

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

IN RE The  Marriage  Custody  
 Parentage  Support of:

\_\_\_\_\_  
[ ] Petitioner / [ ] Counter-Respondent,  
  
-vs-  
  
\_\_\_\_\_  
[ ] Respondent / [ ] Counter-Petitioner.



Docket No.: \_\_\_\_\_  
  
IV-D No.: \_\_\_\_\_  
  
Calendar No.: \_\_\_\_\_

**DISCLOSURE STATEMENT**  
**(Pursuant to Rule 13.3.1)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_



[ ] Petitioner / Counter-Respondent [ ] Respondent / Counter-Petitioner, \_\_\_\_\_,  
being duly sworn, deposes and says that the following is an accurate statement as of \_\_\_\_\_, 20 \_\_\_\_,  
of my net worth (assets of whatsoever kind and nature and wherever situated 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: \_\_\_\_\_ Month/Year of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Date of Dissolution of Marriage (if applicable): \_\_\_\_\_

Parties reside in the same household: \_\_\_\_\_ Yes \_\_\_\_\_ No

Minor and/or Dependent Children of this \_\_\_\_\_ Marriage or \_\_\_\_\_ Parentage

<u>Full Names</u>	<u>Age</u>	<u>Month/Year of Birth</u>	<u>Residing with</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Self Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Other Employment: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Check if unemployed

Number of paychecks per year: (Please circle one)    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: \_\_\_\_\_, 20 \_\_\_\_\_.

**STATEMENT OF INCOME**

As of: \_\_\_\_\_ (date)

Salary / wages / base pay \$ \_\_\_\_\_

Overtime / commission \_\_\_\_\_

Bonus \_\_\_\_\_

Draw \_\_\_\_\_

Pension and retirement benefits \_\_\_\_\_

Annuity \_\_\_\_\_

Interest 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 obligation(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 (only non-custodial parent completes): identify / itemize on a separate sheet \_\_\_\_\_

**TOTAL REQUIRED DEDUCTIONS FROM INCOME** \$ \_\_\_\_\_

**NET MONTHLY INCOME** \$ \_\_\_\_\_

**STATEMENT OF EXPENSES**

As of : \_\_\_\_\_ (date)

**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) \_\_\_\_\_
- 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) (i.e. amount you are required to pay)
  - (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:**

\$ \_\_\_\_\_

**4. Miscellaneous**

a. Club / social obligations / entertainment  
(including dining out)

\_\_\_\_\_

b. Newspaper, magazine, 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 care / Pre-school care / After-school care  
(not included elsewhere)

\_\_\_\_\_

g. Sitters

\_\_\_\_\_

h. Lessons / extracurricular activities / supplies

\_\_\_\_\_

i. Clubs / Summer Camps

\_\_\_\_\_

j. Vacation

\_\_\_\_\_

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.

<u>CREDITORS NAME</u>	<u>PAYMENT FOR</u>	<u>BALANCE DUE</u>	<u>PAYMENT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBTOTAL OF MONTHLY DEBT: \$ \_\_\_\_\_

**RECAPITULATION (Summary)**

NET MONTHLY INCOME \$ \_\_\_\_\_

TOTAL MONTHLY LIVING EXPENSES \$ \_\_\_\_\_

DIFFERENCE BETWEEN NET INCOME AND EXPENSES \$ \_\_\_\_\_

LESS MONTHLY DEBT \$ \_\_\_\_\_

TOTAL INCOME AVAILABLE PER MONTH \$ \_\_\_\_\_

➤ **CONTINGENT LIABILITIES** (Claims you may be required to pay in the future)  
(Provide potential obligor (person who owes claim), claimant (person to whom claim owed), 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** (Cash, investments, real estate, etc.)

The date of valuation is \_\_\_\_\_, 20 \_\_\_\_\_ unless otherwise specified. Please designate values. In Prejudgment dissolution of marriage (divorce) actions, please indicate whether the property is marital (M) or non-marital husband (NMH) or non-marital wife (NMW).

➤ **CASH or CASH EQUIVALENTS**

\* Complete if this is a pre-decree divorce case

<u>Description of Asset(s):</u>	<u>Titled in Name of:</u>	<u>M / NMH / NMW</u>	<u>Value</u>
1. Savings or interest-bearing account(s):	_____	_____	_____
2. Checking Account(s):	_____	_____	_____
3. Certificates of Deposit(s):	_____	_____	_____
4. Money Market Account(s):	_____	_____	_____
5. Cash:	_____	_____	_____
6. Other: (specify)	_____	_____	_____

➤ **INVESTMENT ACCOUNTS and SECURITIES**

1. Stock:	_____	_____	_____
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. Investments or business real estate:	_____	_____	_____
4. Vacant land:	_____	_____	_____
5. Other: (specify)	_____	_____	_____

➤ **MOTOR VEHICLE(s):** Boats, Trailers, Etc. (Provide Year, Model, Make, Lien, Debtor, Amount)

➤ **BUSINESS INTEREST:** Corporations, Partnerships, Sole Proprietorship (Provide percentage interest and number of shares, name of business, type of business, type of entity, current accounts receivable, current bank accounts 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)

➤ **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 fully)

➤ **INCOME TAX REFUNDS:** Federal and State (identify tax year)

➤ **CHOSSES IN ACTION:** (Lawsuit to recover money or personal property due to you)  
(Provide date of occurrence; nature and amount of claim, date lawsuit filed; case number; name of plaintiff (person who filed lawsuit))

➤ **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:**  
List all assets transferred (or sold) in any manner during the preceding three years, or length of marriage, whichever is shorter (transfers or sales in the routine courses 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 worth.)

<u>Description of Property</u>	<u>To Whom Transferred or Sold and your Relationship to Transferee</u> i.e. to whom transferred or sold	<u>Date of Transfer</u>	<u>Value</u>	<u>Amount Received</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

➤ **STATEMENT OF HEALTH INSURANCE COVERAGE:**

Currently effective health insurance coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of insurance carrier: \_\_\_\_\_ Policy Group \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Optical

Deductible: Per Individual \_\_\_\_\_ Per Family \_\_\_\_\_

Person(s) 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 dependents  
\$ \_\_\_\_\_ for self

The foregoing Asset Disclosure Statement has been carefully read by the undersigned who states under oath, and under penalties as provided by law pursuant to 735 ILCS 5/1-109, that he/she 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 he/she believes the same to be true.

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Signature of Party

\_\_\_\_\_ Petitioner / Counter-Respondent

\_\_\_\_\_ Respondent / Counter-Petitioner

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Type or Print Name

**DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS**