

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, DOMESTIC RELATIONS DIVISION

In Re the: Marriage Civil Union Custody Support
 Parentage

Petitioner

and

Respondent

No. _____

Calendar: _____

DISCLOSURE STATEMENT
(Pursuant to Rule 13.3.1)

STATE OF _____

COUNTY OF _____

ss:

Petitioner/Respondent, _____, being duly sworn, deposes and says that the following is an accurate statement as of _____, _____, of my net worth (assets of whatsoever kind and nature and wherever situation minus liabilities), statement of income from all sources, statement of monthly living expenses, statement of health insurance coverage, and statement of assets transferred of whatsoever kind and nature and wherever situated:

Name: _____ Telephone No.: _____

Address: _____ Date of Birth: _____

_____ Date of Dissolution of Marriage/Civil Union: _____
(if applicable)

Date of Marriage/Civil Union: _____

Parties reside in the same household: Yes No

Minor and/or Dependent Children of this Marriage Civil Union or Parentage:

Full Name(s)	Age	DOB	Residing with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Employer: _____ Address: _____

Self Employment: _____ Address: _____

Other Employment: _____ Address: _____

Check if unemployed

Number of Paychecks per year 12 24 26 52

Number of exemptions claimed: _____

Number of Dependents claimed: _____

Gross income from all sources last year: _____

Gross income from all sources this year through: _____

Case No. _____

STATEMENT OF INCOME

as of _____

Gross Monthly Income

Salary/wages/base pay _____ \$ _____
Overtime/commission _____
Bonus _____
Draw _____
Pension and retirement benefits _____
Annuity _____
Interest income _____
Dividend income _____
Trust income _____
Social Security _____
Unemployment benefits _____
Disability payment _____
Worker's compensation _____
Public Aid/Food stamps _____
Investment income _____
Rental income _____
Business income _____
Partnership income _____
Royalty income _____
Fellowship/stipends _____
Other income (specify) _____
TOTAL GROSS MONTHLY INCOME \$ _____

Required Monthly Deductions

Federal Tax (based on _____ exemptions) _____ \$ _____
State Tax (based on _____ exemptions) _____
FICA (or Social Security equivalent) _____
Medicare Tax _____
Mandatory retirement contributions required by law
or as a condition of employment _____
Union Dues (Name of Union: _____) _____
Health/Hospitalization Premiums _____
Prior obligations(s) of support actually paid pursuant to Court order _____
Expenditures for repayment of debts that represent reasonable and
necessary expenses for the production of income (identify and itemize) _____
Medical expenditures necessary to preserve life or health _____
Reasonable expenditures for the benefit of the child and the other parent exclusive
of gifts (for non-custodial parent only) (Identify and itemize on a separate sheet) _____
TOTAL REQUIRED DEDUCTIONS FROM INCOME \$ _____

NET MONTHLY INCOME \$ _____

Case No. _____

STATEMENT OF MONTHLY LIVING EXPENSES

as of _____

1. Household

- a. Mortgage or rent (specify) _____ \$ _____
- b. Home equity payment _____
- c. Real estate taxes, assessments _____
- d. Homeowners or renters insurance _____
- e. Heat/fuel _____
- f. Electricity _____
- g. Telephone (include long distance/cellular/fax or modem lines) _____
- h. Water and sewer _____
- i. Refuse removal _____
- j. Laundry/dry cleaning _____
- k. Maid/cleaning service _____
- l. Furniture and appliance repair/replacement _____
- m. Repairs and maintenance to dwelling _____
- n. Lawn and garden/snow removal _____
- o. Food (groceries, household supplies, etc.) _____
- p. Liquor, beer, wine, etc. _____
- q. Cable/satellite TV _____
- r. Internet Service Provider _____
- s. Other (specify) _____

SUBTOTAL HOUSEHOLD EXPENSES:

\$ _____

2. Transportation

- a. Gasoline _____ \$ _____
- b. Repairs and Maintenance _____
- c. Insurance/license/city stickers _____
- d. Payments/replacement _____
- e. Alternative transportation _____
- f. Parking _____
- g. Other (specify) _____

SUBTOTAL TRANSPORTATION EXPENSES:

\$ _____

3. Personal

- a. Clothing _____ \$ _____
- b. Grooming _____
- c. Medical (after insurance proceeds/reimbursement)
 - (1) Doctor _____
 - (2) Dentist _____
 - (3) Optical _____
 - (4) Medication _____
- d. Insurance
 - (1) Life (term) _____
 - (2) Life (whole or annuity) _____
 - (3) Medical/Hospitalization _____
 - (4) Dental/Optical _____
- e. Other (specify) _____

SUBTOTAL PERSONAL EXPENSES:

\$ _____

Case No. _____

4. Miscellaneous

- a. Clubs/social obligations/entertainment (including dining out) _____ \$ _____
- b. Newspapers, magazines, books _____
- c. Gifts _____
- d. Donations, church or religious affiliation _____
- e. Vacations (not including children) _____
- f. Computer/Supplies/Software _____
- g. Other (specify) _____

