

STATE OF ILLINOIS)
)SS
COUNTY OF WILL)

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS**

IN RE THE MARRIAGE OF:

Plaintiff

VS.

CASE NO. _____

Defendant

INCOME/EXPENSE AFFIDAVIT

_____, on oath, states:

1. The parties have been married _____ years; my age is _____ years.
2. There are _____ children of the marriage, aged _____.
3. I (am) (am not) residing in the marital residence.
4. My customary monthly living expenses are:

Rent/Mortgage(s)	\$ _____
House Insurance	\$ _____
Tax Escrow	\$ _____
Food (for _____ People)	\$ _____
Doctors/Dentists	\$ _____
Prescriptions	\$ _____
Lien Payment on Auto	\$ _____
Gas, Oil, Maintenance	\$ _____
Auto Insurance/Month	\$ _____
Utilities:	
Gas	\$ _____
Electric	\$ _____
Water and Garbage	\$ _____
Telephone	\$ _____
Cable	\$ _____
Life Insurance	\$ _____
Clothes (for _____ People)	\$ _____
Grooming (Personal)	\$ _____
Children School:	
Tuition	\$ _____
Books	\$ _____
Lunch Program	\$ _____
Babysitter	\$ _____
Clubs/Entertainment	\$ _____
Gifts/Donations	\$ _____
Vacations	\$ _____
Children's Activities	\$ _____
Miscellaneous:	
_____	\$ _____
_____	\$ _____

TOTAL FIXED MONTHLY EXPENSES	\$ _____
TOTAL MINIMUM CREDIT BILL PAYMENTS	\$ _____
TOTAL EXPENSES	\$ _____

5. MY TOTAL GROSS INCOME last calendar year was \$_____

MY FEDERAL TAX REFUND last calendar year was \$_____

6. My employer is_____

I earn \$_____ per hour and work _____ hours per pay period; my pay period is
(Weekly) (Biweekly) (Semi-Monthly) (Monthly)

NUMBER OF EXEMPTIONS I CLAIM IS: _____

Gross Income Monthly \$_____

Less:

Federal Withholding \$_____

State Withholding \$_____

FICA \$_____

Union Dues \$_____

Mandatory Retirement \$_____

Mandatory Hospital Insurance \$_____

Court Ordered Support I Pay \$_____

Other: _____

_____ \$_____

_____ \$_____

TOTAL "STATUTORY" DEDUCTIONS \$_____

NET INCOME PER MONTH \$_____

OTHER INCOME FROM ALL SOURCES \$_____

TOTAL INCOME FROM ALL SOURCES \$_____

(e.g., bonus, interest, rent, etc.)

7. ASSETS FAIR MARKET VALUE DEBT

A. Real Estate

B. Vehicles

C. Bank Accounts/Investments

D. Employment Benefits (Include Past and Present Employers)

E. Other Assets (of any description whatsoever)

LIABILITIES

BALANCE

PAYMENT

1. Mortgages

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Auto Loans

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Credit Accounts

_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Unpaid Medical Bills

_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Other Loans

_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Educational Loans

_____	_____	_____
_____	_____	_____
_____	_____	_____

Under penalties of perjury, provided by law in section 1-109 of the Code of Civil Procedure, I certify that the information in this Affidavit is true, correct and complete.

Date: _____