IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS

IN RE: The ☐ Marriage of:	\Box Custody of: \Box	Support of:	
Per and) titioner) Ca	ase Number:	
Re	spondent)		
(LAST THREE (3) PAY ST	TUBS AND LAST TWO	IT - LOCAL RULE 1 0 (2) TAX RETURNS MUST ALSO BI	E PRODUCED)
		, having been duly sworn, upon oat	
Name:		Telephone No: ()	
Address:		Petitioner Date of Birth	(mmddyyyy)
		Respondent Date of Birth	(mmddyyyy)
Date of Marriage:(mmddyy		Date of Dissolution of Marriage (if	
Minor and/or Dependent Chil	dren of this Marriage	:	
NAME	Date of Birth (mmddyyyy)	Currently Living	With
(A	Attach additional page	e(s) as needed)	
Current Employer:		Address:	
Self Employment:		Address:	
Other Employment		Address:	
☐ Check if unemployed			

Number of Paychecks per year: (Please Check Box) \Box 12 \Box 24 \Box 26 \Box 52 \Box Other_____

Number of Exemptions claimed:				
Number of Dependents claimed:				
Gross Income from all sources last year:				
Gross Income from all sources this year through			· \$	
			• Ψ	
STATEMENT OF INCOME				
Gross Monthly Income				
Salary/Wages/Base Pay	\$			
Overtime/Commission	-			
	\$			
Bonus	\$			
Draw	\$			
Pension and Retirement Benefits	\$			
Annuity	\$			
nterest income	\$			
Dividend income	\$			
Trust income	\$			
Social Security	\$			
Jnemployment benefits Disability payment	\$			
Worker's Compensation	\$			
Public Aid/Food Stamps	\$			
nvestment income	1			
	\$			
Rental income	\$			
Business income (including non-taxable distributions	\$			
Partnership income	\$			
Royalty income	\$			
Fellowship/stipends	\$			
Other income (specify):	\$			
TOTAL GROSS MONTHLY INCOME:	\$		\$	
ADDITIONAL CASH FLOW (Monthly)				
Changel aumout received (marify)		6		
Spousal support received (specify) ☐ Pursuant to a prior judgment or order in another ca	0.0	\$ \$		
☐ Pursuant to a prior judgment or order in this case	Se	\$ \$		
☐ Voluntarily paid in this case		\$		
Child Support received (specify)		\$		
□ Pursuant to a prior judgment or order in another ca	se	\$		
☐ Pursuant to a prior judgment or order in this case	~ •	\$		
□ Voluntarily paid in this case		\$		
TOTAL ADDITIONAL CASH FLOW:		\$	\$	
		• — — — — — — — — — — — — — — — — — — —		

REQUIRED MONTHLY DEDUCTIONS Federal Tax (based on exemptions	\$
State Tax (based on exemptions	\$
FICA (or Social Security equivalent)	\$
Medicare Tax	\$
Mandatory retirement contributions required by law	\$
or as a condition of employment	Ψ
Union Dues (Name of Union:)	\$
Health/hospitalization Premiums	\$
Prior obligation(s) of support actually paid pursuant to Court	\$
order	Ψ
Other (specify):	\$
Total Required Deductions from Income:	\$ \$
-	ΨΨ
NET MONTHLY INCOME:	\$
STATEMENT OF MONTHLY LIVING EXPENSE 1. Household	
a. Mortgage or rent (specify)	\$
b. Home equity loan payment	\$
c. Real estate taxes, assessments	\$
d. Homeowners or renters insurance	\$
e. Heat/fuel	\$
f. Electricity	\$
g. Telephone (include long distance)	\$
h. Water and Sewer	\$
i. Refuse removal	\$
j. Laundry/dry cleaning	\$
k. Maid/cleaning service	\$
1. Furniture and appliance repair/replacement	\$
m. Lawn and garden care/snow removal	\$
n. Food (groceries, household supplies, etc.)	\$
o. Liquor, beer, wine, etc.	\$
p. Other (specify)	\$
SUBTOTAL HOUSEHOLD EXPENSES	\$\$
2. Transportation	
a. Fuel	\$
b. Repairs/maintenance	\$
c. Insurance/license/city stickers	\$
d. Payments/replacement	\$
·	· · ·
e. Other (specify) SUBTOTAL TRANSPORATION EXPENSES	\$ \$ \$\$

