FINANCIAL AFFIDAVIT

(FAMILY & DIVORCE)

☐ Pre-Judgment ☐ Post-Judgment

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY:

County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PLAINTIFF/PETITIONER: _____

Who started the case *First, Middle, and Last Name, or Business Name*

DEFENDANT/RESPONDENT: _____

Who the case was filed against *First, Middle, and Last Name, or Business Name*

_____

Case Number

- 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.
- If you need more room for a section, complete and attach the *Additional Information* form for that section.
- Only file this document and any attachments with the Circuit Clerk if a local rule or court order requires you to do so. Ask the Circuit Clerk where to find these rules.

IMPORTANT! Read this before completing this form.

Do not include in this affidavit any Social Security or individual taxpayer-identification numbers, driver's license numbers, financial account numbers, or debit or credit card numbers. If any of these items are included on documents you are going to attach to this affidavit, hide them by covering them with black ink or otherwise removing.

1. BASIC INFORMATION

a. I am the ☐ Petitioner ☐ Respondent in this case

b. I swear or affirm the information in this *Financial Affidavit* is true and correct as of _____.
Date

c. I attached the most recent copies of the following documents as evidence of my income, assets, and debts. *(Check all that apply.)*

*Note: You **must attach these documents** if you have or can get them.*

☐ pay stubs or other proof of income.

☐ income tax returns *(including K-1, W-2, 1099, and all schedules).*

☐ bank statements.

☐ other documents verifying your debts in 10 and your assets in 11:

_____

_____

2. INFORMATION ABOUT MYSELF

If you need to keep your address secret from your spouse because of domestic violence, you may use another address. That address must be one at which you can receive mail about the case.

a. Name: _____.
First *Middle* *Last Name*

b. Phone number: _____.

c. Date of Birth: _____.

d. Address: _____.
Street, Apt. # *City* *State* *Zip Code*

3. MY EMPLOYMENT/BUSINESS

Tell the judge about your jobs, including all full-time, part-time, temporary, contract, or other work. Share information about any business you own or operate and the business income.

a. ☐ I am **unemployed**.

b. ☐ I am **employed** by someone else:

Employer Name: _____.

Employer Address: _____.
Street, Apt. # *City* *State* *Zip Code*

Number of paychecks per year:

☐ 12 *(monthly)* ☐ 24 *(two times a month)* ☐ 26 *(every two weeks)*
☐ 52 *(weekly)* ☐ I am paid in cash

My gross income from this employer *(pay before taxes and deductions as of January 1)* so far this year:

$_____ as of _____.
Date

c. ☐ I am **self-employed** or have Other Business Income:

Attach complete federal and state business tax returns for the most recent tax year.

☐ own a business as a sole proprietorship.
☐ as an independent contractor.
☐ as a member of a partnership.
☐ as a member of a limited liability company (LLC) not treated as a corporation.
☐ closely held corporation.
☐ other flow-through business entity.

Business Name: _____.

Business Address: _____.
Street, Apt. # *City* *State* *Zip Code*

Gross business receipts for last year $_____ and so far this year $_____.

Ordinary and necessary expenses required to carry on the business for

last year $_____ and this year $_____.

I receive any of the following from the business (*check all that apply*):

☐ Reimbursed meals.
☐ Company car.
☐ Free housing or housing allowance.
☐ Other: _____.

☐ I have attached one or more *Additional My Employment/Business* forms.

If you have more than one job or business, fill out and attach the *Additional My Employment/Business* form.

4. MY GROSS INCOME AND TAXES FROM LAST YEAR

Enter the information you submitted on last year's IRS tax return.

a. My Tax filing status is:

☐ Married *(Joint)* ☐ Married *(Separate)* ☐ Single ☐ Head of Household

☐ Did not file *(If you did not file a tax return for last year, leave **4b** blank, but still complete **4c**.)*

b. I claim on my federal tax return:

☐ the standard deduction ☐ itemized deductions

c. My gross income *(before taxes and deductions)* last year was: $_____.

d. On my last tax return I claimed:

☐ Child Tax Credit ☐ Additional Child Tax Credit
☐ Credit for Other Dependents ☐ Earned Income Credit
☐ Dependent Care Credit

For help in calculating monthly amounts, see our *How to Complete a Financial Affidavit (Family & Divorce Case)* at ilcourts.info/financial-aff.

