

# Getting Started

## Financial Affidavit (Family & Divorce Cases)

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**IMPORTANT:** This getting started guide and the instructions are not legal advice. They are only meant to help you learn how to complete a *Financial Affidavit (Family & Divorce Cases)*. Your use of the forms does not guarantee you will be successful in court.

To learn how to fill out the forms and file them with the court, read the *How to Complete a Financial Affidavit (Family & Divorce Cases)* instruction sheet and the instructions on the forms.

<b>Names of forms:</b>	<ul style="list-style-type: none"> <li>• <i>Financial Affidavit (Family &amp; Divorce Cases)</i></li> <li>• <i>Additional Information for the Financial Affidavit (Family &amp; Divorce Cases)</i> (if needed)</li> </ul>
<b>Purpose of the forms:</b>	To provide financial information and documents to the other party and the court.
<b>Types of cases the forms CAN be used for:</b>	All family and divorce cases.
<b>Types of cases the forms CANNOT be used for:</b>	All other case types.
<b>Cost to File the Form:</b>	None
<b>Special information or papers needed to complete the forms:</b>	<ul style="list-style-type: none"> <li>• Most recent income tax returns</li> <li>• Most recent pay stubs or other proof of income</li> <li>• Most recent bank statements</li> <li>• Other documents supporting your statements about your expenses, debts, and assets</li> </ul>
<b>Statutes covering the forms:</b>	<a href="#">750 ILCS 5/501</a> "Temporary Relief," Illinois Marriage and Dissolution of Marriage Act.
<b>Where to find the forms and instruction sheet:</b>	<a href="http://illinoiscourts.gov/documents-and-forms/approved-forms/">illinoiscourts.gov/documents-and-forms/approved-forms/</a>
<b>For more information:</b>	Read the <i>How to Complete a Financial Affidavit (Family &amp; Divorce Cases)</i> instructions that come with these forms. You may also find more information, resources, and the location of your local county legal self-help center at <a href="http://www.illinoislegalaid.org">www.illinoislegalaid.org</a> .

# HOW TO COMPLETE A FINANCIAL AFFIDAVIT (FAMILY & DIVORCE CASES)

**NOTE:** If there are any words or terms used in these instructions that you do not understand, please visit Illinois Legal Aid Online at [illinoislegalaid.org/lexicon/glossary](http://illinoislegalaid.org/lexicon/glossary).

## What is a *Financial Affidavit*?

It provides financial information and documents to the other party and the judge.

## The *Financial Affidavit* must be supported by documents:

- most recent income tax returns
- most recent pay stubs or other proof of income
- most recent bank statements
- others that support your statements about your income, expenses, debts, and assets
- **Note:** If your contact information is protected because of a domestic violence or abuse court order, you can remove that information from the financial documents you provide.

## Who must fill out a *Financial Affidavit*?

- A party in a case in which temporary support, temporary maintenance, or interim attorney fees are requested.
- A party in a case in which a local court rule or the judge requires that a *Financial Affidavit* be provided.

## Where can I find the forms I need?

You can find the forms at:

[illinoiscourts.gov/documents-and-forms/approved-forms/](http://illinoiscourts.gov/documents-and-forms/approved-forms/)

## How do I fill out the *Financial Affidavit*?

The form has instructions in the column on the left side to help you.

## Do I have to answer all the questions?

Yes, answer all questions and complete all sections of the *Financial Affidavit* even if the response is “not applicable,” “none,” “not in my possession,” or another brief explanation.

## What if I lie on the *Financial Affidavit*?

The information you provide in the *Financial Affidavit* must be true. If you lie or provide misleading information, you may face significant penalties and sanctions, including costs and attorney’s fees.

## What if I realize I made a mistake on the *Financial Affidavit* or my information changes?

Fill out and provide a corrected *Financial Affidavit*.

## How do I calculate my income?

If you are not paid monthly, you will need to convert your income into monthly amounts. For example, if you are paid \$600 per week, multiply \$600 by 52 weeks to get your pay per year and then divide that amount by 12 months to get your monthly pay ( $\$600 \times 52 = \$31,200 \div 12 = \$2,600$  per month).

