

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT
ST. CLAIR COUNTY, ILLINOIS

)	
Petitioner,)	
)	
v.)	No. _____
)	
)	
Respondent.)	

FINANCIAL STATEMENT

GROSS INCOME		
1. GROSS WAGES OR SALARY	\$	
2. ADDITIONAL INCOME	\$	
3. TOTAL GROSS INCOME PER MONTH	\$	
DEDUCTIONS		
4. FICA (Soc. Sec. + Medicare)	\$	
5. Federal Taxes	\$	
6. State Taxes (IL)	\$	
7. Union Dues	\$	
8. Mandatory Retirement Deductions	\$	
9. Health & Hospital Insurance Medical, Dental, etc.	\$	
10. Installment debt payments for med bills	\$	
11. Court ordered child support & maintenance		
Case # County & St:		
12. Necessary expenses for production of income	\$	
13. TOTAL DEDUCTIONS	\$	
14. NET INCOME PER MONTH	\$	
15. PAY PERIOD		once per month
16. TAX FILING STATUS		EXEMPTIONS
PRINT NAME		
ADDRESS		
CITY, STATE, ZIP		

HOUSING EXPENSES

17. Rent or Mortgage Payments	[]est	
18. Homeowner's or Rental Insurance	[]est	
19. Real Estate Taxes	[]est	
20. Repairs and Maintenance of Home	[x]est	
21.	TOTAL HOUSING	
22. (20% first 2 children; 5% each addl)	CHILDREN'S SHARE	
23.	YOUR SHARE	
UTILITIES		
24. Gas (Propane or Natural)	[]est	
25. Water/Sewer	[]est	
26. Electricity/Gas	[]est	
27. Telephone: Cellphone:	[]est	
28. Cable TV/Satellite: ISP:	[]est	
29. Trash Service	[]est	
30. Sewer	[]est	
31.	TOTAL UTILITIES	
32. (20% first 2 children; 5% each addl)	CHILDREN'S SHARE	
33.	YOUR SHARE	
TRANSPORTATION		
34. Gasoline	[]est	
35. Maintenance and Repairs	[]est	
36. Registration (plates)	[]est	
37. Auto Insurance	[]est	
38. Payment on Auto Loan	[]est	
39.	TOTAL TRANSPORTATION	
40. (20% first 2 children; 5% each addl)	CHILDREN'S SHARE	
41.	YOUR SHARE	
INSURANCE (not Auto or Health)		
42. Life Insurance Premiums (total of line 71)		
43. Disability Insurance Premiums		
44. Other Insurance Premiums (list)		
45.	TOTAL INSURANCE	
46. (Children's actual portion)	CHILDREN'S SHARE	
47.	YOUR SHARE	

	YOURS	CHILDREN		
48. Food				
49. Clothing				
50. Medical and Dental Care, Glasses, & Drugs				
51. Recreation				
52. Laundry and Cleaning				
53. Hair Care				
54. School Expenses and School Lunches				
55. Day Care Center or Babysitter				
56. Charitable and Religious Contributions				
57. Other Expenses (Attach sheet & total)				
58. (Add 23, 33, 41, 47, & 48-57) TOTAL EXPENSES				
59. (Add 22, 32, 40, 46, & 48-57) CHILDREN'S TOTAL EXPENSES				
60. REAL ESTATE ADDRESS	MORTGAGE	RELATED	MARKET	EQUITY
	HOLDER	DEBT	VALUE	
61. MOTOR VEHICLES/YEAR	LOAN	RELATED	MARKET	EQUITY
MAKE/MODEL/NAME ON TITLE	HOLDER	DEBT	VALUE	
62. HOUSEHOLD AND	LOAN	RELATED	MARKET	EQUITY
PERSONAL GOODS	HOLDER	DEBT	VALUE	EQUITY
(over \$300)				

63. RETIREMENT, PENSION, PROFIT SHARING PLANS, IRA'S, AND 401 (K)'S				
NAME OF COMPANY	BEGIN & END DATES	# MOS MARRIED DURING ACCRUAL	# MOS ACCRUED	CURRENT VALUE

64. STOCKS, BONDS, MUTUAL FUNDS, AND CORPORATIONS				
NAME OF COMPANY	# SHARES	PURCHASE DATE	NAME OF OWNER	CURRENT VALUE

65. BANKS, AND SAVINGS & LOANS ACCOUNTS				
BANK	NAME ON ACCOUNT	CD VALUE	SAVINGS BALANCE	CHECKING BALANCE

66. CASH IN YOUR POSSESSION OR CONTROL

67. LAWSUITS AND WORKMAN'S COMP CLAIMS - PENDING OR TO BE FILED				
NAME OF DEFENDANT	CASE #	COUNTY STATE	TYPE OF ACTION	AMOUNT CLAIMED

68. MONEY OWED TO YOU				
NAME OF DEBTOR	RELATIONSHIP TO YOU	DATE LOAN MADE	DUE DATE	CURRENT AMOUNT

69. DEBTS OWED TO FRIENDS OR RELATIVES

NAME OF FRIEND OR RELATIVE	RELATIONSHIP TO YOU	PURPOSE OF DEBT	DUE DATE	CURRENT BALANCE

70. DEBTS OTHER THAN RELATED TO ABOVE PROPERTY

NAME OF CREDITOR/ NAME OF DEBTOR	DATE OF LOAN	PURPOSE OF DEBT	DUE DATE	MONTHLY PMT /BALANCE

71. LIFE INSURANCE

NAME OF COMPANY	BENEFICIARY	INSURED	POLICY NUMBER	FACE VALUE	CASH VALUE

MISCELLANEOUS INFORMATION

I SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT, THIS _____ DAY OF _____, 20____.

YOUR SIGNATURE

57. OTHER EXPENSES:

	YOURS	CHILDREN
ACCOUNTANT		
ALARM SYSTEM		
CHILD SUPPORT (not qualifying)		
CHRISTMAS/BIRTHDAY GIFTS		
CLEANING SUPPLIES		
GIFTS AND PRESENTS		
HEALTH CLUB/TANNING SALON		
LIBRARY		
LAWN SERVICE		
NEWSPAPERS		
PAGER SERVICE		
PET FOOD (Dog/Cat)		
POSTAGE		
VACATIONS		
VETRINARIAN		
VISITATION EXPENSES		
TOTAL \$		