5. MY MONTHLY GROSS INCOME FROM ALL SOURCES

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

Regular employment/self-employment earnings from all jobs *(salary, wages, base pay, etc.)*..... $_____
Overtime..... $_____
Commission..... $_____
Tips..... $_____
Bonus..... $_____
Pension..... $_____
Annuity..... $_____
Interest income..... $_____
Dividend income..... $_____
Trust income..... $_____
Social Security Retirement ..... $_____
Social Security Disability..... $_____
Social Security Income (SSI) *(not included as income for child support purposes)*..... $_____
Unemployment..... $_____
Disability payment *(not Social Security)*..... $_____
Workers' Compensation..... $_____
TANF and SNAP *(not included as income for child support purposes)*..... $_____
Military allowances..... $_____
Investment income..... $_____
Rental income..... $_____
Partnership income..... $_____
Distributions and draws..... $_____
Royalty income..... $_____
Maintenance received under an order entered in this case or another case that you must report as income on your tax return ..... $_____
Maintenance received under an order entered in this case or another case that you do not have to report as income on your tax return..... $_____
Child support for children of this relationship *(if this support is paid by the other parent, it does not affect the support calculation)*..... $_____
Social Security payment made to the children of this relationship based on your disability or retirement..... $_____
Gifts of money..... $_____
Other: _____. $_____

Total Gross Monthly Income $_____

6. MY MONTHLY PAYROLL DEDUCTIONS

*Use information from your paystubs, tax records, and other sources to identify the deductions being taken from your income. List any money deducted for health insurance in Section **9e**.*

Federal tax……$_____
State tax……$_____
FICA *(or Social Security equivalent, such as Self-employment tax)*…… $_____
Medicare tax……$_____
Mandatory retirement contributions required by law or condition of employment *(not allowed as a deduction if you also have a deduction for FICA or Social Security equivalent)* …… $_____

Total Monthly Deductions $_____

7. MONTHLY MAINTENANCE PAYMENTS

List any maintenance payments you are making. If you are not sure about whether your payments are tax-deductible, speak to your attorney or tax-preparer. Generally, maintenance payments court ordered after January 1, 2019 are not tax deductible. Attach a copy of the support order and proof that you are making the payments, like cancelled checks or court records.

Maintenance being paid by you under a court order in this case, …….. $_____
This payment is: ☐ tax deductible to me ☐ **not** tax deductible to me
Maintenance being paid under a court order in a different case by you……$_____
This payment is: ☐ tax deductible to me ☐ **not** tax deductible to me

Total Maintenance Payments $_____

8. MONTHLY CHILD SUPPORT

List children supported. Attach (1) a copy of the support order, if there is one, and (2) proof of payment, like cancelled checks or court records, if you are making payments to the other parent.

a. Child support being paid per month for children under a court order in this case. $_____

b. Child support being paid per month for children under a court order in other cases.

	County and State where entered	Number of Children	Case Number	Amount
1.				$
2.				$
3.				$
4.				$

NOTE: for sections C and D **do not** include children who are covered by the information in A and B. Do include children for whom there is no court order for support and (1) that are presumed to be yours because the child was born during the marriage or union, (2) for whom there is a voluntary acknowledgment of paternity (VAP) signed by you and the other parent, OR (3) for whom there is a court order naming you as a parent (for example, adoption). If there is a VAP or a court order naming you as a parent, attach it.

c. Child support being paid per month to the other parent for children, but there is no court order.

	Name of parent receiving the support	Number of Children	Amount
1.			$
2.			$
3.			$
4.			$

d. Other biological or adopted children that live in your home that you support.

Name of child	Age	Paternity determined by:
1.		☐ Child born during marriage or union ☐ VAP ☐ Court Order
2.		☐ Child born during marriage or union ☐ VAP ☐ Court Order
3.		☐ Child born during marriage or union ☐ VAP ☐ Court Order
4.		☐ Child born during marriage or union ☐ VAP ☐ Court Order

☐ I have attached one or more *Additional Child Support* forms listing additional information.

Total from *Additional Child Support* forms $_____

Total Child Support Payments $_____

9. MY MONTHLY LIVING EXPENSES

Enter the amount your household spends on each item each month.

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 your home..... $_____
Pet care..... $_____
Groceries, household supplies, and toiletries..... $_____
Other: _____. $_____

Subtotal Monthly Household Expenses $_____

b. Transportation Expenses

Car payment..... $_____
Repairs and maintenance..... $_____
Insurance, license, registration and city sticker..... $_____
Fuel (gasoline or alternative fuels)..... $_____
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 orthodontics (braces) ……$_____
- Optical……$_____
- Medicine……$_____

Life insurance

- Life (term)……$_____
- Life (whole or annuity)……$_____

Clothing……$_____
Grooming (hair, nails, spa, etc.)……$_____
Gym & Club membership dues……$_____
Entertainment, dining out, and hobbies……$_____
Newspapers, magazines, and subscriptions……$_____
Gifts……$_____
Donations (political, religious, charity, etc.)……$_____
Vacations……$_____
Mandatory or voluntary union, trade or professional association dues……$_____
Professional fees (accountants, tax preparers, attorneys)……$_____
Other: _____. $_____

Subtotal Monthly Personal Expenses $_____

d. Minor and Dependent Children Expenses

Clothing……$_____
Grooming (hair, nails, spa, etc.)……$_____
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 (out-of-pocket expenses)

- Doctor visits……$_____
- Therapy and counseling ……$_____
- Dental and orthodontics (braces)……$_____
- Vision……$_____
- Medicine……$_____

Allowance……$_____
Childcare and sitters……$_____
Extracurricular activities and sports (including equipment, uniforms, etc.)……$_____
Summer and school-break camps……$_____
Vacations (children only)……$_____
Entertainment, dining out, and hobbies (children only)……$_____
Gifts children give to others……$_____
Other: _____. $_____

Subtotal Monthly Minor and Dependent Children Expenses $_____

e. Health Insurance Expenses

Enter information about the primary health insurance you have for yourself and your family. If you have more than one health insurance carrier, attach an Additional Health Insurance form.

I have health insurance: ☐ Yes ☐ No

Name of insurance company: _____

Type of insurance: ☐ Medical ☐ Dental ☐ Orthodontic (braces) ☐ Vision

Type of policy: ☐ HMO ☐ PPO ☐ Other

Provided through: ☐ Employer ☐ Private Policy ☐ Other Group Policy ☐ Medicaid/All Kids

Total number of people covered by this policy: _____

The insurance covers: ☐ Me ☐ My spouse/partner ☐ children of this relationship

☐ children of this relationship and other children
(if you check this box, list the number of the other children covered and their ages):

_____

Total monthly cost for this insurance is $_____

This cost is paid by: ☐ Me ☐ My spouse/partner ☐ Other: _____

Monthly cost for this insurance for covering children: $_____

Monthly cost for this insurance for covering children of this relationship (if known): $_____

Yearly deductible (amount you pay before your insurance starts to pay):

Per individual $_____ Per family $_____

Coinsurance (percentage of costs you pay, e.g. 20%): _____

☐ I have attached one or more *Additional Health Insurance* forms because I have more than one health insurance policy.

Amount from *Additional Health Insurance* forms $_____

Subtotal Monthly Insurance Expenses $_____

Total Monthly Living Expenses (add the subtotals from sections 9a through 9e above) $_____

10. My Debts (do not list expenses included in section 9)

Enter your debts including credit cards and past-due bills. Do not include debt payments already listed in Sections 9 above, such as your mortgage or car payment.

Creditor Name	Describe what the Debt was for *(loan, parking tickets, household goods, attorney's fees, etc.)*	Amount Owed	Monthly Payment Being Made
1.		$	$
2.		$	$
3.		$	$
4.		$	$
5.		$	$
6.		$	$

☐ I have attached one or more *Additional My Debts* forms listing additional debts.

Amount from *Additional My Debts* form $_____

Total Monthly Debt Payments $_____

11. My Assets

List the things you own that are worth something. List any balances as of the date of this affidavit. If you need more room for a section, complete and attach the Additional Information form for that section.

