

UNITED STATES OF AMERICA

STATE OF ILLINOIS

COUNTY OF DUPAGE

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

RE CIVIL UNION OF
 IN THE MARRIAGE OF
 PARENTAGE OF

PETITIONER

VS

RESPONDENT

CASE NUMBER

[Empty box for case details]

FINANCIAL DISCLOSURE STATEMENT PURSUANT TO LOCAL (OR SUPREME) COURT RULE

INSTRUCTIONS

- (1) All questions require a written response. If you do not have the information requested or do not know the answer to a particular question, indicate that as your answer.
- (2) You must attach copies of the following:
 - Your personal federal and state income tax returns (including all W-2, 1099 and supporting schedules) for the last three (3) calendar years; and
 - Your most current pay stub.
- (3) Use additional sheets if necessary.

Petitioner/Respondent: I, _____, under oath state that the following is an accurate statement as of _____, 20____, of my net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), statement of income from all sources, statement of monthly living expenses, a statement of health insurance coverage, and statement of assets transferred of whatsoever kind and nature and wherever situated to whomever:

I. GENERAL INFORMATION

Name: _____ Telephone No : _____

Address: _____ Date of Birth: _____

Current Age: _____

Date of Marriage/Civil Union: _____ Reside in same Household? Yes No

Date of Separation: _____

Minor and/or Dependent children of this Marriage Civil Union or Parentage

Add/Remove	Full Names	Age	Birth Date	Residing with
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Current Employer: _____ Address: _____

Self Employment or Other Source: _____ Address: _____

Other Employment: _____ Address: _____

Other Income Other than Employment: _____

_____ Check if Unemployed:

Number of Paychecks per Year 12 24 26 52 Other _____

Number of Exemptions Claimed: _____

Gross Income from all Sources for the Prior Calendar Year:\$ _____

Gross Income from all Sources this Year through Today:\$ _____

II. STATEMENT OF HEALTH INSURANCE COVERAGE

Currently Effective Health Insurance Coverage: Yes No

Name of Insurance Carrier: _____ Name of Policy Holder: _____

Policy or Group No. _____ Type of Insurance: Medical Dental Optical

Health Savings Account? Yes No Pre-Tax? Yes No

Deductible: Per Individual _____ Per Family _____

Persons Covered: Self Spouse/Partner Dependents

Type of Policy: HMO PPO Standard Indemnity (i.e. 80/20)

Provided by: Employer Private Policy Other Group

Monthly Cost: Paid by Employer or Union Paid by Employee:

Cost to Employee: \$ _____ for dependents \$ _____ for self

III. POTENTIAL AREAS OF DISAGREEMENT (Check all that may apply. The failure to identify an issue shall not be a bar to raising the issue at a later date).

- Grounds Asset Values
- Custody Responsibility for Debts
- Visitation Dissipation of the Marital Estate
- Child Support/Day Care/Extra Curricular Maintenance
- Responsibility for Health Insurance Costs Tax Liabilities
- Removal from Illinois Other
- College
- Asset identification

IV. STATEMENT OF ASSETS ACQUIRED DURING MARRIAGE/CIVIL UNION - The date of valuation is _____, 20_____, unless otherwise specified. Attach current statements to show the current balance.

Cash or Cash Equivalents:

Add/Rem	Description of Asset	Title in Name of	Date Acquired	Name of Financial Institute	Fair Market value
1. Savings or Interest Bearing Accounts					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
2. Checking Accounts					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
3. Certificates of Deposit					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
4. Money Market Accounts					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
5. Cash					
<input type="checkbox"/> + <input type="checkbox"/> -					
6. Other (specify)					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					

Real Property: Provide address, type and description, current fair market value, amounts of mortgages, loans or liens.

Add/Rem	Description of Asset	Title in Name of	Date Acquired	Mortgage Balance	Fair Market value
1. Primary Residence					
<input type="checkbox"/> + <input type="checkbox"/> -					
2. Secondary or Vacation Residence					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
3. Investment or Business Real Estate					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
4. Vacant Land					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
5. Other (specify)					
<input type="checkbox"/> + <input type="checkbox"/> -					

Add/Rem	Description of Asset	Title in Name of (include lien holder, if any)	Date Acquired	Lien Balance	Fair Market value
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Motor Vehicle(s), Boats, Trailers, etc.: Provide year, model, make, lien, debtor, amount.

<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					

Business Interest: Type of equity, i.e. Corporations, Partnerships, Sole Proprietorships, (Provide percentage interest and number of shares, names of business, type of business.)

Add/Rem	Name of Entity	Owner & Percentage Ownership	Date Acquired	Type of Business	Fair Market value
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<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					

Insurance Policies: Type of insurance, i.e. Life, Medical, Disability, Business Overhead, Property, etc. Provide name of insurer, policy number, name of insured, owner of policy, face amount, beneficiary, cash value, cash surrender value.

