

STATE OF ILLINOIS)  
)SS  
COUNTY OF WILL )

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS**

**IN RE THE DISSOLUTION OF:**

\_\_\_\_\_  
**Plaintiff**

vs

CASE NO: \_\_\_\_\_

\_\_\_\_\_  
**Defendant**

**INCOME/EXPENSE AFFIDAVIT**

\_\_\_\_\_, on oath, states:

1. The parties have been married/joined \_\_\_\_\_ years; my age is \_\_\_\_\_ years old.
2. There are \_\_\_\_\_ children of the marriage/union, ages: \_\_\_\_\_
3. I (am) (am not) residing in the marital/joined residence.

4. My customary monthly living expenses are:

Rent/Mortgage(s)	\$ _____
House Insurance	\$ _____
Tax Escrow	\$ _____
Food (for _____ people)	\$ _____
Doctors/Dentists	\$ _____
Prescriptions	\$ _____
Lien Payment on Auto	\$ _____
Gas, Oil, Maintenance	\$ _____
Auto Insurance/Month	\$ _____
<b>Utilities:</b>	\$ _____
Gas	\$ _____
Electric	\$ _____
Water and Garbage	\$ _____
Telephone	\$ _____
Cable	\$ _____
Life Insurance	\$ _____
Clothes (for _____ people)	\$ _____
Grooming (Personal)	\$ _____
<b>Children(s) School:</b>	\$ _____
Tuition	\$ _____
Books	\$ _____
Lunch programs	\$ _____
Babysitter	\$ _____
Clubs/Entertainment	\$ _____
Gifts/Donations	\$ _____
Vacations	\$ _____
Children's Activities	\$ _____

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**Miscellaneous:** \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Total fixed monthly expenses** \$ \_\_\_\_\_  
**Total minimum credit bill payments** \$ \_\_\_\_\_  
**Total expenses** \$ \_\_\_\_\_

5. My total gross income last calendar year was \$ \_\_\_\_\_.  
 My Federal tax refund last calendar year was \$ \_\_\_\_\_.

6. My employer is \_\_\_\_\_.  
 The address of my employer is \_\_\_\_\_.

I earn \$ \_\_\_\_\_ per hour and work \_\_\_\_\_ hours per pay period; my pay period is (Weekly) (Bi-Weekly) (Semi-Monthly) (Monthly).

Number of exemptions I claim is \_\_\_\_\_.

Gross Income Monthly \$ \_\_\_\_\_  
**Less:**  
 Federal Withholding \$ \_\_\_\_\_  
 State Withholding \$ \_\_\_\_\_  
 FICA \$ \_\_\_\_\_  
 Union Dues \$ \_\_\_\_\_  
 Mandatory Retirement \$ \_\_\_\_\_  
 Mandatory Hospital Insurance \$ \_\_\_\_\_  
 Court Ordered Support I Pay \$ \_\_\_\_\_  
**Other:** \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Total "statutory" deductions** \$ \_\_\_\_\_  
**Net income per month** \$ \_\_\_\_\_  
**Other income from all sources** \$ \_\_\_\_\_  
**Total income from all sources** \$ \_\_\_\_\_  
 (Ex: e.g., bonus, interest, rent, etc.)

7.

<b>ASSETS</b>	<b>FAIR MARKET VALUE</b>	<b>DEBT</b>
<b>A. Real estate:</b>		
<b>B. Vehicles:</b>		

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<b>ASSETS</b>	<b>FAIR MARKET VALUE</b>	<b>DEBT</b>
<b>C. Bank Accounts:</b>		
<b>D. Employment Benefits:</b> (Include Past and Present Employers)		
<b>E. Other Assets:</b> (of any descriptions whatsoever)		

8.

<b>LIABILITIES</b>	<b>BALANCE</b>	<b>PAYMENT</b>
<b>A. Mortgages:</b>		
<b>B. Auto Loans:</b>		
<b>C. Credit Cards:</b>		
<b>D. Unpaid Medical Bills:</b>		
<b>E. Other Loans:</b>		
<b>F. Educational Loans:</b>		

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure,  
I certify the statements set forth in this instrument are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Affiant

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