

**IN THE CIRCUIT COURT OF THE TWENTY-THIRD JUDICIAL CIRCUIT
KENDALL COUNTY, ILLINOIS**

Case No. _____

Plaintiff(s)	Defendant(s)	File Stamp
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**COMPREHENSIVE FINANCIAL STATEMENT
PURSUANT TO LOCAL RULE #15.13 (c)**

INSTRUCTIONS

- (1) All questions require a written response. If you do not have the information requested or do not know the answer to a particular question, indicate that as your answer.
- (2) Use additional sheets if necessary.
- (3) Attach copies of all supporting documentation in your possession.

Petitioner/Respondent, _____, being duly sworn, states that the following is an accurate statement as of _____, of his/her net worth (assets of both parties), a statement of income from all sources, a statement of monthly living expenses, a statement of health insurance coverage, and a statement of assets transferred of whatsoever kind and nature and wherever situated:

Name: _____	Telephone No.: _____
Address: _____	Social Security No. (last 4 digits only): _____
_____	Date of Birth: _____
Date of Marriage: _____	Date of Dissolution of Marriage: _____
Date of Separation: _____	(if applicable) _____

Children of this marriage:

_____	age _____	residing with _____
_____	age _____	residing with _____
_____	age _____	residing with _____
_____	age _____	residing with _____

Current Employer: _____	Address: _____
Self Employment: _____	Address: _____
Other Employment: _____	Address: _____

Check if unemployed

Number of Paychecks per year (Please Select One) 12 24 26 52 Other _____

Number of Exemptions Claimed: _____

Number of Dependents: _____

Gross income from all sources last year: _____

Gross income from all sources this year: _____

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

STATEMENT OF INCOME as of _____

GROSS MONTHLY INCOME

- Salary/wages/base pay _____ Line 1
- Overtime/commission _____ Line 2
- Bonus _____ Line 3
- Draw _____ Line 4
- Pension and retirement benefits _____ Line 5
- Annuity _____ Line 6
- Interest income _____ Line 7
- Dividend income _____ Line 8
- Trust income _____ Line 9
- Social Security Payments _____ Line 10
- Unemployment benefits _____ Line 11
- Disability payments _____ Line 12
- Worker's Compensation _____ Line 13
- Public Aid/Food Stamps _____ Line 14
- Investment income _____ Line 15
- Rental income _____ Line 16
- Business income _____ Line 17
- Partnership income _____ Line 18
- Royalty income _____ Line 19
- Fellowships/stipends _____ Line 20
- Other income (specify) _____ Line 21

SUBTOTAL GROSS MONTHLY INCOME

(Total of lines 1-21) _____ Line 22

Additional Cash Flow (monthly)

- Maintenance received _____ Line 23
(payments received prior to judgment or support orders in other actions)
- Child support received _____ Line 24
(payments received pursuant to Court order or voluntarily in this or other actions)

SUBTOTAL ADDITIONAL CASH FLOW

(Total of line 23 and 24) _____ Line 25

TOTAL MONTHLY GROSS INCOME FROM ALL SOURCES

(Total of line 22 and 25) _____ Line 26

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

REQUIRED MONTHLY DEDUCTIONS

- Federal Tax (based on _____ exemptions) _____ Line 27
- State Tax (based on _____ exemptions) _____ Line 28
- FICA (or Social Security equivalent) _____ Line 29
- Medicare Tax _____ Line 30
- Mandatory retirement contributions required by law or as conditions of employment _____ Line 31
- Union Dues (Name of Union _____) _____ Line 32
- Health/Hospitalization Premiums _____ Line 33
- Prior obligation(s) of support actually paid pursuant to Court Order _____ Line 34

TOTAL REQUIRED DEDUCTIONS FROM MONTHLY INCOME _____ Line 35
(Add lines 27 through 34)

NET MONTHLY INCOME _____ **\$.00** Line 36
(Line 26 minus line 35)

STATEMENT OF MONTHLY LIVING EXPENSES as of _____

- 1. Household
 - a. Mortgage or rent (specify) _____ Line 37
 - b. Home equity loan/Second mortgage _____ Line 38
 - c. Real estate taxes, assessments _____ Line 39
 - d. Homeowners or renters insurance _____ Line 40
 - e. Heat/fuel _____ Line 41
 - f. Electricity _____ Line 42
 - g. Telephone (include long distance and cell) _____ Line 43
 - h. Water and Sewer _____ Line 44
 - i. Refuse removal _____ Line 45
 - j. Laundry/dry cleaning _____ Line 46
 - k. Maid/cleaning service _____ Line 47
 - l. Furniture and appliance repair/replacement _____ Line 48
 - m. Lawn and garden/snow removal _____ Line 49
 - n. Food (groceries, household supplies, etc.) _____ Line 50
 - o. Liquor, beer, wine, etc. _____ Line 51
 - p. Cable/Satellite/Internet _____ Line 52
 - q. Other (specify) _____ Line 53