## How do I calculate my expenses?

Some expenses vary during the year or are paid only once or twice a year. In those cases, calculate the total yearly amount you pay and then divide by 12 to reach the average monthly amount. For example, if you pay \$600 twice a year for car insurance, multiply \$600 by 2 to get the amount you pay per year (\$1,200) and then divide that amount by 12 to get the monthly amount ( $\$600 \times 2 = \$1,200 \div 12 = \$100$  per month).

## How to Calculate Monthly Amounts

Do not list the same expense in more than one section of the *Financial Affidavit*.

### Use this “How to Calculate Monthly Amounts” table to help make your calculations.

Weekly (52 times per year):

$$\text{\$} \boxed{\phantom{000}} \times 52 = \text{\$} \boxed{\phantom{000}} \div 12 = \text{\$} \boxed{\phantom{000}} \text{ per month}$$

Bi-weekly/every 2 weeks (26 times per year):

$$\text{\$} \boxed{\phantom{000}} \times 26 = \text{\$} \boxed{\phantom{000}} \div 12 = \text{\$} \boxed{\phantom{000}} \text{ per month}$$

Semi-monthly/twice a month (24 times per year):

$$\text{\$} \boxed{\phantom{000}} \times 24 = \text{\$} \boxed{\phantom{000}} \div 12 = \text{\$} \boxed{\phantom{000}} \text{ per month}$$

Quarterly (4 times per year):

$$\text{\$} \boxed{\phantom{000}} \times 4 = \text{\$} \boxed{\phantom{000}} \div 12 = \text{\$} \boxed{\phantom{000}} \text{ per month}$$

## How to determine fair market value (FMV)?

FMV is generally defined as a selling price for an item to which an unrelated buyer and seller can agree. You may also look at what similar items have sold for recently, getting the item appraised, or by using a third-party website like Zillow.com for real estate or Kelley Blue Book for automobiles. Attach any documents you have that verify FMV.

## When is the *Financial Affidavit* due?

- Your *Financial Affidavit* is due by any deadline given by local court rules or by the judge.
- If you file a request for temporary child support, temporary maintenance, or interim attorney fees, your *Financial Affidavit* is due at the same time.

## What do I do after I fill out my *Financial Affidavit*?

- You must send a copy of the completed *Financial Affidavit* and supporting documents to the other party in the case. If a party has a lawyer, send it to the lawyer.
- Complete and file a *Proof of Delivery* form with the Circuit Clerk to show that you sent your forms to the other party. You can find the *Proof of Delivery* form at: [illinoiscourts.gov/documents-and-forms/approved-forms/](http://illinoiscourts.gov/documents-and-forms/approved-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.





In **7a**, check only one.

In **7a-c**, enter the information you submitted on last year's IRS tax return. If you did not file a tax return for last year, check **Did not file** in **7a**, leave **7b-d** blank, but still complete **7e**.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit (Family & Divorce Cases)*.

In **8, Regular employment earnings** mean the monthly gross income you receive on a regular basis from employment.

- 7. My gross income and taxes from last year**
- a. Tax filing status  Married (*Joint*)  Married (*Separate*)  Single  
 Head of Household  Did not file
- b. Number of dependent exemptions claimed \_\_\_\_\_
- c. Total number of exemptions claimed \_\_\_\_\_
- d. I claim on my federal tax return  
 the standardized deduction  
 itemized deductions
- e. Gross income (*before taxes and deductions*) last year \$ \_\_\_\_\_

**8. My monthly gross income from all sources**

Regular employment/self-employment earnings from all jobs ( <i>salary, wages, base pay, etc</i> ).....	\$ _____
Overtime.....	\$ _____
Commission.....	\$ _____
Tips.....	\$ _____
Bonus.....	\$ _____
Pension.....	\$ _____
Annuity.....	\$ _____
Interest income.....	\$ _____
Dividend income.....	\$ _____
Trust income.....	\$ _____
Social Security Retirement .....	\$ _____
Social Security Disability.....	\$ _____
Social Security Income (SSI) ( <i>not included as income for child support purposes</i> ) .....	\$ _____
Unemployment.....	\$ _____
Disability payment ( <i>not Social Security</i> ).....	\$ _____
Workers' Compensation.....	\$ _____
TANF and SNAP ( <i>not included as income for child support purposes</i> ).....	\$ _____
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 ( <i>if this support is paid by the other parent, it does not affect the support calculation</i> ).....	\$ _____
Social Security payment made to the children of this relationship based on your disability or retirement.....	\$ _____
Gifts of money.....	\$ _____
Other: _____	\$ _____

If you have other income not listed in **8**, describe the source of the income in **Other** and enter the monthly amount.

In **Total Gross Monthly Income**, add the amounts in **8** together and enter the total.

**Total Gross Monthly Income** \$

In **9**, use information from your paystubs, tax records, and other sources to identify the deductions being taken from your income. List money deducted for health insurance below in Section **13**.

In **Total Monthly Deductions**, add the amounts from **9** together and enter the total.

In **10**, 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.

For **11**, attach a copy of the support order and proof that you are making the payments, e.g. cancelled checks, court records.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit*.

In **12a**, enter the amount your household spends on each item each month.

If you have other living expenses not listed in **12a**, describe the expense in **Other** and enter the monthly amount.

**9. My monthly payroll deductions**

Federal tax.....	\$ _____
State tax.....	\$ _____
FICA (or Social Security equivalent, for example, Self-employment) tax).....	\$ _____
Medicare tax.....	\$ _____
Mandatory retirement contributions (by law or condition of employment, but only if no FICA or Social Security equivalent).....	\$ _____

**Total Monthly Deductions**      \$

**10. Monthly maintenance payments**

Maintenance being paid or payable to the other party by you under a court order in this case.....	\$ _____
Maintenance being paid under a court order to a former spouse by you, which is tax deductible to you.....	\$ _____
Maintenance being paid under a court order to a former spouse by you, which is not tax deductible to you.....	\$ _____

**Total Maintenance Payments**      \$

**11. Monthly child Support payments**

Child support being paid for the children of this relationship under a court order in this case or a different case.....	\$ _____
Child support being paid under a court order for children not shared with the other party and who are not part of this case.....	\$ _____
Child support being paid, but there is no court order, for children not shared with the other party and who are not part of this case and (1) that are presumed to be yours, (2) for whom there is a voluntary acknowledgment of paternity (VAP) signed by you and the other parent, <b>OR</b> (3) for whom there is a court order naming you as a parent, but there is no support order.....	\$ _____

**Total Child Support Payments**      \$

**12. My monthly Living Expenses**

<b>a. Household Expenses</b>	
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.....	\$ _____

In **Subtotal Monthly Household Expenses**, add the amounts in **12a** together and enter the total.

House cleaning service.....	\$
Necessary repairs and maintenance to my property.....	\$
Pet care.....	\$
Groceries, household supplies, and toiletries.....	\$
Other: _____	\$
<b>Subtotal Monthly Household Expenses</b>	\$

In **12b**, enter the amount you spend monthly on each type of transportation expense.

If you have other transportation expenses not listed in **12b**, describe the expense in **Other** and enter the monthly amount.

In **Subtotal Monthly Transportation Expenses**, add the amounts in **12b** together and enter the total.

<b>b. Transportation Expenses</b>	
Car payment.....	\$
Repairs and maintenance.....	\$
Insurance, license, registration and city sticker.....	\$
Gasoline.....	\$
Taxi, ride-share, bus, and train.....	\$
Parking.....	\$
Other: _____	\$
<b>Subtotal Monthly Transportation Expenses</b>	\$

In **12c**, enter the amount you spend monthly **only for yourself** on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.

<b>c. Personal Expenses</b>	
Medical ( <i>out-of-pocket expenses</i> )	
Doctor visits.....	\$
Therapy and counseling.....	\$
Dental and orthodontia.....	\$
Optical.....	\$
Medicine.....	\$
Life insurance	
Life ( <i>term</i> ).....	\$
Life ( <i>whole or annuity</i> ).....	\$
Clothing.....	\$
Grooming ( <i>hair, nails, spa, etc.</i> ).....	\$
Gym & Club membership Dues.....	\$
Entertainment, dining out, and hobbies.....	\$
Newspapers, magazines, and subscriptions.....	\$
Gifts.....	\$
Donations ( <i>political, religious, charity, etc.</i> ).....	\$
Vacations.....	\$
Mandatory or voluntary union, trade or professional association dues.....	\$
Professional fees ( <i>accountants, tax preparers, attorneys</i> ).....	\$
Other: _____	\$
<b>Subtotal Monthly Personal Expenses</b>	\$

If you have other personal expenses not listed in **12c**, describe the expense in **Other** and enter the monthly amount.