3. Personal		
a. Clothing	\$	
b. Grooming	\$ \$	
c. Medical (after insurance proceeds/reimbursement	\$	
(1) Doctor	\$ \$	
(2) Dentist	\$	
(3) Optical	\$	
(4) Medication	\$	
d. Insurance	\$	
(1) Life – Term/Whole (specify)	\$	
(2) Medical/Hospitalization	\$	
(3) Dental/optical	\$	
e. Other (specify)	\$	
SUBTOTAL PERSONAL EXPENSES:	\$	\$
4. Miscellaneous:		
a. Clubs/social obligations/entertainment	\$	
b. Newspapers, magazines, books	\$	
c. Gifts	\$	
d. Donations, church or religious affiliations	\$	
e. Vacations	\$	
f. Other (specify)	\$	
SUBTOTAL MISCELLANEOUS EXPENSES	\$	\$
		_ ·
	3.5	
5. Expenses of Minor and/or Dependent Children of this		
a. Clothing	\$	
a. Clothing b. Grooming		
a. Clothingb. Groomingc. Education	\$ \$	
a. Clothingb. Groomingc. Education(1) Tuition	\$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees	\$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches	\$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation	\$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication	\$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement	\$ \$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement (1) Doctor	\$ \$ \$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement (1) Doctor (2) Dentist	\$ \$ \$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement (1) Doctor (2) Dentist (3) Optical	\$ \$ \$ \$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement (1) Doctor (2) Dentist (3) Optical (4) Medication	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement (1) Doctor (2) Dentist (3) Optical (4) Medication e. Allowance	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement (1) Doctor (2) Dentist (3) Optical (4) Medication e. Allowance f. Child care/After-school care	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement (1) Doctor (2) Dentist (3) Optical (4) Medication e. Allowance f. Child care/After-school care g. Sitters	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement (1) Doctor (2) Dentist (3) Optical (4) Medication e. Allowance f. Child care/After-school care g. Sitters h. Lesson and supplies	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement (1) Doctor (2) Dentist (3) Optical (4) Medication e. Allowance f. Child care/After-school care g. Sitters h. Lesson and supplies i. Clubs/Summer Camps	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement (1) Doctor (2) Dentist (3) Optical (4) Medication e. Allowance f. Child care/After-school care g. Sitters h. Lesson and supplies i. Clubs/Summer Camps j. Vacation	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
a. Clothing b. Grooming c. Education (1) Tuition (2) Books/Fees (3) Lunches (4) Transportation (5) Medication d. Medical (after insurance proceeds/reimbursement (1) Doctor (2) Dentist (3) Optical (4) Medication e. Allowance f. Child care/After-school care g. Sitters h. Lesson and supplies i. Clubs/Summer Camps	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	

CV-AFF5 Pursuant to Local Court Rule 11.02 revised 4/1/08

SUBTOTAL CHILDREN'S EXPENSES

\$

\$

TOTAL MONTHLY LIVING EXPEN

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D	

STATEMENT OF LIABILITIES:

CREDITOR'S NAME	PAYMENT FOR	BALANCE DUE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
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		\$	\$
		\$	\$

TOTAL LIABILITIES

Т	Ω	'A T	1	10	TI	7 T	DE	' PT	1 C	FD	Y/T	CL
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(Attach additional page(s) as needed)

STATEMENT OF ASSETS

Valuation Date: _____ (mmddyyy)

Marital Residence and Other Real Estate	Market Value	Debt
1. Marital Residence at:	\$	\$
2.	\$	\$
3,	\$	\$
4,	\$	\$

TOTAL REAL ESTATE \$_____ \$____

Cars & Other Personal Property	Market Value	Debt
1.	\$	\$
2.	\$	\$
3,	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$

TOTAL CARS & OTHER PERSONAL PROPERTY \$ \$

Businesses:	Market Value	Debt		
1. Business Interest	\$	\$		
2.	\$	\$		
3.	\$	\$		
4.	\$	\$		
5.	\$	\$		
6.	\$	\$		
TOTAL BUSINESS	\$	\$		
Financial Assets (Cash or Cash Equivalents):	Market Value			
1. Savings or interest-bearing accounts	\$			
2. Checking Accounts	\$			
3. Certificates of Deposit	\$			
4. Money Market Accounts	\$			
5. Cash	\$			
6, Other (specify):	\$			
7. Other (specify)	\$			
TOTAL CASH OR CASH EQUIVALENTS	\$	\$		
Retirement & Deferred Compensation:	Market Value			
1. Retirement	\$			
2.	\$			
3.	\$			
4.	\$			
TOTAL RETIREMENT &				
DEFERRED COMPENSATION	\$	\$		
T	3.6 3 4.77 3			
Investment Accounts and Securities:	Market Value			
1. Stocks	\$	<u> </u>		
2. Bonds	\$			
3. Tax exempt securities	\$			
4. Other (specify):	\$			
5. Other (specify):	\$			
6, Other (specify):	\$			
TOTAL INVESTMENT ACCOUNTS &	ф	ф		
SECURITIES	\$	\$		
DECAR OF INCOME AND EXPENSES				
RECAP OF INCOME AND EXPENSES:				
Net Monthly Income (+) \$				
Total Monthly Living Expenses (-) \$				
Less Monthly Debt Service (-) \$ Total Income Available per Month (=) \$				
Total income Avanable per Mo	пш (-) Ф			

	F HEALTH INSURANCE COVER health insurance coverage? Yes	AGE □ No			
Name of insurance	carrier:				
Policy of Group No	0.:				
Type of insurance:	☐ Medical ☐ Dental ☐ Option	cal			
Deductible: Per in	dividual: \$	Per family:	\$		
Persons covered:	☐ Self ☐ Spouse ☐ Depo	endents			
Type of policy:	☐ HMO ☐ PPO ☐ Full	indemnity			
Provided by:	☐ Employer ☐ Private Policy	☐ Other Group)		
Monthly costs:	☐ Paid by Employer ☐ Paid by	y employee:	\$	_ for dependents	
			\$	_ for self	
VERIFICATION					
penalties as providexpenses, he/she ha Affidavit are true a	ancial Affidavit has been carefully realed by law pursuant to 735 ILCS 5/1-1 as knowledge of the matters stated and correct, except as to matters specifications and certified as aforesaid that have	09, that this afficed he/she certifies fically stated to be	davit includes all of that the statements the on information ar	his/her income and set forth in this	
Signature of Petitioner Signature		Signature of Re	of Respondent		
Typed or Printed Name	yped or Printed Name of Petitioner Typed or Printed Name of Respondent				
Date signed:		Date signed:	Date signed:		