



FINANCIAL AFFIDAVIT

(FAMILY & DIVORCE)

☐ Pre-Judgment

☐ Post-Judgment

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY:

County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PLAINTIFF/PETITIONER:

Who started the case _____ *First, Middle, and Last Name, or Business Name*

DEFENDANT/RESPONDENT:

Who the case was filed against _____ *First, Middle, and Last Name, or Business Name*

Case Number _____

- 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.
- If you need more room for a section, complete and attach the *Additional Information* form for that section.
- Only file this document and any attachments with the Circuit Clerk if a local rule or court order requires you to do so. Ask the Circuit Clerk where to find these rules.

IMPORTANT! Read this before completing this form.

Do not include in this affidavit any Social Security or individual taxpayer-identification numbers, driver's license numbers, financial account numbers, or debit or credit card numbers. If any of these items are included on documents you are going to attach to this affidavit, hide them by covering them with black ink or otherwise removing.

1. BASIC INFORMATION

- I am the ☐ Petitioner ☐ Respondent in this case
- I swear or affirm the information in this *Financial Affidavit* is true and correct as of _____.
Date
- I attached the most recent copies of the following documents as evidence of my income, assets, and debts. (*Check all that apply.*)

Note: You **must attach these documents** if you have or can get them.

- ☐ pay stubs or other proof of income.
- ☐ income tax returns (*including K-1, W-2, 1099, and all schedules*).
- ☐ bank statements.
- ☐ other documents verifying your debts in 10 and your assets in 11:

2. INFORMATION ABOUT MYSELF

If you need to keep your address secret from your spouse because of domestic violence, you may use another address. That address must be one at which you can receive mail about the case.

- Name: _____
First Middle Last Name
- Phone number: _____
- Date of Birth: _____
- Address: _____
Street, Apt. # City State Zip Code

3. MY EMPLOYMENT/BUSINESS

Tell the judge about your jobs, including all full-time, part-time, temporary, contract, or other work. Share information about any business you own or operate and the business income.



- a. ☐ I am **unemployed**.
- b. ☐ I am **employed** by someone else:

Employer Name: _____.

Employer Address: _____
Street, Apt. # City State Zip Code

Number of paychecks per year:

- ☐ 12 (monthly) ☐ 24 (two times a month) ☐ 26 (every two weeks)
- ☐ 52 (weekly) ☐ I am paid in cash

My gross income from this employer (*pay before taxes and deductions as of January 1*) so far this year:

\$_____ as of _____
Date

- c. ☐ I am **self-employed** or have Other Business Income:



Attach complete federal and state business tax returns for the most recent tax year.

- ☐ 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: _____.

<i>Street, Apt. #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Gross business receipts for last year \$_____ and so far this year \$_____.

Ordinary and necessary expenses required to carry on the business for last year \$_____ and this year \$_____.

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

- ☐ Reimbursed meals.
- ☐ Company car.
- ☐ Free housing or housing allowance.
- ☐ Other: _____
- ☐ I have attached one or more *Additional My Employment/Business* forms.

If you have more than one job or business, fill out and attach the *Additional My Employment/Business* form.

4. MY GROSS INCOME AND TAXES FROM LAST YEAR

Enter the information you submitted on last year's IRS tax return.

- a. My Tax filing status is:
- ☐ Married (*Joint*) ☐ Married (*Separate*) ☐ Single ☐ Head of Household
- ☐ Did not file (*If you did not file a tax return for last year, leave **4b** blank, but still complete **4c.***)

- b. I claim on my federal tax return:
- ☐ the standard deduction ☐ itemized deductions
- c. My gross income (*before taxes and deductions*) last year was: \$_____.
- d. On my last tax return I claimed:
- ☐ Child Tax Credit ☐ Additional Child Tax Credit
- ☐ Credit for Other Dependents ☐ Earned Income Credit
- ☐ Dependent Care Credit

For help in calculating monthly amounts, see our *How to Complete a Financial Affidavit (Family & Divorce Case)* at ilcourts.info/financial-aff.

5. MY MONTHLY GROSS INCOME FROM ALL SOURCES

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

Regular employment/self-employment earnings from all jobs (*salary, wages, base pay, etc.*).....\$ _____

Overtime.....\$ _____

Commission.....\$ _____

Tips.....\$ _____

Bonus.....\$ _____

Pension.....\$ _____

Annuity.....\$ _____

Interest income.....\$ _____

Dividend income.....\$ _____

Trust income.....\$ _____

Social Security Retirement\$ _____

Social Security Disability.....\$ _____

Social Security Income (SSI) (*not included as income for child support purposes*).....\$ _____

Unemployment.....\$ _____

Disability payment (*not Social Security*).....\$ _____

Workers' Compensation.....\$ _____

TANF and SNAP (*not included as income for child support purposes*).....\$ _____

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 (*if this support is paid by the other
parent, it does not affect the support calculation*).....\$ _____

Social Security payment made to the children of this relationship based on
your disability or retirement.....\$ _____

Gifts of money.....\$ _____

Other: _____ \$ _____

Total Gross Monthly Income \$ _____

6. MY MONTHLY PAYROLL DEDUCTIONS

Use information from your paystubs, tax records, and other sources to identify the deductions being taken from your income. List any money deducted for health insurance in Section 9e.