In **Subtotal Monthly Personal Expenses**, add the amounts in **12c** together and enter the total.

In **12d**, enter the amount spent monthly for the minor and dependent children of this relationship only.

<b>d. Minor and Dependent Children Expenses</b>	
Clothing.....	\$
Grooming ( <i>hair, nails, spa, etc.</i> ).....	\$
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..... \$ \_\_\_\_\_

In **Medical**, do not include expenses you are reimbursed for through insurance or your employer.

Medical (*out-of-pocket expenses*)  
 Doctor visits..... \$ \_\_\_\_\_  
 Therapy and counseling ..... \$ \_\_\_\_\_  
 Dental and orthodontia ..... \$ \_\_\_\_\_  
 Optical..... \$ \_\_\_\_\_  
 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..... \$ \_\_\_\_\_

If there are other child-related expenses not listed in **12d**, describe the expense in **Other** and enter the amount.

Other: \_\_\_\_\_ \$ \_\_\_\_\_  
**Subtotal Monthly Minor and Dependent Children Expenses** \$ \_\_\_\_\_

In **Subtotal Monthly Minor and Dependent Children Expenses**, add the amounts in **12d** together and enter the total.

**Total Monthly Living Expenses** (*add the subtotals from 12a-d above*) \$ \_\_\_\_\_

In **13**, enter information about the primary health insurance you have for yourself and your family.

**13. Health Insurance**

I have health insurance:  Yes  No  
 The insurance company is: \_\_\_\_\_  
 The type of insurance is:  Medical  Dental  Optical  
 Deductible: Per individual \$ \_\_\_\_\_ Per family \$ \_\_\_\_\_  
 It covers:  Me  My spouse/partner  My dependents  
 Type of Policy:  HMO  PPO  Other  
 Provided by:  Employer  Private Policy  Other Group  Medicaid/All Kids  
 Monthly cost is paid by:  Me  My spouse  Other  
 Total number of people covered by this policy: \_\_\_\_\_

If you have more than one **Health Insurance** carrier, then list other health insurance company in the *Additional Health Insurance* forms and attach it.

The amount I pay monthly for insurance for children of this relationship: \$ \_\_\_\_\_

The amount I pay monthly for deductibles, co-insurance, and co-payments for the children of this relationship: \$ \_\_\_\_\_

**Total Monthly Health Insurance Cost** \$ \_\_\_\_\_

I have attached one or more *Additional Health Insurance* forms.



In **14**, enter your debts including credit cards and past due bills. Do not include debt payments previously listed in **12** and **13** above, such as your mortgage or car payment.

**14. My Debts (do not list expenses included in section 12)**

	Creditor Name	Describe Nature of Debt (parking tickets, household goods, attorney's fees, etc.)	Amount Owed	Monthly Payment Being Made
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$

If you have more than 4 creditors, list them on *Additional My Debts* forms and attach them.

In **Total Monthly Debt Payments**, add the Monthly Payment amounts from **14** together and enter the total. Include any debts listed on any *Additional My Debts* forms.

I have attached one or more *Additional My Debts* forms.

Amount from *Additional My Debts* (if any) \$

**Total Monthly Debt Payments** \$

**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 *How to Complete a Financial Affidavit (Family & Divorce Case)* available at <https://www.illinoiscourts.gov/documents-and-forms/approved-forms/>.

In **15a**, enter your cash and cash equivalents. Do not list account numbers.

**15. My Assets**

a. Cash and Cash Equivalents (list balance as of the date of this affidavit)

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

	Name of Bank or Institution	Name on Account	Account Type	Balance
1.				\$
2.				\$
3.				\$
4.				\$

If you have more than 4 **Checking, Savings, Money Market or Other Bank or Credit Union Accounts**, list them in *Additional Cash and Cash Equivalents* forms and attach them.

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

Certificates of Deposit (list balance as of the date of this affidavit)

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

If you have more than 3 **Certificates of Deposit**, list them in *Additional Certificates of Deposit* forms and attach them.

