

STATE OF ILLINOIS        }  
  } ss  
COUNTY OF DuPAGE    }

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
DuPAGE COUNTY, ILLINOIS**

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

**COMPREHENSIVE FINANCIAL STATEMENT**  
**PURSUANT TO LOCAL COURT RULE 15.01.3**

**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) Use additional sheets if necessary.

Petitioner/Respondent, \_\_\_\_\_, being duly sworn, states that the following is an accurate statement as of \_\_\_\_\_, 20\_\_\_\_, of his/her net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), a statement of income from all sources, a statement of monthly living expenses, a statement of health insurance coverage, and a statement of assets transferred of whatsoever kind and nature and wherever situated:

**I. General Information**

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation \_\_\_\_\_

Date of Dissolution of Marriage if applicable): \_\_\_\_\_

Children of this Marriage:

\_\_\_\_\_ Birth date \_\_\_\_\_ residing with \_\_\_\_\_

\_\_\_\_\_ Birth date \_\_\_\_\_ residing with \_\_\_\_\_

\_\_\_\_\_ Birth date \_\_\_\_\_ residing with \_\_\_\_\_

Case No. \_\_\_\_\_

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Self Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Other Employment: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Check if unemployed

Number of Paychecks per Year (Please Circle)

12 24 26 52 Other: \_\_\_\_\_

Number of Exemptions Claimed: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Gross income from all sources last year: \_\_\_\_\_

Gross income from all sources this year through \_\_\_\_\_

## II. STATEMENT OF CURRENT INCOME

<b>Gross Monthly Income</b>	
Salary/wages/base pay	
Overtime/commission	
Cash Bonus	
Stock Bonus	
Draw	
Pension and retirement benefits	
Annuity	
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	
Royalty income	
Fellowships/stipends	
Other income (specify)	
<b>TOTAL MONTHLY GROSS INCOME FROM ALL SOURCES</b>	
<b>Voluntary Deductions from Income</b>	
Total Voluntary Deductions	
<b>Required Monthly Deductions</b>	
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 condition of employment	
Union Dues (Name of Union: _____)	
Health/Hospitalization Premiums	
Prior obligation(s) of support actually paid pursuant to Court order	
Total Required Deductions	

**III. STATEMENT OF CURRENT MONTHLY LIVING EXPENSES**

1. Household		
a. Mortgage or rent (specify)		
b. Home equity loan/Second mortgage		
c. Real estate taxes, assessments		

d. Homeowners or renters insurance		
e. Heat/fuel		
f. Electricity		
g. Telephone (include long distance)		
h. Water and Sewer & Refuse removal		
j. Laundry/dry cleaning		
k. Maid/cleaning service		
l. Furniture and appliance repair/replacement		
m. Lawn and garden/snow removal		
n. Food (groceries, liquor, household supplies, etc.)		
p. Other (specify)		
SUBTOTAL HOUSEHOLD EXPENSES:		_____
2. Transportation		
a. Gasoline		
b. Repairs		
c. Insurance/license/city stickers		
d. Payments/replacement		
e. Alternative transportation		
f. Other (specify)		
SUBTOTAL TRANSPORTATION EXPENSES:		_____
3. Personal		
a. Clothing		
b. Grooming		
c. Medical (after insurance proceeds):		
(1) Doctor		
(2) Dentist		
(3) Optical		
(4) Medication		
d. Insurance:		
(1) Life Insurance Premiums		

(2) Medical/Hospitalization Insurance Premiums		
(3) Dental/Optical Insurance Premiums		
e. Other (specify)		
SUBTOTAL PERSONAL EXPENSES:		_____
4. Miscellaneous		
a. Clubs/social obligations/entertainment		
b. Newspapers, magazine, books		
c. Gifts		
d. Donations, church or religious affiliation		
e. Vacations		
f. Other (specify)		
SUBTOTAL MISCELLANEOUS EXPENSES:		_____
5. Dependent children: Names and ages:		
_____		
_____		
_____		
_____		
<u>Children's separate expenses:</u>		
a. Clothing		
b. Grooming		
c. Education:		
(1) Tuition		
(2) Books/fees		
(3) Lunches		
(4) Transportation		
(5) Activities		
d. Medical (after insurance proceeds):		
(1) Doctor		
(2) Dentist		
(3) Optical		

(4) Medication		
e. Allowance		
f. Child care/after school care		
g. Sitters		
h. Lessons and supplies		
i. Clubs/summer camps		
j. Vacation		
k. Entertainment		
l. Other (specify)		
SUBTOTAL CHILDREN'S EXPENSES:		_____
<b>TOTAL MONTHLY LIVING EXPENSES:</b>		_____