Federal tax.....\$ _____
 State tax.....\$ _____
 FICA (or Social Security equivalent, such as Self-employment tax).....\$ _____
 Medicare tax.....\$ _____
 Mandatory retirement contributions required by law or condition of employment (not allowed as a deduction if you also have a deduction for FICA or Social Security equivalent)\$ _____
Total Monthly Deductions \$ _____

7. MONTHLY MAINTENANCE PAYMENTS

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. Attach a copy of the support order and proof that you are making the payments, like cancelled checks or court records.

Maintenance being paid by you under a court order in this case, ...\$ _____
 This payment is: ☐ tax deductible to me ☐ not tax deductible to me
 Maintenance being paid under a court order in a different case by you.....\$ _____
 This payment is: ☐ tax deductible to me ☐ not tax deductible to me
Total Maintenance Payments \$ _____

8. MONTHLY CHILD SUPPORT

List children supported. Attach (1) a copy of the support order, if there is one, and (2) proof of payment, like cancelled checks or court records, if you are making payments to the other parent.

- a. Child support being paid per month for children under a court order in this case. \$ _____
- b. Child support being paid per month for children under a court order in other cases.

	County and State where entered	Number of Children	Case Number	Amount
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____

NOTE: for sections C and D **do not** include children who are covered by the information in A and B. Do include children for whom there is no court order for support and (1) that are presumed to be yours because the child was born during the marriage or union, (2) for whom there is a voluntary acknowledgment of paternity (VAP) signed by you and the other parent, OR (3) for whom there is a court order naming you as a parent (for example, adoption). If there is a VAP or a court order naming you as a parent, attach it.

- c. Child support being paid per month to the other parent for children, but there is no court order.

	Name of parent receiving the support	Number of Children	Amount
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

d. Other biological or adopted children that live in your home that you support.

Name of child	Age	Paternity determined by:
1. _____	_____	☐ Child born during marriage or union ☐ VAP ☐ Court Order
2. _____	_____	☐ Child born during marriage or union ☐ VAP ☐ Court Order
3. _____	_____	☐ Child born during marriage or union ☐ VAP ☐ Court Order
4. _____	_____	☐ Child born during marriage or union ☐ VAP ☐ Court Order

☐ I have attached one or more *Additional Child Support* forms listing additional information.

Total from *Additional Child Support* forms \$ _____

Total Child Support Payments \$ _____

9. MY MONTHLY LIVING EXPENSES

Enter the amount your household spends on each item each month.

a. Household Expenses

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.....	\$ _____
House cleaning service.....	\$ _____
Necessary repairs and maintenance to your home.....	\$ _____
Pet care.....	\$ _____
Groceries, household supplies, and toiletries.....	\$ _____
Other: _____	\$ _____
Subtotal Monthly Household Expenses	\$ _____

b. Transportation Expenses

Car payment.....	\$ _____
Repairs and maintenance.....	\$ _____
Insurance, license, registration and city sticker.....	\$ _____
Fuel (gasoline or alternative fuels).....	\$ _____
Taxi, ride-share, bus, and train.....	\$ _____
Parking.....	\$ _____
Other: _____	\$ _____
Subtotal Monthly Transportation Expenses	\$ _____

c. Personal Expenses

Medical (out-of-pocket expenses)

Doctor visits.....\$ _____
 Therapy and counseling.....\$ _____
 Dental and orthodontics (braces)\$ _____
 Optical.....\$ _____
 Medicine.....\$ _____

Life insurance

Life (term).....\$ _____
 Life (whole or annuity).....\$ _____

Clothing.....\$ _____

Grooming (hair, nails, spa, etc.).....\$ _____

Gym & Club membership dues.....\$ _____

Entertainment, dining out, and hobbies.....\$ _____

Newspapers, magazines, and subscriptions.....\$ _____

Gifts.....\$ _____

Donations (political, religious, charity, etc.).....\$ _____

Vacations.....\$ _____

Mandatory or voluntary union, trade or professional association dues.....\$ _____

Professional fees (accountants, tax preparers, attorneys).....\$ _____

Other: _____ \$ _____

Subtotal Monthly Personal Expenses \$ _____

d. Minor and Dependent Children Expenses

Clothing.....\$ _____

Grooming (hair, nails, spa, etc.).....\$ _____

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.....\$ _____

Medical (out-of-pocket expenses)

Doctor visits.....\$ _____

Therapy and counseling\$ _____

Dental and orthodontics (braces).....\$ _____

Vision.....\$ _____

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.....\$ _____

Other: _____ \$ _____

Subtotal Monthly Minor and Dependent Children Expenses \$ _____

e. Health Insurance Expenses

Enter information about the primary health insurance you have for yourself and your family. If you have more than one health insurance carrier, attach an Additional Health Insurance form.