Add/Rem	Name of Insurance Carrier	Title in Name of	Term or Whole?	Death Benefit	Actual Cash Value
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<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					

Retirement, Pension/Defined Benefit Plans, IRA Accounts, Deferred Compensation, Annuities, 401(k)/Defined Contribution Plan, Profit Sharing, etc.: Provide name and type of plan, trustee of plan, beneficiary, vested or non-vested, most current value.

Add/Rem	Description of Asset	Title in Name of	Date Acquired	Name of Financial Institution	Fair Market value
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<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					

Stock Options, ESOPs, Other Deferred Compensation or Employment Benefits: (Describe fully)

Add/Rem	Description of Asset	Title in Name of	Date Acquired	Number of Options	Option Price
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<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					

Other Investment Accounts and Securities:

Add/Rem	Description of Asset	Title in Name of	Date Acquired	Name of Financial Institution	Fair Market Value
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1. Stocks

<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					

2. Bonds					
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
3. Tax Exempt Securities					
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
4. Secured or Unsecured Notes					
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
5. Collectibles: Coins, stamps, art, antiques, etc.					
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
6. All Other Property: Personal or Real, (not previously listed), valued in excess of \$500.00, excluding normal household furniture and furnishings					
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

V.STATEMENT OF ASSETS TRANSFERRED

(List all assets transferred in any manner during the preceding six (6) months.)

Add/Rem	Description of Asset	To Whom Transferred and Relationship to Transferee	Date of Transfer	Value
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

VI. STATEMENT OF ASSETS CLAIMED TO BE NON-MARITAL AS DEFINED BY STATUTE:

List all non-marital property and your basis for claiming it as non-marital (property owned prior to the marriage/civil union, property received as inheritance or gift during the marriage/civil union), identifying each item of property (real property, personal property, financial accounts, etc.) as to the type of property, the date received, the basis on which you claim it is non-marital property, its location, and the present value of the property:

Add/Rem	Description of Asset	Title in Name of	Date Acquired	Name of Financial Institution	Fair Market value
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

VII. STATEMENT OF DEBTS/LIABILITIES. Include all contingent debt/liabilities.

Add/Rem	Creditor Name	Payment for	Who Incurred	Balance Due	Minimum monthly payment
<input type="checkbox"/> + <input type="checkbox"/> -					
TOTAL LIABILITIES					
Add/Rem	Attorney Name	Total Due	Total Paid	Balance Due	Minimum monthly payment
<input type="checkbox"/> + <input type="checkbox"/> -	(Husband)				
<input type="checkbox"/> + <input type="checkbox"/> -	(Wife)				
<input type="checkbox"/> + <input type="checkbox"/> -	(GAL)/Child Rep.				

Have you ever filed for bankruptcy relief? Yes No If yes, when? Case No.

VIII. SPECIFIC REQUEST OF PERSONAL PROPERTY (List items requested)

IX. PHYSICAL AND MENTAL STATUS

Are you in any manner incapacitated or limited in your ability to earn income at the present time? If so, define and describe such incapacity or limitation, and state when such incapacity or limitation commenced and when it is expected to end.

CERTIFICATE OF DOCUMENT PRODUCTION

I, _____, certify that the attached corroborating documents are all of the documents I have in my possession or that I can obtain upon reasonable effort as of this date. The undersigned certifies that he/she has read the above and foregoing Financial Disclosure Statement; that he/she knows the contents thereof, and that the information therein contained is true and correct.

Signature

AFFIDAVIT OF INCOME AND EXPENSES

CURRENT MONTHLY INCOME OF

Salary/Wages/Base Pay	
Overtime/Commission	
Bonus (List whether cash, stock, option, etc.)	
Draw	
Pension and Retirement Benefits	
Interest Income	
Dividend Income	
Trust Income	
Social Security Payments	
Unemployment Benefits	
Disability Payments	
Worker's Compensation	
Public Aid/Food Stamps	
Investment Income	
Rental Income	
Business Income, Partnership, Sub-Chapter S, or LLC Income (Specify)	
Royalty Income, Fellowships, Stipends, Annuity (Specify)	
Other Income (Specify):	
TOTAL MONTHLY GROSS INCOME FROM ALL SOURCES	\$0.00
Required Monthly Deductions	
Federal Tax (based on exemptions)	
State Tax (based on exemptions)	
FICA (or Social Security equivalent or Self Employment Tax)	

