

STATE OF ILLINOIS)
)SS
COUNTY OF WILL)

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

IN RE THE DISSOLUTION OF:

Plaintiff

vs

CASE NO: _____

Defendant

INCOME/EXPENSE AFFIDAVIT

_____, on oath, states:

1. The parties have been married/joined _____ years; my age is _____ years old.
2. There are _____ children of the marriage/union, ages: _____
3. I (am) (am not) residing in the marital/joined 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(s) School:	\$ _____
Tuition	\$ _____
Books	\$ _____
Lunch programs	\$ _____
Babysitter	\$ _____
Clubs/Entertainment	\$ _____
Gifts/Donations	\$ _____
Vacations	\$ _____
Children's Activities	\$ _____

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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 _____.
 The address of my employer is _____.

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

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

7.

ASSESTS	FAIR MARKET VALUE	DEBT
A. Real estate:		
B. Vehicles:		

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ASSESTS	FAIR MARKET VALUE	DEBT
C. Credit Accounts/ Investments:		
D. Employment Benefits: (Include Past and Present Employers)		
E. Other Assets: (of any descriptions whatsoever)		

8.

LIABILITIES	BALANCE	PAYMENT
A. Mortgages:		
B. Auto Loans:		
C. Credit Accounts:		
D. Unpaid Medical Bills:		
E. Other Loans:		
F. Educational Loans:		

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure,
I certify the statements set forth in this instrument are true and correct.

Date _____

Signature of Affiant _____

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