

**IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT  
KANE COUNTY, ILLINOIS**

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

Plaintiff/Petitioner	Defendant/Respondent	File Stamp

**AFFIDAVIT OF INCOME AND EXPENSES**

A. Name: \_\_\_\_\_ B. Date of Marriage: \_\_\_\_\_

C. Children of the Parties (names & ages): \_\_\_\_\_

D. Are parties separated?  Yes  No If yes, date of separation \_\_\_\_\_ E. Custodial Parent: \_\_\_\_\_

F. Monthly Income (if paid weekly, multiply by 52 and divide by 12 to get monthly figures):

Place of Employment: \_\_\_\_\_ Monthly Gross: \_\_\_\_\_

Federal Income Tax: \_\_\_\_\_ State Income Tax: \_\_\_\_\_ F.I.C.A.: \_\_\_\_\_ MED F.I.C.A.: \_\_\_\_\_

Other involuntary deductions: \_\_\_\_\_ Specify: \_\_\_\_\_

Voluntary deductions: \_\_\_\_\_ Specify: \_\_\_\_\_

Number of exemptions claimed: \_\_\_\_\_ Monthly income from other sources (specify): \_\_\_\_\_

\_\_\_\_\_ Monthly Net Income: **\$00**

G. Cash on hand (savings, checking, etc.): \_\_\_\_\_

H. Basic Household Monthly Expenses:

- |                             |                                     |  |
|-----------------------------|-------------------------------------|--|
| 1. Rent or Mortgage _____   | 8. Car: Plates/Sticker/Repair _____ | 14. Food _____                         |
| 2. House/Renters Ins. _____ | 9. Gas (car) _____                  | 15. Medical/Dental _____               |
| 3. Real Estate Taxes _____  | 10. Car Payment _____               | 16. Clothing _____                     |
| 4. Gas (house) _____        | 11. Car Insurance _____             | 17. Other Ins. (specify below) _____   |
| 5. Electric _____           | 12. Child Care _____                | _____                                  |
| 6. Water/Garbage _____      | 13. Education (specify below) _____ | 18. Recreation and Travel _____        |
| 7. Telephone _____          | _____                               | 19. Cosmetic, Drugs, Beauty Care _____ |

20. Other monthly creditor payments (specify creditor, balance & monthly payments):  
(Enter the total of these monthly creditors payments on line 20) \_\_\_\_\_

Miscellaneous (specify): \_\_\_\_\_  
(Enter the total on line 21) \_\_\_\_\_

**Expense Total** \_\_\_\_\_ **\$00**  
**Difference** \_\_\_\_\_ **\$00**

**STATE OF ILLINOIS COUNTY OF KANE**

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

Date: 8/19/14

\_\_\_\_\_  
Signature of Party