AFFIDAVIT OF INCOME AND EXPENSES

Medicare Tax	
Mandatory retirement contributions required by law or as condition of employment	
Union Dues (Name of Union: _____)	
Health/Hospitalization Premiums (Is this a Pre Tax Plan? <input type="radio"/> Yes <input type="radio"/> No)	
Prior Obligation(s) of Support Actually Paid Pursuant to Court Order	
Total Required Deductions	
Voluntary Deductions from Income	
401(k)/403(b)/Other Deferred Compensation Plans	
Flexible Spending Health Savings Account Plan	
Other (specify)	
Total Voluntary Deductions	
Total Deductions	

CURRENT MONTHLY LIVING EXPENSES OF

1. HOUSEHOLD EXPENSES	
a. <input type="radio"/> Mortgage <input type="radio"/> Rent	
b. Home Equity Loan/Second Mortgage	
c. Real Estate Taxes, Assessments, Condo Association Fees	
d. Homeowners or Renters Insurance	
e. Natural Gas/Heat	
f. Electricity	
g. Telephone, Long Distance, Cell Phone(s), Modem Lines	
h. Cable and Internet Access, Satellite	
i. Water and sewer & Refuse Removal	
j. Laundry, Dry Cleaning	
k. Maid/Cleaning Service	
l. Furniture and Appliance Repair/Replacement	
m. Repairs and Maintenance to Dwelling	
n. Lawn and Garden/Snow Removal	
o. Food (groceries, liquor, household supplies, etc.)	
p. Other (Specify)	
SUBTOTAL HOUSEHOLD EXPENSES:	
2 TRANSPORTATION EXPENSES	

a. Gasoline	
b. Repairs, Maintenance	
c. Insurance/License/City Stickers	
d. Payments/Replacement	
e. Alternative Transportation	
f. Parking/Tolls	
g. Other (Specify)	
SUBTOTAL TRANSPORTATION EXPENSES:	
3. PERSONAL EXPENSES (excluding children's expenses)	
a. Clothing	
b. Grooming	
c. Medical (after insurance proceeds/reimbursement):	
(1) Doctor	
(2) Dentist	
(3) Optical	
(4) Medication	
(5) Counseling	
d. Insurance	
(1) Life Insurance Premiums (<input type="checkbox"/> term <input type="checkbox"/> whole)	
(2) Medical/Hospitalization Insurance Premiums (if not deducted from paycheck)	
(3) Dental/Optical Insurance Premiums (if not deducted from paycheck)	
e. Other (Specify)	
SUBTOTAL PERSONAL EXPENSES:	
4. MISCELLANEOUS EXPENSES	
a. Clubs/Social Obligations/Entertainment/Dining Out	
b. Newspapers, Magazines, Books	
c. Gifts	
d. Donations, Church or Religious Affiliation	
e. Vacations (not including children)	
f. Computer/Supplies/Software	
g. Pets	
h. Other (Specify)	
SUBTOTAL MISCELLANEOUS EXPENSES:	\$0.00

5. CHILD(REN)'S SEPARATE EXPENSES	
a. Clothing	
b. Grooming	
c. Education	
(1) Tuition	
(2) Books/Fees	
(3) Lunches	
(4) Transportation	
(5) School Sponsored Activities	
d. Medical (after insurance proceeds):	
(1) Doctor	
(2) Dentist	
(3) Optical	
(4) Medication	
(5) Counseling	
e. Allowance	
f. Child care/ Pre-School/ Before and After School Care/ Sitters	
g. Lessons/ Extracurricular Activities Supplies	
h. Clubs/Summer Camps	
i. Vacation (Children Only)	
j. Entertainment	
k. Gifts to Others	
l. Other (Specify)	
SUBTOTAL CHILDREN'S EXPENSES	
6. BUSINESS EXPENSES (not reimbursed by employer)	
a. Membership /Trade Association/Other Dues for Fees: Association Name(s):	
b. Malpractice/Professional Liability Insurance Premiums	
c. Accountants/Other Professional Services Utilized	
d. Political Contributions	
e. Office Upkeep Expenses (cleaning service, etc.)	
f. Postage	
g. Travel	
h. Client/Business Entertainment	
i. Other (specify)	

SUBTOTAL BUSINESS EXPENSES:	
TOTAL MONTHLY LIVING EXPENSES	\$0.00
<u>RECAP</u>	
GROSS INCOME	\$0.00
TOTAL MONTHLY EXPENSES	\$0.00
DIFFERENCE BETWEEN NET INCOME AND EXPENSES	\$0.00
LESS MONTHLY DEBT SERVICE	\$0.00
INCOME AVAILABLE PER MONTH	\$0.00

CERTIFICATE OF DOCUMENT PRODUCTION

I, _____, certify that the attached corroborating documents are all of the documents I have in my possession or that I can obtain upon reasonable effort as of this date. The undersigned certifies that he/she has read the above and foregoing Financial Disclosure Statement; that he/she knows the contents thereof, and that the information therein contained is true and correct.

Signature