I have attached one or more *Additional Certificates of Deposit* forms.

Cash and Prepaid Debit Cards (list balance as of the date of this affidavit)

	Location of Cash/Card	Held By	Balance
1.			\$
2.			\$
3.			\$

A **Prepaid Debit Card** is a card that can be used to make purchases much as you would use cash. Many prepaid cards carry the brand of a card network, like MasterCard, Visa, or American Express.

I have attached one or more *Additional Cash and Prepaid Debit Card* forms.

If you have more than 3 **Cash or Prepaid Debit Cards** or locations for your cash, list them in *Additional Cash and Prepaid Debit Card* forms and attach them.

In **15b**, enter information for your investments and securities.

If you have more than 3 Investment Accounts and Securities, list them in *Additional Investment Accounts and Securities* forms and attach them.

If you have more than 3 **Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes**, list them in *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms and attach them.

In **15c**, enter information for your real estate, including your home if you own it.

If you have more than 3 pieces of **Real Estate**, list them in *Additional Real Estate* forms and attach them.

In **15c** and **15d**, in **Balance Due**, enter the total amount remaining on your loan.

In **15d**, enter information about your motor vehicles.

If you have more than 4 **Motor Vehicles**, list them in *Additional Motor Vehicles* forms and attach them.

In **15e**, enter information about your business interests. In **Type of Business**, enter whether the business is a corporation, S Corp, or LLC, etc.

If you have more than 3 **Business Interests**, list them in *Additional Business Interests* forms and attach them.

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.					\$

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

Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes *(list balance as of the date of this affidavit)*

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

I have attached one or more *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms.

c. Real Estate *(list FMV and balance due as of the date of this affidavit)*

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

I have attached one or more *Additional Real Estate* forms.

d. Motor Vehicles *(cars, boats, trailers, motorcycles, aircrafts, etc.) (list FMV and balance due as of the date of this affidavit)*

	Year, Make, and Model	Name on Title	FMV	Balance Due
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$

I have attached one or more *Additional Motor Vehicles* forms.

e. Business Interests *(list FMV as of the date of this affidavit)*

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

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

In **15f**, enter information about each life insurance policy you have for yourself, the other party, or your children.

If you have more than 3 **Life Insurance Policies**, list them in *Additional Life Insurance Policies* forms and attach them.

In **15g**, enter information about retirement benefits (vested and non-vested).

If you have more than 4 **Retirement Benefits and Deferred Compensation** plans, list them in *Additional Retirement Benefits and Deferred Compensation* forms and attach them.

In **15h**, enter information for valuable collectible items.

If you have more than 2 **Valuable Collectibles**, list them in *Additional Valuable Collectibles* forms and attach them.

In **15i**, enter information for other personal property with fair market value over \$500.

If you have more than 2 items of **Personal Property Valued Over \$500**, list them in *Additional Other Personal Property Valued over \$500* forms and attach them.

In **15j**, enter information for assets or property you transferred or sold in the last 2 years with FMV of at least \$1,000. Do not include income items listed above in **8**.

If you have sold or transferred more than 2 **Assets or Properties Within the Last 2 Years With a FMV of at Least \$1,000**, list them in *Additional Transfer or Sale of Assets or Property Within the Last 2 Years with a FMV of at least \$1,000* forms and attach them.

f. Life Insurance Policies (*list cash balance as of the date of this affidavit*)

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

I have attached one or more *Additional Life Insurance Policies* forms.

g. Retirement Benefits and Deferred Compensation (*pension plan, annuity, IRA, 401(k), 403(b), SEP*) (*list FMV and or account balance as of the date of this affidavit*)

	Name of Plan	Type of Plan	FMV or Account Balance
1.			\$
2.			\$
3.			\$
4.			\$

I have attached one or more *Additional Retirement Benefits and Deferred Compensation* forms.

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

	Description	FMV
1.		\$
2.		\$

I have attached one or more *Additional Valuable Collectibles* forms.

i. Other Personal Property Valued Over \$500

	Description	FMV
1.		\$
2.		\$

I have attached one or more *Additional Other Personal Property Valued over \$500* forms.

j. 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.				\$

I have attached one or more *Additional Transfer of Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000* forms.