SUBTOTAL MISCELLANEOUS EXPENSES: \$ _____

5. Minor and/or Dependent Children

- a. Clothing _____ \$ _____
- b. Grooming _____
- c. Education
 - (1) Tuition _____
 - (2) Books/Fees _____
 - (3) Lunches _____
 - (4) Transportation _____
 - (5) School-sponsored activities _____
- d. Medical (after insurance proceeds):
 - (1) Doctor _____
 - (2) Dentist _____
 - (3) Optical _____
 - (4) Medication _____
- e. Allowance _____
- f. Child/Pre-school/After-school care (not included elsewhere) _____
- g. Sitters _____
- h. Lessons/extracurricular activities/supplies _____
- i. Clubs/Summer Camps _____
- j. Vacations (children only) _____
- k. Other activities _____
- l. Entertainment _____
- m. Other (specify) (e.g. gifts children give to others) _____

SUBTOTAL CHILDREN'S EXPENSES: \$ _____

TOTAL MONTHLY LIVING EXPENSES \$ _____

STATEMENT OF LIABILITIES

NOTE: Identify all creditors, but DO NOT DUPLICATE monthly expense if listed above as a monthly expense item. Please use Supplemental Statement of Liabilities (Part J of this form) if more space is needed to complete this section.

CREDITOR NAME	PAYMENT FOR	BALANCE DUE	MINIMUM MONTHLY PAYMENT
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

SUBTOTAL MONTHLY DEBT SERVICE: \$ _____

Case No. _____

RECAPITULATION

NET MONTHLY INCOME _____ \$ _____
TOTAL MONTHLY LIVING EXPENSES _____
DIFFERENCE BETWEEN NET INCOME AND EXPENSES _____
LESS MONTHLY DEBT SERVICE _____
INCOME AVAILABLE PER MONTH _____

CONTINGENT LIABILITIES

(Provide potential obligor, claimant, basis of claim, date incurred, amount claimed, who incurred.)

Have you ever filed for Bankruptcy? Yes No

If so, when? Date _____ Case No. _____

Additional Cash Flow (monthly) (Identify but do not add to monthly income)

Spousal Support Received

(Payments received from prior Judgment or Support orders in other actions): _____
Case No. _____

Child Support Received

(Payments received pursuant to Court order in this action): _____
(Payments received pursuant to Court order in other actions): _____
Case No.: _____

STATEMENT OF ASSETS

The date of valuation is _____ unless otherwise specified. Please designate values. In prejudgment dissolution of marriage/civil union actions, please indicate whether the property is marital/civil union (M or CU) non-marital/civil union Respondent (NMR or NCUR) non-marital/civil union Petitioner (NMP or NCUP). Please use Supplemental Statement of Assets (Part I of this form) if more space is needed to complete this section.

Description of Asset	Title in Name of	M/NMP/NMR/ CU/NCUP/NCUR	Value
CASH or CASH EQUIVALENTS (Do not list account numbers):			
1. Savings or interest-bearing accounts _____			
2. Checking Accounts _____			
3. Certificates of Deposit _____			
4. Money Market Accounts _____			
5. Cash _____			
6. Other (specify) _____			

Case No. _____

INVESTMENT ACCOUNTS and SECURITIES:

1. Stocks _____
2. Bonds _____
3. Tax exempt securities _____
4. Secured or Unsecured Notes _____
5. Other (specify): _____

REAL PROPERTY

(Provide address, type and description, amounts of mortgages, loans or liens)

1. Residence _____
2. Secondary or vacation residence _____
3. Investment or Business Real Estate _____
4. Vacant Land _____
5. Other (specify) _____

MOTOR VEHICLE(S): Boats, Trailers, etc. (Provide year, model, make, lien, debtor, amount)

BUSINESS INTERESTS: Corporations, Partnerships, Sole Proprietorships (Provide percentage interest and number of shares, name of business, type of business, type of entity, current accounts receivable, current bank account balances, current inventory value)

INSURANCE POLICIES: Life, medical, disability, business overhead, property, etc. (Provide type of insurance, insurer, policy number, name of insured, owner of policy, face amount, beneficiary, face value, cash value, surrender value, current death benefits)

Case No. _____

PENSION PLANS, IRA ACCOUNTS, DEFERRED COMPENSATION, ANNUITIES, 401K, etc.: (Provide name and type of plan, trustee of plan, nature of interest, beneficiary, vested or non-vested, current value)

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

INCOME TAX REFUNDS: Federal and State (Identify tax year)

CHOSSES IN ACTION: (Provide date of occurrence, nature/amount of claim, date suit filed, case number, name of plaintiffs)

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

ALL OTHER PROPERTY: (Personal or Real, NOT PREVIOUSLY LISTED valued in excess of \$500.00)

STATEMENT OF ASSETS TRANSFERRED OR SOLD

List all assets transferred or sold in any manner during the preceding three (3) years, or length of marriage, whichever is shorter (transfers or sales in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth.)

Description of Property	To Whom Transferred or Sold and Relationship to Transferee	Date of Transfer	Value	Amount Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Case No. _____

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 Full indemnity

Provided by: Employer Private Policy Other Group

Monthly cost: Paid by employer Paid by employee

\$ _____ for dependent per month

\$ _____ for myself per month

The foregoing Asset Disclosure Statement has been carefully read by the undersigned who states under oath, under penalties as provided by law pursuant to 735 ILCS 5/1-109, that s/he has knowledge of the matters stated and that the statements set forth in this Affidavit are true and correct, except as to matters specifically stated to be on information and belief, and as to such matters the undersigned certifies as aforesaid that s/he believes same to be true.

Signature of Party

Petitioner Respondent

Type or Print Name

Signed and sworn to before me

Notary Public

