A STATE OF THE STUD	FINANCIAL AFFIDAVIT (FAMILY & DIVORCE)	
and	Pre-Judgment Post-Judgment	
-	IN THE STATE OF ILLINOIS, CIRCUIT COURT	
	COUNTY:	
	County Where You Are Filing the Case	
	Enter the case information as it appears on your other court documents.	
	PLAINTIFF/PETITIONER: Who started the case First, Middle, and Last Name, or Business Name	
	DEFENDANT/RESPONDENT:	Case Number
	Who the case was filed against First, Middle, and Last Name, or Business Name	
0	 If you intentionally or recklessly enter inaccurate or misleading information or significant penalties and sanctions, including costs and attorney's fees. If you need more room for a section, complete and attach the Additional Infor section. 	
	 Only file this document and any attachments with the Circuit Clerk if a local ru you to do so. Ask the Circuit Clerk where to find these rules. 	le or court order requires
STO	IMPORTANT! Read this before completing this form. Do not include in this affidavit any Social Security or individual taxpayer-identification license numbers, financial account numbers, or debit or credit card numbers. If a included on documents you are going to attach to this affidavit, hide them by covor otherwise removing.	ny of these items are
	. BASIC INFORMATION	
	a. I am the Petitioner Respondent in this case	
	b. I swear or affirm the information in this <i>Financial Affidavit</i> is true and correct	
	c. I attached the most recent copies of the following documents as evidence of debts. (Check all that apply.)	Date my income, assets, and
	Note: You must attach these documents if you have or can get them.	
	pay stubs or other proof of income.	
	income tax returns (including K-1, W-2, 1099, and all schedules).	
	bank statements.	
	other documents verifying your debts in 10 and your assets in 11:	
	2. INFORMATION ABOUT MYSELF	
4	If you need to keep your address secret from your spouse because of domestic violence, y	ou may use another address.
	That address must be one at which you can receive mail about the case.	
	a. Name:	·
	First Middle Last Name	
	b. Phone number:	

c. Date of Birth: ______.

Zip Code

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts. Forms are free at ilcourts.info/forms.ATJ 251.5Page 1 of 11(06/25)

3. MY EMPLOYMENT/BUSINESS

Tell the judge about your jobs, including all full-time, part-time, temporary, contract, or other work. Share information about any business you own or operate and the business income.

🐴 а. [I am unemployed.					
b. [I am employed by some	eone else:				
	Employer Name:					
	Employer Address:	reet, Apt. #		ity	State	Zip Code
	Number of paychecks per	· · ·	-	-,		_ <i>p</i>
	12 (monthly) 52 (weekly)	24 (two t	<i>imes a month)</i> in cash	🗌 26 <i>(e</i> v	very two wee	eks)
My	gross income from this er	mployer <i>(pay before t</i>	axes and deduction	ns as of Janu	ary 1) so far	this year:
	\$ as of					
_		Date				
C	I am self-employed or h					
	Attach complete feder	al and state business	tax returns for the	most recent	tax year.	
	 own a business as a as an independent as a member of a p 					
		imited liability compa	ny (LLC) not treate	ed as a corpo	ration.	
	closely held corpor		, , ,	·		
	other flow-through	n business entity.				
	Business Name:					·
	Dusiness Address					
	Business Address:				State	 Zip Code
	Gross business receipt	s for last year \$	and so f	ar this year :	Ś	
	Ordinary and necessar				r	
		and this year				
	I receive any of the fol			-		
	Reimbursed meals.	-		սբբյչ.		
	Company car.	•				
	Free housing or ho	using allowance.				
						·
	I have attached on	e or more Additional l	My Employment/B	<i>Susiness</i> form	ıs.	

If you have more than one job or business, fill out and attach the Additional My Employment/Business form.

4. MY GROSS INCOME AND TAXES FROM LAST YEAR

Enter the information you submitted on last year's IRS tax return.

a. My Tax filing status is:

Married (Joint) Married (Separate) Single Head of Household

Did not file (If you did not file a tax return for last year, leave **4b** blank, but still complete **4c**.)

b.	I claim or	i my federal	tax return:
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the standard deduction

itemized deductions

c. My gross income (before taxes and deductions) last year was: \$_____.

d. On my last tax return I claimed:

Child Tax Credit

Credit for Other Dependents Dependent Care Credit Additional Child Tax Credit

Earned Income Credit

For help in calculating monthly amounts, see our *How to Complete a Financial Affidavit (Family & Divorce Case)* at <u>ilcourts.info/financial-aff</u>.

5. MY MONTHLY GROSS INCOME FROM ALL SOURCES

Regular employment earnings mean the monthly gross income you receive on a regular basis from employment.