I have health insurance: ☐ Yes ☐ No

Name of insurance company: _____

Type of insurance: ☐ Medical ☐ Dental ☐ Orthodontic (braces) ☐ Vision

Type of policy: ☐ HMO ☐ PPO ☐ Other

Provided through: ☐ Employer ☐ Private Policy ☐ Other Group Policy ☐ Medicaid/All Kids

Total number of people covered by this policy: _____

The insurance covers: ☐ Me ☐ My spouse/partner ☐ children of this relationship

☐ children of this relationship and other children

(if you check this box, list the number of the other children covered and their ages):

Total monthly cost for this insurance is \$ _____

This cost is paid by: ☐ Me ☐ My spouse/partner ☐ Other: _____

Monthly cost for this insurance for covering children: \$ _____

Monthly cost for this insurance for covering children of this relationship (if known): \$ _____

Yearly deductible (amount you pay before your insurance starts to pay):

Per individual \$ _____ Per family \$ _____

Coinsurance (percentage of costs you pay, e.g. 20%): _____

☐ I have attached one or more *Additional Health Insurance* forms because I have more than one health insurance policy.

Amount from *Additional Health Insurance* forms \$ _____

Subtotal Monthly Insurance Expenses \$ _____

Total Monthly Living Expenses (add the subtotals from sections 9a through 9e above) \$ _____

10. My Debts (do not list expenses included in section 9)

Enter your debts including credit cards and past-due bills. Do not include debt payments already listed in Sections 9 above, such as your mortgage or car payment.

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

☐ I have attached one or more *Additional My Debts* forms listing additional debts.

Amount from *Additional My Debts* form \$ _____

Total Monthly Debt Payments \$ _____

11. My Assets

List the things you own that are worth something. List any balances as of the date of this affidavit. If you need more room for a section, complete and attach the Additional Information form for that section.



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 our *How to Complete a Financial Affidavit (Family & Divorce Case)* at ilcourts.info/financial-aff.

a. Cash and Cash Equivalents (list balance as of the date of this affidavit; do not list account numbers.)

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

Name of Bank, Credit Union, etc.	Name on Account	Account Type	Balance
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____

Certificates of Deposit

Name of Bank, Credit Union, etc.	Name on Account	Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Cash, Prepaid Debit Cards, and Money Transfer Apps like Venmo, PayPal, Apple Pay, etc.

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

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

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

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. _____	_____	_____	_____	\$ _____

Investment/Brokerage Accounts, Mutual Funds, Secured or Unsecured Notes, and Cryptocurrency

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

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

c. Property & Business Interests (list FMV or balance as of the date of this affidavit)

Business Interests

In **Type of Business**, enter whether the business is a corporation, S Corp, or LLC, etc.

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

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.			\$
3.			\$

Real Estate

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

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

d. Insurance and Retirement (list FMV or balance as of the date of this affidavit)

Life Insurance Policies for yourself, your spouse, or your children

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

Retirement Benefits and Deferred Compensation (pension plan, annuity, IRA, 401(k), 403(b), SEP)

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

☐ I have attached one or more *Insurance and Retirement* forms.

e. Personal Property (list FMV or balance as of the date of this affidavit)

Motor Vehicles (cars, boats, trailers, motorcycles, aircraft, etc.)

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

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

	Description	FMV
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

Other Personal Property Valued Over \$500

	Description	FMV
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

☐ I have attached one or more *Additional Personal Property* forms.

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

Enter information about lawsuits and claims you have filed, you will be filing, have been filed, or may be against you. In **Date Lawsuit or Claim** filed, enter "not filed" if it has not been filed yet. In **Amount Recovered**, enter \$0 if the case is over and you did not recover anything and enter "unknown" if your case is still pending or has not yet been filed.

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

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

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

Enter information about your federal and state tax returns for the last 2 years. Check **Refund** if you received one, or **Amount Owed** if you owed additional taxes.

Tax year	Federal	State
1. _____	Refund \$ _____ Amount Owed \$ _____	Refund \$ _____ Amount Owed \$ _____
2. _____	Refund \$ _____ Amount Owed \$ _____	Refund \$ _____ 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.

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.



(06/25)