dining out, and hobbies ( <i>children only</i> )	\$
Gifts children give to others	\$
Other _____	\$

**Subtotal Monthly Children Expenses** \$

**Total Monthly Living Expenses** (*add the subtotals from above*) \$

In **14**, enter your debts including credit cards and past due bills. Do not include debt payments previously listed in **13** above, such as your mortgage or car payment.

In **Total Monthly Debt Payments**, add the **Minimum Monthly Payment** amounts from **14** together and enter the total. Include any debts listed on the *Additional Information for the Financial Affidavit* form, if any.

In **Total Gross Monthly Income**, enter the total from **11**.

In **Total Monthly Deductions**, enter the total from **12**.

Subtract **Total Monthly Deductions** from **Total Gross Monthly Income** and enter the total.

In **Total Monthly Living Expenses**, enter the total from **13**.

In **Total Monthly Debt Payments**, enter the total from **14**.

Add **Total Monthly Living Expenses** and **Total Monthly Debt Payments** and enter the total.

In **Total Monthly Net Income**, enter the total from **15a**.

In **Total Monthly Living Expenses and Debt Payments**, enter the total from **15b**.

Subtract **Total Monthly Living Expenses and Debt Payments** from **Total Monthly Net Income** and enter the total.

**14. My debts:**

	Creditor Name	Describe Nature of Debt (household goods, attorney's fees, etc.)	Amount Owed	Monthly Payment Being Made
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$

Amount from the *Additional Information for the Financial Affidavit* (if any) \$ \_\_\_\_\_

**Total Monthly Debt Payments** \$ \_\_\_\_\_

**15. Total Income Available Per Month:**

a. Total Monthly Net Income

Total Gross Monthly Income \$ \_\_\_\_\_

Total Monthly Deductions - \$ \_\_\_\_\_

Total Monthly Net Income = \$ \_\_\_\_\_

b. Total Monthly Living Expenses and Debt Payments

Total Monthly Living Expenses \$ \_\_\_\_\_

Total Monthly Debt Payments + \$ \_\_\_\_\_

Total Monthly Living Expenses and Debt Payments = \$ \_\_\_\_\_

c. Total Income Available Per Month

Total Monthly Net Income \$ \_\_\_\_\_

Total Monthly Living Expenses and Debt Payments - \$ \_\_\_\_\_

Total Income Available Per Month = \$ \_\_\_\_\_



**16. My assets:**

In **16a**, enter your cash and cash equivalents. Do not list account numbers.

a. Cash and Cash Equivalents

Checking, Savings, Money Market, and Other Bank or Credit Union Accounts

	Name of Bank or Institution	Name on Account	Account Type	Balance
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$

Certificates of Deposit

	Name of Bank or Institution	Name on Account	Balance
1.			\$
2.			\$
3.			\$
4.			\$

Cash and Prepaid Debit Card

	Location of Cash/Card	Held By	Balance
1.			\$
2.			\$
3.			\$

In **16b**, enter information for your investments and securities.

b. Investment Accounts and Securities  
Stocks, Bonds, Options, and ESOPs

	Company Name	# Shares	Type	Owner	FMV
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

**FMV** means Fair Market Value throughout this form.

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

	Description of Asset	Owner	Balance
1.			\$
2.			\$
3.			\$
4.			\$

In **16c**, enter information for your real estate.

In **16c** and **16d**, in **Balance Due**, enter the total amount remaining on your loan.

In **16d**, enter information about your motor vehicles.

In **16e**, enter information about your business interests.

In **Type**, enter whether the business is a corporation, S Corp, or LLC, etc.

In **16f**, enter information about each life insurance policy you have for yourself, the other party, or your children.

In **16g**, enter information about retirement benefits (vested and non-vested).

In **16h**, enter information about your federal and state tax returns for the last 2 years. Check **Refund** if you received money or check **Amount Owed** if you owed additional taxes.

c. Real Estate

	Address	Name on Title	FMV	Balance Due
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$

d. Motor Vehicles (*cars, boats, trailers, motorcycles, aircrafts, etc.*)

	Year, Make, and Model	Name on Title	FMV	Balance Due
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$

e. Business Interests

	Name of Business	Type	% of Ownership	FMV
1.				\$
2.				\$
3.				\$

f. Life Insurance Policies

	Name of Insurance Company	Type of Policy	Death Benefit	Cash Value
1.			\$	\$
2.			\$	\$
3.			\$	\$

g. Retirement Benefits and Deferred Compensation (*pension plan, annuity, IRA, 401(k), 403(b), SEP*)

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

h. Income Tax Refunds or Amounts Owed for the Last 2 Years (*federal and state*)

	Tax year	Federal: <input type="checkbox"/> Refund <input type="checkbox"/> Amount Owed	State: <input type="checkbox"/> Refund <input type="checkbox"/> Amount Owed
1.		\$	\$
2.		\$	\$

In **16i**, enter information about lawsuits and claims you filed or intend to file. If you did not recover anything, enter \$0, or if your case is still pending or has not yet been filed, enter unknown.

i. **Lawsuits and Claims** (*workers' compensation, disability, etc.*)

	Case Number	Date Lawsuit or Claim Filed	Amount Recovered
1.			\$
2.			\$

In **16j**, enter information for valuable collectible items.

j. **Valuable Collectibles** (*coins, stamps, art, antiques, etc.*)

	Description	FMV
1.		\$
2.		\$

In **16k**, enter information for assets or property you transferred or sold in the last 2 years with a FMV of at least \$1,000. Do not include income items listed above in **11**.

k. **Transfer or Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000**

	Description	Transferred or Sold to	Date of Transfer	Amount
1.				\$
2.				\$

In **17a-i**, enter information about health insurance you have for yourself and your family.

**17. Health insurance:**

- a. I have health insurance:  Yes  No
- b. The insurance carrier is: \_\_\_\_\_
- c. The type of insurance is:  Medical  Dental  Optical
- d. Deductible: Per individual: \$ \_\_\_\_\_ Per family \$ \_\_\_\_\_
- e. It covers:  Me  My spouse/partner  My dependents
- f. Type of policy:  HMO  PPO  Full indemnity
- g. Provided by:  Employer  Private policy  Other group
- h. Monthly cost is paid by:  Employer  Employee  Other
- i. Total monthly cost : \$ \_\_\_\_\_

In **17b**, enter all carriers if more than one.

**18. There is an *Additional Information for the Financial Affidavit* form attached:**

- Yes  No

In **18**, if you need more room to complete this form check yes, and complete and attach the *Additional Information for the Financial Affidavit* form.

**IMPORTANT:** If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

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.

**I certify that everything in the *Financial Affidavit* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

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

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.  
STATE OF ILLINOIS,

**ADDITIONAL INFORMATION FOR  
THE FINANCIAL AFFIDAVIT  
(FAMILY**