In 16, enter information about lawsuits and claims you have filed or have been filed against you. If you did not recover anything, enter \$0. If your case is still pending or has not yet been filed, enter unknown.

If you have more than 3 **Lawsuits and Claims**, list them in *Additional Lawsuits and Claims* forms and attach them.

In 17, enter information about your federal and state tax returns for the last 2 years. Check **Refund** if you received money or a check, or **Amount Owed** if you owed additional taxes.

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

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

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

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

	Tax year	Federal		State	
1.		<input type="checkbox"/> Refund	\$	<input type="checkbox"/> Refund	\$
		<input type="checkbox"/> Amount Owed	\$	<input type="checkbox"/> Amount Owed	\$
2.		<input type="checkbox"/> Refund	\$	<input type="checkbox"/> Refund	\$
		<input type="checkbox"/> Amount Owed	\$	<input type="checkbox"/> 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.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

**I certify that everything in the *Financial Affidavit* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date

After you finish this form, sign and print your name and date it.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional My Employment/Business (FINANCIAL AFFIDAVIT)</b>  Pre- <input type="checkbox"/> Judgment <input type="checkbox"/> Post-Judgment	For Court Use Only
Instructions ▼		
Enter above the county name where the case was filed.		
Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.	_____ <b>Petitioner</b> (First, middle, last name)  v.  _____ <b>Respondent</b> (First, middle, last name)	
Enter the Case Number given by the Circuit Clerk.	_____ <b>Case Number</b>	

**IMPORTANT:** (1) 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; (2) If you need more room for a section, complete and attach the *Additional Information* form for that section. *Do not file this document and the enclosures with the Circuit Clerk unless a local rule or court order requires you to do so.* Ask the Circuit Clerk where to find these rules.

Fill out this form only if you have additional **Employment and/or Businesses**. If you fill it out, attach this form to your *Financial Affidavit*.

In **6**, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. Provide all the requested information about any business you own or operate and the business income.

In **6b**, enter your total gross income from this employer from January 1 of this year through the date you complete this form.

Provide Fair Market Value (FMV) amounts for items or services provided to you by the business.

**6. My Employment/Business**

- a. I am  unemployed
- b. I am  employed by someone else

Employer name \_\_\_\_\_

Employer address \_\_\_\_\_  
*Street Address, Apt.*

<i>City</i>	<i>State</i>	<i>ZIP</i>
Number of paychecks per	<input type="checkbox"/> 12 (monthly)	<input type="checkbox"/> 24 (two times a month)
	<input type="checkbox"/> 26 (every two weeks)	<input type="checkbox"/> 52 (weekly)
	<input type="checkbox"/> I am paid in cash	

Gross income (pay before taxes and deductions) so far this year \$ \_\_\_\_\_  
 as of \_\_\_\_\_  
*Date*

c. Self-Employment or Other Business Income:

- 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 Address, Apt.*

\_\_\_\_\_  
*City State ZIP*

In **6c**, check the box that best describes your self-employment, and/or the box that describes the type of business you have. List the name and address of the business, and the gross receipts for last year and this year.

Gross business receipts for last year \$ \_\_\_\_\_ and so far this year \$ \_\_\_\_\_  
Ordinary and necessary expenses required to carry on the business for this year \$ \_\_\_\_\_  
and last year \$ \_\_\_\_\_

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

- Reimbursed meals..... \$ \_\_\_\_\_
- Company car..... \$ \_\_\_\_\_
- Free housing or housing allowance..... \$ \_\_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_

*(You must attach complete business federal and state business tax returns for the most recent tax year.)*

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional Health Insurance (FINANCIAL AFFIDAVIT)</b>  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>          _____ <b>Case Number</b>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> ( <i>First, middle, last name</i> )  v.  _____ <b>Respondent</b> ( <i>First, middle, last name</i> )	

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Fill out this form only if you have additional **Health Insurance** carriers. If you fill it out, attach this form to your *Financial Affidavit*.

In **13**, enter information about the primary health insurance you have for yourself and your family.