SUBTOTAL HOUSEHOLD EXPENSES _____ Line 54
(Total of lines 37 through 53)

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

MONTHLY LIVING EXPENSES CONTINUED

- 2. Transportation
 - a. Gasoline _____ Line 55
 - b. Repairs _____ Line 56
 - c. Insurance/license/city stickers _____ Line 57
 - d. Payments/replacement _____ Line 58
 - e. Alternative transportation _____ Line 59
 - f. Other (specify) _____ Line 60

SUBTOTAL TRANSPORTATION EXPENSES _____ Line 61

(Total of line 55 through 60)

- 3. Personal
 - a. Clothing _____ Line 62
 - b. Grooming _____ Line 63
 - c. Medical (after insurance)
 - 1. Doctor _____ Line 64
 - 2. Dentist _____ Line 65
 - 3. Optical _____ Line 66
 - 4. Medication _____ Line 67
 - d. Insurance
 - 1. Life Insurance Premiums _____ Line 68
 - 2. Medical/Hospitalization Insurance Premiums _____ Line 69
 - 3. Dental/Optical Insurance Premiums _____ Line 70
 - e. Other (specify) _____ Line 71

SUBTOTAL PERSONAL EXPENSES _____ Line 72

(Total of line 62 through 71)

- 4. Miscellaneous
 - a. Clubs/social obligations/entertainment _____ Line 73
 - b. Newspaper, magazines, books _____ Line 74
 - c. Gifts _____ Line 75
 - d. Donations, church or religious affiliation _____ Line 76
 - e. Vacations _____ Line 77
 - f. Other (specify) _____ Line 78

SUBTOTAL MISCELLANEOUS EXPENSES _____ Line 79

(Total of line 73 through 78)

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

MONTHLY LIVING EXPENSES CONTINUED

5. Dependent children: Names and Ages

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Children's separate expenses

- a. Clothing _____ Line 80
- b. Grooming _____ Line 81
- c. Education
 - 1. Tuition _____ Line 82
 - 2. Books/fees _____ Line 83
 - 3. Lunches _____ Line 84
 - 4. Transportation _____ Line 85
 - 5. Activities _____ Line 86
- d. Medical (after insurance):
 - 1. Doctor _____ Line 87
 - 2. Dentist _____ Line 88
 - 3. Optical _____ Line 89
 - 4. Medication _____ Line 90
- e. Allowance _____ Line 91
- f. Child care/after school care _____ Line 92
- g. Sitters _____ Line 93
- h. Lessons and supplies _____ Line 94
- i. Clubs/summer camps _____ Line 95
- j. Vacation _____ Line 96
- k. Entertainment _____ Line 97
- l. Other (specify) _____ Line 98

SUBTOTAL CHILDREN'S EXPENSES: _____ Line 99

(Total of line 80 through 98)

TOTAL MONTHLY LIVING EXPENSES: _____ Line 100

(Add lines 54, 61, 72, 79 and 99)

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

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RECAP	
NET MONTHLY INCOME (Line 36)	\$.00 Line 102
TOTAL MONTHLY LIVING EXPENSES (Line 100)	_____ Line 103
DIFFERENCE BETWEEN NET INCOME AND EXPENSES (Line 102 minus 103)	\$.00 Line 104
LESS MONTHLY DEBT SERVICE (Line 101)	\$.00 Line 105
INCOME AVAILABLE PER MONTH (Line 104 minus 105)	\$.00 Line 106

STATEMENT OF HEALTH INSURANCE COVERAGE

Currently effective Health Insurance Coverage: Yes No

Name of Insurance Carrier: _____ Policy or Group No. _____

Type of Insurance: Medical Dental Optical

Deductible: Per Individual _____ Per Family _____

Persons covered: Self Spouse Dependents

Type of policy: HMO PPO Standard Indemnity (i.e. 80/20)

Provided by: Employer Private Policy Other Group

Monthly Cost: Paid by Employer _____ Paid by Employee _____

For dependents _____

For myself _____

POTENTIAL DEBTS/LIABILITIES

Creditor's Name	Purpose of Debt	Anticipated Debt	Anticipated Monthly Payment

Cash or Cash Equivalents:

1. Savings or Interest Bearing Accounts			
Name of Bank and Account Number	Title in name of	Date Acquired	Value/Amount

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

Case No. _____

2. Checking Accounts			
Name of Bank and Account Number	Title in name of	Date acquired	Value/Amount
3. Certificate of Deposit			
Name of Bank and Account Number	Title in name of	Date acquired	Value/Amount
4. Money Market Accounts			
Name of Bank and Account Number	Title in name of	Date acquired	Value/Amount
5. Cash			
Name of Bank and Account Number	Title in name of	Date acquired	Value/Amount
6. Other (specify)			
Name of Bank and Account Number	Title in name of	Date acquired	Value/Amount

