

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
MACON COUNTY, ILLINOIS

IN RE: THE MARRIAGE OF \_\_\_\_\_ )  
 )  
 )  
 )  
 Plaintiff, )  
 )  
 vs. ) No. \_\_\_\_\_ )  
 )  
 )  
 )  
 Defendant. )

**FINANCIAL AFFIDAVIT**

( ) Pre-Judgment ( ) Post-Judgment

\_\_\_\_\_, on oath states that my present age is \_\_\_ and that:

1. (a) (PRE-JUDGMENT ONLY): The parties have been married for \_\_\_\_\_ years, were separated in \_\_\_\_\_, \_\_\_\_\_, and since that time the husband has paid \$\_\_\_\_\_ in child support and \$\_\_\_\_\_ in maintenance to his spouse;

(b) (POST-JUDGMENT ONLY): The marriage of the parties was dissolved on \_\_\_\_\_, \_\_\_\_\_. The husband was ordered to pay \$\_\_\_\_\_ in maintenance to his spouse. The said order was amended \_\_\_\_\_ times and the husband is now paying \$\_\_\_\_\_ in child support and \$\_\_\_\_\_ in maintenance. The husband (is) (is not) presently in arrears in the sum of \$\_\_\_\_\_.

2. There are \_\_\_\_\_ children of the marriage, namely:  
\_\_\_\_\_, born \_\_\_\_\_ and  
\_\_\_\_\_, born \_\_\_\_\_ and  
\_\_\_\_\_, born \_\_\_\_\_

3. I have additional person dependent on me for support as follows:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

4. **My monthly living expenses are as follows:**

Rent or house payment	\$
Real estate taxes	\$
Electricity/Gas	\$
Heating Oil	\$
Water	\$
Telephone	\$
Cable TV	\$
Trash Collection	\$
Sewer charges	\$
Groceries/household supplies	\$
Restaurant meals	\$
Car Insurance	\$
Gas, oil & repairs	\$
Medical /Hospital insurance	\$
Life insurance	\$
Newspaper	\$
Personal items	\$
Doctors	\$
Dentists	\$
Hospital	\$
School expenses (meals/supplies)	\$
Cleaning/laundry	\$
Charitable contributions	\$
Clothing	\$
Haircuts/beauty shop	\$
Union dues	\$
Babysitting	\$
Entertainment	\$
Gifts/toys/books for children	\$
Other:	\$
<b>TOTAL MONTHLY LIVING EXPENSES</b>	<b>\$</b>

5. **Debts:** (Payments to creditors other than noted in paragraph 4 above)

<u>To Whom Owed:</u>	<u>Purpose:</u>	<u>Payment Per Month:</u>	<u>Balance:</u>


**INCOME:**

6. Present employment:  
Address:

Hours of Employment:

Payroll Deductions:

Hourly wage	\$	(a)Federal Tax	\$
Weekly gross income	\$	(b)State Tax	\$
Total Deductions	\$	(c)Social Security	\$
Take-home pay	\$	(d)Medical ins.	\$
		(e)Union dues	\$
Number of dependents		(f) Other:	\$
claimed: S/M-_____		Total Deductions:	\$

7. **Assets:** (List all cash, Certificates of Deposit, savings, checking and credit union accounts, bonds, stocks, household goods and furniture, motor vehicles, real estate and all property, real or personal owned by you.)

<u>Description:</u>	<u>Location:</u>	<u>Fair Cash Market Value:</u>	<u>Name of Co-Owners Joint Tenant of Partners, if any:</u>

**RETIREMENT FUND:**

<u>Type:</u>	<u>Company:</u>	<u>Contributory/ Non-Contributory:</u>	<u>Present Value:</u>

**LIFE INSURANCE:**

Type	Company	Amount of Coverage	Beneficiary	Present Value

**OTHER INCOME:**

Type:                      Source: \_\_\_\_\_                      Amount: \_\_\_\_\_

Affiant warrants that the above statement discloses all income received from all sources during the 30-day period prior to the filing of this affidavit.

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

NOTARY PUBLIC

This form prepared by Leo W. Quigg, Jr.

Attorney for

FULLER & QUIGG  
Attorneys at Law  
1301 E. Mound Road  
P.O. Box 3220  
Decatur, IL 62526  
Telephone 217/875-7171