**13. Health Insurance**

I have health insurance  Yes  No

The insurance carrier is \_\_\_\_\_

The type of insurance is  Medical  Dental  Optical

Deductible: Per individual \$ \_\_\_\_\_ Per family \$ \_\_\_\_\_

It covers  Me  My spouse/partner  My dependents

Type of Policy  HMO  PPO  Other

Provided by  Employer  Private Policy  Other Group  Medicaid/All Kids

Monthly cost is paid by  Me  My spouse  Other

Total number of people covered by this policy: \_\_\_\_\_

Total cost for covering children of this relationship: \$ \_\_\_\_\_

**Total Monthly Health Insurance Cost**      \$

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional My Debts (FINANCIAL AFFIDAVIT)</b>  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>           _____ <b>Case Number</b>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	

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Fill out this form only if you have additional **Debts**. If you fill it out, attach this form to your *Financial Affidavit*.  
  
 In **14**, enter your debts including credit cards and past due bills. Do not include debt payments previously listed in **12** and **13** on the *Financial Affidavit*, such as your mortgage or car payment.

**14. My Debts (do not list expense included in section 12)**

	Creditor Name	Describe Nature of Debt <i>(parking tickets, household goods, attorney's fees, etc.)</i>	Amount Owed	Monthly Payment Being Made
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
11.			\$	\$
12.			\$	\$
13.			\$	\$
14.			\$	\$
15.			\$	\$
16.			\$	\$
17.			\$	\$
18.			\$	\$
19.			\$	\$
20.			\$	\$

In **Total Monthly Additional Debt Payments**, add the Monthly Payment amounts from **14** together and enter the total.

**Total Monthly Additional Debts**      \$ \_\_\_\_\_





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<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional Certificates of Deposit</b> (FINANCIAL AFFIDAVIT)  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>           _____ <b>Case Number</b>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	

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Fill out this form only if you have additional **Certificates of Deposit**. If you fill it out, attach this form to your *Financial Affidavit*.

Do not list account numbers.

**15. My Assets**  
 a. Additional Cash and Cash Equivalents *(list balance as of the date of this affidavit)*  
 Certificates of Deposit *(list balance as of the date of this affidavit)*

	Name of Bank or Institution	Name on Account	Balance
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$
16.			\$
17.			\$
18.			\$
19.			\$
20.			\$

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional Cash and Prepaid Debit Card</b> <b>(FINANCIAL AFFIDAVIT)</b>  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>           _____ <b>Case Number</b>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	

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Fill out this form only if you have additional **Cash and Prepaid Debit Cards**. If you fill it out, attach this form to your *Financial Affidavit*.

A **Prepaid Debit Card** is a card that can be used to make purchases much as you would use cash. Many prepaid cards carry the brand of a card network, like MasterCard, Visa, or American Express.

Do not list account numbers.

**15. My Assets**

a. Additional Cash and Cash Equivalents *(list balance as of the date of this affidavit)*

Cash and Prepaid Debit Cards

	Location of Cash/Card	Held By	Balance
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$
16.			\$
17.			\$
18.			\$
19.			\$
20.			\$

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional Investment Accounts and Securities</b> (FINANCIAL AFFIDAVIT)  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>           _____ <b>Case Number</b>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	

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Fill out this form only if you have additional **Investment Accounts and Securities**. If you fill it out, attach this form to your *Financial Affidavit*.

In **15b**, enter information for your investments and securities.

**FMV** means Fair Market Value throughout this form.

**15. My Assets**

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.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$
11.					\$
12.					\$
13.					\$
14.					\$
15.					\$
16.					\$
17.					\$
18.					\$
19.					\$
20.					\$



This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional Real Estate (FINANCIAL AFFIDAVIT)</b>  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	_____ <b>Case Number</b>

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Fill out this form only if you have additional **Real Estate**. If you fill it out, attach this form to your *Financial Affidavit*.

In **15c**, enter information for your real estate, including your home if you own it.

In **15c**, in **Balance Due**, enter the total amount remaining on your loan.

**FMV** means Fair Market Value throughout this form.

**15. My Assets**

c. Real Estate *(list FMV and balance due as of the date of this affidavit)*

	Address	Name on Title	FMV	Balance Due
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
11.			\$	\$
12.			\$	\$
13.			\$	\$
14.			\$	\$
15.			\$	\$
16.			\$	\$
17.			\$	\$
18.			\$	\$
19.			\$	\$
20.			\$	\$

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional Motor Vehicles (FINANCIAL AFFIDAVIT)</b>  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>           _____ <b>Case Number</b>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	

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Fill out this form only if you have additional **Motor Vehicles**. If you fill it out, attach this form to your *Financial Affidavit*.