Regular employment/self-employment earnings from all jobs (salary, wages, base pay, etc.)	.\$
Overtime	. \$
Commission	.\$
Tips	.\$
Bonus	\$
Pension	\$
Annuity	.\$
Interest income	.\$
Dividend income	.\$
Trust income	. \$
Social Security Retirement	.\$
Social Security Disability	
Social Security Income (SSI) (not included as income for child support purposes)	.\$
Unemployment	.\$
Disability payment (not Social Security)	.\$
Workers' Compensation	.\$
TANF and SNAP (not included as income for child support purposes)	. \$
Military allowances	. \$
Investment income	.\$
Rental income	. \$
Partnership income	. \$
Distributions and draws	
Royalty income	.\$
Maintenance received under an order entered in this case or another case	
that you must report as income on your tax return	.\$
Maintenance received under an order entered in this case or another case	
that you do not have to report as income on your tax return	.\$
Child support for children of this relationship (if this support is paid by the other	
parent, it does not affect the support calculation)	.\$
Social Security payment made to the children of this relationship based on	
your disability or retirement	\$
Gifts of money	.\$
Other:	\$
Total Gross Monthly Income	\$

6. MY MONTHLY PAYROLL DEDUCTIONS

Use information from your paystubs, tax records, and other sources to identify the deductions being taken from your income. List any money deducted for health insurance in Section **9***e.*

Federal tax	
State tax	b
FICA (or Social Security equivalent, such as Self-employment tax)	b
Medicare tax	
Mandatory retirement contributions required by law or condition of employment (not allowed	
as a deduction if you also have a deduction for FICA or Social Security equivalent)	b
Total Monthly Deductions	\$

7. MONTHLY MAINTENANCE PAYMENTS

List any maintenance payments you are making. If you are not sure about whether your payments are taxdeductible, speak to your attorney or tax-preparer. Generally, maintenance payments court ordered after January 1, 2019 are not tax deductible. Attach a copy of the support order and proof that you are making the payments, like cancelled checks or court records.

Maintenance being paid by you under a court order in this case, \$	ý
This payment is: 🗌 tax deductible to me 🗌 not tax deductible to me	
Maintenance being paid under a court order in a different case by you\$	ý
This payment is: 🗌 tax deductible to me 🗌 not tax deductible to me	
Total Maintenance Payments \$	j

8. MONTHLY CHILD SUPPORT

List children supported. Attach (1) a copy of the support order, if there is one, and (2) proof of payment, like cancelled checks or court records, if you are making payments to the other parent.

- a. Child support being paid per month for children under a court order in this case. \$_____
- b. Child support being paid per month for children under a court order in other cases.

	County and State where entered	Number of Children	Case Number	Amount
1.				\$
2.				\$
3.				\$
4.				\$

NOTE: for sections C and D **do not** include children who are covered by the information in A and B. Do include children for whom there is no court order for support and (1) that are presumed to be yours because the child was born during the marriage or union, (2) for whom there is a voluntary acknowledgment of paternity (VAP) signed by you and the other parent, OR (3) for whom there is a court order naming you as a parent (for example, adoption). If there is a VAP or a court order naming you as a parent, attach it.

c. Child support being paid per month to the other parent for children, but there is no court order.

	Name of parent receiving the support	Number of Children	Amount
1.			\$
2.			\$
3.			\$
4.			\$

d. Other biological or adopted children that live in your home that you support.

Name of child	d Age	Paternity determined by:
1		Child born during marriage or union
1.		□ VAP □ Court Order
`		Child born during marriage or union
Ζ.		□ VAP □ Court Order
2		Child born during marriage or union
3.		□ VAP □ Court Order
		Child born during marriage or union
4.		VAP Court Order

I have attached one or more Additional Child Support forms listing additional information.

Total from Additional Child Support forms \$_____

Total Child Support Payments \$_____

9. MY MONTHLY LIVING EXPENSES

Enter the amount your household spends on each item each month.

Subtotal Monthly	Household Expenses \$
Other:	\$
Groceries, household supplies, and toiletries	\$
Pet care	\$
Necessary repairs and maintenance to your home	\$
House cleaning service	\$
Laundry and dry cleaning	
Garbage removal	
Water and sewer	
Internet	\$
Cable or satellite TV	
Telephone	
Electric	\$
Gas	\$
Homeowners or renters insurance	
Homeowners or condo association dues and assessments	
Real estate taxes	
Home equity (HELOC) and second mortgage	
Mortgage or rent	\$
Iousehold Expenses	

