



In The Circuit Court
For The Seventh Judicial Circuit of Illinois
Sangamon County, Springfield, Illinois

(Petitioner)

vs.

(Defendant)



Case No. _____

AFFIDAVIT OF INCOME AND EXPENSES, ASSETS AND LIABILITIES

_____, Plaintiff/Defendant, states as follows:

Name: _____

Telephone number: _____

Address: _____

Date of Birth: _____

Date of marriage (if applies): _____

Date of Separation: _____

Dependent children of this relationship:

_____ M/F d/o/b: _____ lives with _____

_____ M/F d/o/b: _____ lives with _____

_____ M/F d/o/b: _____ lives with _____

_____ M/F d/o/b: _____ lives with _____

Current employer _____

Address: _____

Other employer _____

Address: _____

Number of paychecks per year (circle one): 12 24 26 52 Other _____

Withholding status: Married Single Number of exemptions claimed _____

Other dependents: _____ Relationship _____

Other dependents: _____ Relationship _____

STATEMENT OF MONTHLY INCOME

Gross income from all sources last calendar year: \$ _____

Gross income from all sources year to date, through _____ (date):\$ _____

Gross monthly income (if paid weekly, multiply by 4.33, if paid bi-weekly multiply by 2.17):

Salary: \$ _____ Overtime: \$ _____

Bonus: \$ _____ Draw: \$ _____

Disability: \$ _____ Social Security: \$ _____

Unemployment: \$ _____ Rental Income: \$ _____

Public Aid: \$ _____ Investment: \$ _____

Business: \$ _____ Partnership: \$ _____

Maintenance: \$ _____ Other: \$ _____

Total gross monthly income: \$ _____

Additional: _____

Child Support: \$ _____

Statutory deductions:

Federal tax: \$ _____

State tax: \$ _____

Social Security: \$ _____

Medicare: \$ _____

Mandatory retirement contributions: \$ _____

Medical Insurance: \$ _____

Union dues: \$ _____

Prior obligations of child support actually being paid: \$ _____

Other (specify) _____ \$ _____

STATEMENT OF MONTHLY LIVING EXPENSES as of _____

(Do not duplicate, list only under one category)

1. Household Expenses

Mortgage/rental (circle one) \$ _____

Household expenses (continued)

Home equity loan/second mortgage	\$ _____
Real estate taxes	\$ _____
Homeowners or renter's insurance	\$ _____
Heat/fuel	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Cell phone	\$ _____
Cable television	\$ _____
Water and sewer	\$ _____
Computer/internet	\$ _____
Garbage removal	\$ _____
Laundry/dry cleaning	\$ _____
Household maintenance	\$ _____
Food and household supplies	\$ _____
Eating out	\$ _____
Other (specify) _____	\$ _____

Total household expenses: \$ _____

2. Transportation (number of vehicles _____)

Insurance/license	\$ _____
Gasoline	\$ _____
Repairs	\$ _____
Other transportation	\$ _____

Total transportation expenses: \$ _____

3. Personal

Clothing	\$ _____
Grooming(hair care/cosmetics/etc.)	\$ _____
Medical (after insurance)	\$ _____
Doctor	\$ _____
Dentist	\$ _____

Personal (continued)

Prescribed medicine \$ _____
Counseling \$ _____
Life insurance premiums \$ _____
Medical insurance (not withheld from pay) \$ _____
Dental insurance (not withheld from pay) \$ _____

Total personal expenses: \$ _____

4. Miscellaneous

Clubs/entertainment \$ _____
Newspaper/magazines \$ _____
Gifts \$ _____
Donations \$ _____
Vacations \$ _____
Voluntary contributions to retirement pension \$ _____
Other (specify) \$ _____

Total miscellaneous expenses: \$ _____

5. Children's separate expenses (identify special needs)

Clothing \$ _____
Grooming \$ _____
Education \$ _____
 Tuition \$ _____
 Books/fees \$ _____
 Lunches \$ _____
 Transportation \$ _____
 Activities \$ _____
Allowance \$ _____
Child care/before and after school care \$ _____
Lessons and supplies \$ _____
Summer camps \$ _____

Children's expenses (continued)

Vacation \$ _____
 Entertainment \$ _____
 Other (specify) _____ \$ _____

Total children separate expenses: \$ _____

TOTAL MONTHLY LIVING EXPENSES \$ _____

STATEMENT OF DEBTS - use additional sheets if necessary

Creditor	Purpose	Balance Due	Monthly payment

STATEMENT OF ASSETS - use additional sheets if necessary

Real estate:

Address	Ownership	Possessed by	Value

Motor vehicles:

Vehicle	Ownership	Possessed by	Value

Retirement accounts:

Plan name	Type of plan	Ownership	Value

Bank/credit union accounts:

Bank	Type of account	Ownership	Balance

Life insurance:

Company	Death benefit	Owner	Beneficiary	Whole/term	Value

Other assets:

Description	Ownership	Possessed by	Value

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned hereby certifies that the statements set forth in the foregoing Affidavit are true and correct.

Date: _____

Affiant