In **15d**, enter information about your motor vehicles.

In **15d**, in **Balance Due**, enter the total amount remaining on your loan.

**FMV** means Fair Market Value throughout this form.

**15. My Assets**

d. Motor Vehicles (*cars, boats, trailers, motorcycles, aircrafts, etc.*) (*list FMV and balance due as of The date of this affidavit*)

	Year, Make, and Model	Name on Title	FMV	Balance Due
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
11.			\$	\$
12.			\$	\$
13.			\$	\$
14.			\$	\$
15.			\$	\$
16.			\$	\$
17.			\$	\$
18.			\$	\$
19.			\$	\$
20.			\$	\$

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<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional Business Interests</b> (FINANCIAL AFFIDAVIT)  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>           _____ <b>Case Number</b>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	

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Fill out this form only if you have additional **Business Interests**. If you fill it out, attach this form to your *Financial Affidavit*.

In **15e**, enter information about your business interests. In **Type of Business**, enter whether the business is a corporation, S Corp, or LLC, etc.

**FMV** means Fair Market Value throughout this form.

**15. My Assets**

e. Business Interests *(list FMV as of the date of this affidavit)*

	Name of Business	Type of Business	% of Ownership	FMV
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
11.				\$
12.				\$
13.				\$
14.				\$
15.				\$
16.				\$
17.				\$
18.				\$
19.				\$
20.				\$



This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional Life Insurance Policies</b> (FINANCIAL AFFIDAVIT)  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>          _____ <b>Case Number</b>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	

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Fill out this form only if you have additional **Life Insurance Policies**. If you fill it out, attach this form to your *Financial Affidavit*.

In **15f**, enter information about each life insurance policy you have for yourself, the other party, or your children.

**15. My Assets**

f. Life Insurance Policies *(list cash balance as of the date of this affidavit)*

	Name of Insurance Company	Type of Policy	Death Benefit	Cash Value
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
11.			\$	\$
12.			\$	\$
13.			\$	\$
14.			\$	\$
15.			\$	\$
16.			\$	\$
17.			\$	\$
18.			\$	\$
19.			\$	\$
20.			\$	\$

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional Valuable Collectibles</b> (FINANCIAL AFFIDAVIT)  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>           _____ <b>Case Number</b>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	

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Fill out this form only if you have additional **Valuable Collectibles**. If you fill it out, attach this form to your *Financial Affidavit*.

In **15h**, enter information for valuable collectible items.

15. My Assets

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

	Description	FMV
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
16.		\$
17.		\$
18.		\$
19.		\$
20.		\$





This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional Lawsuits and Claims</b> (FINANCIAL AFFIDAVIT)  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>          _____ <b>Case Number</b>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	

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Fill out this form only if you have additional **Lawsuits and Claims**. If you fill it out, attach this form to your *Financial Affidavit*.

In **16**, enter information about lawsuits and claims you filed or intend to file. If you did not recover anything, enter \$0. If your case is still pending or has not yet been filed, enter unknown.

**16. Additional Lawsuits and Claims** (*workers' compensation, disability, etc.*)

	Case Number	Date Lawsuit or Claim Filed	Amount Recovered
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$
16.			\$
17.			\$
18.			\$
19.			\$
20.			\$

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>Additional Retirement Benefits and Deferred Compensation</b> (FINANCIAL AFFIDAVIT)  <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>           _____ <b>Case Number</b>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	

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Fill out this form only if you have additional **Retirement Benefits and Deferred Compensation** plans. If you fill it out, attach this form to your *Financial Affidavit*.

In **15g**, enter information about retirement benefits (vested and non-vested).

**FMV** means Fair Market Value throughout this form.

**15 My Assets**

g. Retirement Benefits and Deferred Compensation (*pension plan, annuity, IRA, 401(k), 403(b), SEP*)  
*FMV and or account balance as of the date of this affidavit*)

	Name of Plan	Type of Plan	FMV or Account Balance
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$
16.			\$
17.			\$
18.			\$
19.			\$
20.			\$