Subtotal Monthly Transportation Expenses \$_____

c. Personal Expenses	
Medical (out-of-pocket expenses)	
Doctor visits	.\$
Therapy and counseling	.\$
Dental and orthodontics (braces)	\$
Optical	.\$
Medicine	.\$
Life insurance	
Life (term)	.\$
Life (whole or annuity)	.\$
Clothing	\$
Grooming (hair, nails, spa, etc.)	\$
Gym & Club membership dues	\$
Entertainment, dining out, and hobbies	.\$
Newspapers, magazines, and subscriptions	.\$
Gifts	.\$
Donations (political, religious, charity, etc.)	.\$
Vacations	.\$
Mandatory or voluntary union, trade or professional association dues	.\$
Professional fees (accountants, tax preparers, attorneys)	.\$
Other:	\$
Subtotal Monthly Personal Expenses	\$
d. Minor and Dependent Children Expenses	
Clothing	\$
Grooming (hair, nails, spa, etc.)	.\$
Education	
Tuition	
Books, fees, and supplies	\$
School lunch	\$
Transportation	.\$
School-sponsored trips and special events	\$
Uniforms	
Before and after-school care	\$
Tutoring and summer school	.\$
Medical (out-of-pocket expenses)	
Doctor visits	.\$
Therapy and counseling	.\$
Dental and orthodontics (braces)	
	.\$
Vision	
Vision Medicine	.\$
	.\$.\$
Medicine	.\$.\$.\$
Medicine Allowance	\$ \$ \$ \$
Medicine Allowance Childcare and sitters	\$ \$ \$ \$
Medicine Allowance Childcare and sitters Extracurricular activities and sports (including equipment, uniforms, etc.)	\$\$ \$\$ \$\$ \$\$
Medicine Allowance Childcare and sitters Extracurricular activities and sports (including equipment, uniforms, etc.) Summer and school-break camps	\$\$ \$\$ \$\$ \$\$ \$\$
Medicine Allowance Childcare and sitters Extracurricular activities and sports (including equipment, uniforms, etc.) Summer and school-break camps Vacations (children only)	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$
Medicine Allowance Childcare and sitters Extracurricular activities and sports (including equipment, uniforms, etc.) Summer and school-break camps Vacations (children only) Entertainment, dining out, and hobbies (children only) Gifts children give to others	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$

e. Health Insurance Expenses

Enter information about the primary health insurance you have for yourself and your family. If you have more than one health insurance carrier, attach an Additional Health Insurance form.

I have health insurance: 🗌 Yes 🗌 No
Name of insurance company:
Type of insurance: 🗌 Medical 🗌 Dental 🗌 Orthodontic (braces) 🗌 Vision
Type of policy: 🗌 HMO 🔄 PPO 🗌 Other
Provided through: 🗌 Employer 🗌 Private Policy 🗌 Other Group Policy 🗌 Medicaid/All Kids
Total number of people covered by this policy:
The insurance covers: 🗌 Me 📋 My spouse/partner 🔲 children of this relationship
children of this relationship and other children
(if you check this box, list the number of the other children covered and their ages):
Total monthly cost for this insurance is \$
This cost is paid by: 🗌 Me 🗌 My spouse/partner 🗌 Other:
Monthly cost for this insurance for covering children: \$
Monthly cost for this insurance for covering children of this relationship (if known): \$
Yearly deductible (amount you pay before your insurance starts to pay):
Per individual \$ Per family \$
Coinsurance (percentage of costs you pay, e.g. 20%):
I have attached one or more Additional Health Insurance forms because I have more than one health insurance policy.
Amount from Additional Health Insurance forms \$
Subtotal Monthly Insurance Expenses \$
Total Monthly Living Expenses (add the subtotals from sections 9a through 9e above) \$

10. My Debts (do not list expenses included in section 9)

Enter your debts including credit cards and past-due bills. Do not include debt payments already listed in Sections 9 above, such as your mortgage or car payment.

	Describe what the Debt was for			Monthly	
	Creditor Name	(loan, parking tickets, household goods, attorney's fees, etc.)	Amount Owed	Payment Being Made	
1.			\$	\$	
2.			\$	\$	
3.			\$	\$	
4.			\$	\$	
5.			\$	\$	
6.			\$	\$	

I have attached one or more Additional My Debts forms listing additional debts.

Amount from Additional My Debts form \$_____

Total Monthly Debt Payments \$_____

otal monthly best rayments

11. My Assets

List the things you own that are worth something. List any balances as of the date of this affidavit. If you need more room for a section, complete and attach the Additional Information form for that section.

Note: Fair Market Value (FMV) is generally defined as a selling price for an item to which an unrelated buyer and seller can agree. For more information on FMV read our *How to Complete a Financial Affidavit (Family & Divorce Case)* at <u>ilcourts.info/financial-aff</u>.

a. Cash and Cash Equivalents (list balance as of the date of this affidavit; do not list account numbers.)