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

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INVESTMENT ACCOUNTS AND SECURITIES:

1. Stocks			
Description	Title in name of	Date acquired	Value/Amount
2. Bonds			
Description	Title in name of	Date acquired	Value/Amount
3. Tax Exempt Securities			
Description	Title in name of	Date acquired	Value/Amount
4. Secured or Unsecured Notes			
Description	Title in name of	Date acquired	Value/Amount

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

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5. Mutual Funds or Brokerage Accounts			
Description	Title in name of	Date acquired	Value/Amount

6. Other (specify)			
Description	Title in name of	Date acquired	Value/Amount

SAFE DEPOSIT BOX:

Name of Bank, City, Box Number	Keyholder	Contents	Date acquired	Value/Amount

REAL PROPERTY:

1. Residence

Address of Property	Title Holder	Date acquired	Mortgage Lien Holder(s)	Mortgage Amt. Remaining	Fair Market Value

2. Secondary or vacation residence

Address of Property	Title Holder	Date acquired	Mortgage Lien Holder(s)	Mortgage Amt. Remaining	Fair Market Value

3. Investment or Business Real Estate

Address of Property	Title Holder	Date acquired	Mortgage Lien Holder(s)	Mortgage Amt. Remaining	Fair Market Value

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

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4. Vacant Land					
Address of Property	Title Holder	Date acquired	Mortgage Lien Holder(s)	Mortgage Amt. Remaining	Fair Market Value

5. Other (specify)					
Address of Property	Title Holder	Date acquired	Mortgage Lien Holder	Mortgage Amt. Remaining	Fair Market Value

MOTOR VEHICLE(S), BOAT(S), TRAILER(S), ETC.					
Year, Make, Model	Title in name of	Date acquired	Lien Holder(s)	Value	Loan Balance

BUSINESS INTERESTS: Type of entity, i.e. Corporations, Partnerships, Sole Proprietorships					
Business Name/Type of Business	In name of	Date acquired	% Interest/ # of Shares	Value/Amount	

INSURANCE POLICIES: Type of insurance, i.e. Life, Medical, Disability, Business Overhead, Property, etc					
Name of Company/Policy Number	Name of insured	Date acquired	Beneficiary	Value/Amount	

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

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RETIREMENT, PENSION PLANS, IRA ACCOUNTS, DEFERRED COMPENSATION, ANNUITIES, 401(k), PROFIT SHARING, etc.:

Name of Company/Type of Plan	Participant	Vested Y/N	Date acquired	Beneficiary	Value/Amount

STOCK OPTIONS, ESOPs, OTHER DEFERRED COMPENSATION OR EMPLOYMENT BENEFITS: (Describe fully)

Description	Title in name of	Date acquired	Fair Market Value

INCOME TAX REFUNDS: Federal and State (current or expected)

Federal/State/Taxpayer Name	Joint or Individual	Tax Year(s)	Refund Amount

PENDING CLAIMS FOR PERSONAL INJURY, WORKER'S COMPENSATION, BANKRUPTCY, OR OTHER LAWSUITS, CLAIMS AND/OR DEMANDS SEEKING MONETARY AWARD(S) OR OTHER RELIEF:

Claimant	Nature and Amount of Claim	Date of Occurrence	Name and Address of Attorney

COLLECTIBLES: Coins, stamps, art, antiques, etc.

Description	Title in name of	Date acquired	Value/Amount

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

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ALL OTHER MARITAL PROPERTY: Personal or Real, NOT PREVIOUSLY LISTED, valued in excess of \$500.00 excluding normal household furniture and furnishings)			
Description	Title in name of	Date acquired	Fair Market Value

NONMARITAL PROPERTY: Identify all property claimed to be nonmarital				
Description	Title	Date acquired	Inheritance(I) or Gift(G) Premarital (P)	Value/ Amount

STATEMENT OF ASSET TRANSFERRED: (List all assets transferred in any manner during the preceding six (6) months)			
Description of Property	To Whom Transferred and Relationship To Transferee	Date of Transfer and Purpose	Value/ Amount

COMPREHENSIVE FINANCIAL STATEMENT (CONT)

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CERTIFICATE OF DOCUMENT PRODUCTION

I, _____, certify that the attached document(s) are all of the documents I have in my possession or that I can obtain upon reasonable effort as of this date. The undersigned certifies that he/she has read the above and foregoing Comprehensive Financial Statement; that he/she knows the contents thereof, and that the information therein contained is true and correct.

I have provided copies of all supporting documents in my possession, relating to the disclosures made above.

Signature of Party Petitioner Respondent

Type or Print Name