<b>RECAP</b>	
NET MONTHLY INCOME	\$ _____
TOTAL MONTHLY LIVING EXPENSES	\$ _____
DIFFERENCE BETWEEN NET INCOME AND EXPENSES	\$ _____
LESS MONTHLY DEBT SERVICE	\$ _____
INCOME AVAILABLE PER MONTH	\$ _____

**IV. STATEMENT OF HEALTH INSURANCE COVERAGE**

Currently effective health insurance coverage: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of insurance carrier: \_\_\_\_\_ Policy or Group No. \_\_\_\_\_

Type of insurance: \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Optical

Deductible: Per Individual \_\_\_\_\_ Per Family \_\_\_\_\_

Persons covered: \_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_ Dependents

Type of policy: \_\_\_\_\_ HMO \_\_\_\_\_ PPO \_\_\_\_\_ Standard Indemnity (i.e. 80/20)

Provided by: \_\_\_\_\_ Employer \_\_\_\_\_ Private Policy \_\_\_\_\_ Other Group

Monthly cost: \_\_\_\_\_ Paid by Employer \_\_\_\_\_ Paid by Employee:

\$ \_\_\_\_\_ for dependents

\$ \_\_\_\_\_ for myself

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**V. STATEMENT OF DEBTS/LIABILITIES**

CREDITOR'S NAME	PURPOSE OF DEBT	BALANCE DUE	MONTHLY PMT.
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**CONTINGENT DEBTS/LIABILITIES**

(Provide name of potential obligor/creditor; claimant; basis of claim; date incurred; amount claimed; who incurred.)

Name Of Potential Obligor/Creditor	Claimant	Basis Of Claim	Date Incurred	Amount Claimed	Who Incurred



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**VI. STATEMENT OF ASSETS** - The date of valuation is \_\_\_\_\_ unless otherwise specified.

Description of Asset	Title in Name of	Date Acquired	Inheritance (I) or Gift (G)	Fair Market Value
<b><u>Cash or Cash Equivalents:</u></b>				
1. Savings or interest bearing accounts.				
2. Checking Accounts.				
3. Certificates of Deposit.				
4. Money Market Accounts.				
5. Cash.				

Description of Asset	Title in Name of	Date Acquired	Inheritance (I) or Gift (G)	Fair Market Value
6. Other (specify).				

**Investment Accounts and Securities:**

1. Stocks				

2. Bonds				

3. Tax Exempt Securities				

4. Secured or Unsecured Notes				

5. Other (specify)				

**Safe Deposit Box:** Provide name of bank; description of contents.

<b>Real Property:</b> Provide address, type and description, current fair market value, amounts of mortgages, loans or liens.				
1. Residence				
2. Secondary or vacation residence				
3. Investment or Business Real Estate				
4. Vacant Land				
5. Other (specify)				
<b>Motor Vehicle(s), Boats, Trailers, etc.:</b> Provide year, model, maker, lien, debtor, amount.				
<b>Business Interests:</b> Type of entity, i.e. Corporations, Partnerships, Sole Proprietorships (Provide percentage interest and number of shares name of business, type of business.				


**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.


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


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


**Pending Claims for Personal Injury, Worker's Compensation or Other Lawsuits Seeking Monetary Award:** Provide date of occurrence, nature and amount of claim, date lawsuit filed, case number, name of plaintiffs, name and address of attorney representing you.


**Collectibles:** Coins, stamps, art, antiques, etc.


**All Other Property:** Personal or Real, NOT PREVIOUSLY LISTED, valued in excess of \$500.00, excluding normal household furniture and furnishings.


**VII. STATEMENT OF ASSETS TRANSFERRED**

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

Description of Property	To Whom Transferred and Relationship to Transferee	Date of Transfer	Value

**VIII. NONMARITAL ASSETS:**

List all nonmarital property claimed by you, identifying each item of property as to the type of property, the date received, the basis on which you claim it is nonmarital property, its location, and the present value of the property:

**IX. WITNESSES**

A. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial and state the subject of each witness' testimony.

B. Pursuant to Illinois Supreme Court Rule 213(g), provide the name and address of each opinion witness who will offer any testimony, and state:

(a) The subject matter on which the opinion witness is expected to testify;

(b) The conclusions and/or opinions of the opinion witness and the basis therefore, including reports of the witness, if any;

(c) The qualifications of each opinion witness, including a curriculum vitae and/or resume, if any; and

(d) The identity of any written reports of the opinion witness regarding this occurrence

**X. 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 Comprehensive Financial Statement; that he/she knows the contents thereof, and that the information therein contained is true and correct.

\_\_\_\_\_  
Signature of Party    \_\_\_\_\_ Petitioner    \_\_\_\_\_ Respondent

Case No. \_\_\_\_\_

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Type or Print Name