Checking, Savings, Money Market, and Other Bank or Credit Union Accounts

Name of Bank, Credit Union, etc.	Name on Account	Account Type	Balance
1.			\$
2.			\$
3.			\$

Certificates of Deposit

Name of Bank, Credit Union, etc.	Name on Account	Balance
1.		\$
2.		\$
3.		\$

Cash, Prepaid Debit Cards, and Money Transfer Apps like Venmo, PayPal, Apple Pay, etc. A **Prepaid Debit Card** is a card that can be used to make purchases as you would use cash. Many prepaid cards carry the brand of a card network, like MasterCard, Visa, or American Express.

1.	Ś
	<u>τ</u>
2.	\$
3.	\$

I have attached one or more *Additional Cash and Cash Equivalents* forms.

b. Investment Accounts and Securities (list FMV or balance as of the date of this affidavit)

Stocks, Bonds, Options, Employee Stock Ownership Plans

	Company Name	# Shares	Туре	Owner	FMV
1.					\$
2.					\$
3.					\$

Investment/Brokerage Accounts, Mutual Funds, Secured or Unsecured Notes, and Cryptocurrency

Owner	Balance
	\$
	\$
	\$
	Owner

I have attached one or more *Additional Investment Accounts and Securities* forms.

c. Property & Business Interests (list FMV or balance as of the date of this affidavit)

Business Interests

In **Type of Business**, enter whether the business is a corporation, S Corp, or LLC, etc.

	Name of Business	Type of Business	% of Ownership	Balance
1.				\$
2.				\$
3.				\$

Transfer or Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000

	Description	Transferred or Sold to	Date of Transfer	Amount
1.				\$
2.				\$
3.				\$

Real Estate

	Address	Name on Title	FMV	Balance
1.			\$	\$
2.			\$	\$
3.			\$	\$

I have attached one or more *Additional Property & Business Interests* forms.

d. Insurance and Retirement (*list FMV or balance as of the date of this affidavit*) Life Insurance Policies for yourself, your spouse, or your children

Name of Insurance Company	Type of Policy	Death Benefit	Cash Value
1.		\$	\$
2.		\$	\$
3.		\$	\$

Retirement Benefits and Deferred Compensation (pension plan, annuity, IRA, 401(k), 403(b), SEP)

	Name of Plan	Type of Plan	FMIV or Account Balance
1.			\$
2.			\$
3.			\$

I have attached one or more *Insurance and Retirement* forms.

e. Personal Property (*list FMV or balance as of the date of this affidavit*) Motor Vehicles (cars, boats, trailers, motorcycles, aircraft, etc.)

Year, Make, and Model	Name on Title	FMV	Balance
1.		\$	\$
2.		\$	\$
3.		\$	\$

Case Number

Valuable Collectibles (coins, stamps, art, antiques, etc.)

	Description	FMV
1.		\$
2.		\$
3.		\$

Other Personal Property Valued Over \$500

	Description	FMV
1.		\$
2.		\$
3.		\$

I have attached one or more *Additional Personal Property* forms.

12. Lawsuits and Claims (workers' compensation, disability, etc.)

Enter information about lawsuits and claims you have filed, you will be filing, have been filed, or may be against you. In **Date Lawsuit or Claim** filed, enter "not filed" if it has not been filed yet. In **Amount Recovered**, enter \$0 if the case is over and you did not recover anything and enter "unknown" if your case is still pending or has not yet been filed.

Case Number	Date Lawsuit or Claim Filed	Amount Recovered	
1.		\$	
2.		\$	
3.		\$	

I have attached one or more *Additional Lawsuits and Claims* forms.

13. Income Tax Refunds or Amounts Owed for the Last 2 Years (federal and state)

Enter information about your federal and state tax returns for the last 2 years. Check **Refund** if you received one, or **Amount Owed** if you owed additional taxes.



SIGN					
Under <u>735 ILCS 5/1-109</u> , your signature means that:					
1) everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and					
2) I understand that making a false statement on this form is perjury and has penalties provided by law.					
If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.					
Your Signature <u>/s/</u>	Print Your Name				
Your Phone Number	Attorney Number (if any)				
Your Email (if you have one)					
Your Address					
Street, Apt. #	City	State	Zip Code		
I am using an alternative address because disclosing my address would put me or my household at risk.					
Be sure to check your email every day so you do not miss im	portant information, court dates,	or documents from	other parties.		



Send a copy of your completed *Financial Affidavit* and supporting documents to the other person in the case. If a person in the case has a lawyer, you must send the documents to their lawyer.

Complete and file a *Proof of Delivery* form with the Circuit Clerk to show that you sent your forms to the other person. You can find the *Proof of Delivery* form at: <u>ilcourts.info/forms</u>. File the *Proof of Delivery* with the Circuit Clerk.

Do not file your *Financial Affidavit* with the Circuit Clerk unless a local rule or court order requires you to do so.



Learn more about each step in the process by reading through our *How to Complete a Financial Affidavit (Family & Divorce Case)* at <u>ilcourts.info/financial-aff</u>.