Note: Fair Market Value (FMV) is generally defined as a selling price for an item to which an unrelated buyer and seller can agree. For more information on FMV read our *How to Complete a Financial Affidavit (Family & Divorce Case)* at ilcourts.info/financial-aff.

a. Cash and Cash Equivalents *(list balance as of the date of this affidavit; do not list account numbers.)*

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

	Name of Bank, Credit Union, etc.	Name on Account	Account Type	Balance
1.				$
2.				$
3.				$

Certificates of Deposit

	Name of Bank, Credit Union, etc.	Name on Account	Balance
1.			$
2.			$
3.			$

Cash, Prepaid Debit Cards, and Money Transfer Apps like Venmo, PayPal, Apple Pay, etc.
*A **Prepaid Debit Card** is a card that can be used to make purchases as you would use cash. Many prepaid cards carry the brand of a card network, like MasterCard, Visa, or American Express.*

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

☐ I have attached one or more *Additional Cash and Cash Equivalents* forms.

b. Investment Accounts and Securities *(list FMV or balance as of the date of this affidavit)*

Stocks, Bonds, Options, Employee Stock Ownership Plans

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

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

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

☐ I have attached one or more *Additional Investment Accounts and Securities* forms.

c. Property & Business Interests *(list FMV or balance as of the date of this affidavit)*

Business Interests

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

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

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.				$
3.				$

Real Estate

	Address	Name on Title	FMV	Balance
1.			$	$
2.			$	$
3.			$	$

☐ I have attached one or more *Additional Property & Business Interests* forms.

d. Insurance and Retirement *(list FMV or balance as of the date of this affidavit)*

Life Insurance Policies for yourself, your spouse, or your children

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

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.			$

☐ I have attached one or more *Insurance and Retirement* forms.

e. Personal Property *(list FMV or balance as of the date of this affidavit)*

Motor Vehicles (cars, boats, trailers, motorcycles, aircraft, etc.)

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

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

	Description	FMV
1.		$
2.		$
3.		$

Other Personal Property Valued Over $500

	Description	FMV
1.		$
2.		$
3.		$

☐ I have attached one or more *Additional Personal Property* forms.

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

*Enter information about lawsuits and claims you have filed, you will be filing, have been filed, or may be against you. In **Date Lawsuit or Claim** filed, enter "not filed" if it has not been filed yet. In **Amount Recovered**, enter $0 if the case is over and you did not recover anything and enter "unknown" if your case is still pending or has not yet been filed.*

	Case Number	Date Lawsuit or Claim Filed	Amount Recovered
1.			$
2.			$
3.			$

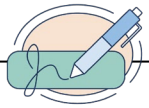
☐ I have attached one or more *Additional Lawsuits and Claims* forms.

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

*Enter information about your federal and state tax returns for the last 2 years. Check **Refund** if you received one, or **Amount Owed** if you owed additional taxes.*

	Tax year	Federal		State	
1.	_____	Refund	$	Refund	$
		Amount Owed	$	Amount Owed	$
2.	_____	Refund	$	Refund	$
		Amount Owed	$	Amount Owed	$

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.



SIGN

Under 735 ILCS 5/1-109, your signature means that:

1) everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and

2) I understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

Your Signature /s/_____ Print Your Name _____

Your Phone Number _____ Attorney Number (if any) _____

Your Email (if you have one) _____

Your Address _____

Street, Apt. # *City* *State* *Zip Code*

☐ I am using an alternative address because disclosing my address would put me or my household at risk.

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.

NEXT STEP:

Send a copy of your completed *Financial Affidavit* and supporting documents to the other person in the case. If a person in the case has a lawyer, you must send the documents to their lawyer.

Complete and file a *Proof of Delivery* form with the Circuit Clerk to show that you sent your forms to the other person. You can find the *Proof of Delivery* form at: ilcourts.info/forms. File the *Proof of Delivery* with the Circuit Clerk.

Do not file your *Financial Affidavit* with the Circuit Clerk unless a local rule or court order requires you to do so.

Learn more about each step in the process by reading through our *How to Complete a Financial Affidavit (Family & Divorce Case)* at ilcourts.info/financial-aff.