

STATE OF ILLINOIS)
)SS
 COUNTY OF)

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
 _____ COUNTY, ILLINOIS

IN RE THE MARRIAGE OF:)
)
)
 Plaintiff,)
)
 vs.) No.
)
)
 Defendant.)

INCOME/EXPENSE AFFIDAVIT

_____, on oath states:

1. The parties have been married ____ years; my age is ____ years.
2. There are ____ children of the marriage, aged _____.
3. I (am) (am not) residing in the marital 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 and maintenance	\$
Auto insurance/month	\$
Utilities	
Gas	\$
Electric	\$
Water and garbage	\$
Telephone	\$
Cable	\$
Life Insurance	\$
Clothes (for ___ people)	\$

Grooming (personal)	\$
Children School:	
Tuition	\$
Books	\$
Lunch Program	\$
Babysitter	\$
Clubs/Entertainment	\$
Gifts/Donations	\$
Vacations	\$
Children's Activities	\$
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 _____
I earn \$_____ per hour and work _____ hours per pay period; my pay period is: _____
(weekly) (biweekly) (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	\$ _____
(e.g., bonus, interest, rent, etc.)	

7.

ASSETS	FAIR MARKET VALUE	DEBT
Real Estate	\$	\$
Vehicles	\$	\$
Bank Accounts / Investments	\$	\$
Employment Benefits (include past and present employers)	\$	\$
Other Assets (of any description whatsoever)	\$	\$

8.

LIABILITIES	BALANCE	PAYMENT
Mortgages	\$	\$
Auto Loans	\$	\$
Credit Accounts	\$	\$
Unpaid Medical Bills	\$	\$
Other Loans	\$	\$
Educational Loans		

Under penalties of perjury, provided by law in Section 1-109 of the Code of Civil Procedure, I certify that the information in this Affidavit is true, correct and complete.

DATE: _____

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