STATE OF ILLINOIS	UNITED STATES OF AMERICA OURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN RE THE MARRIAGE OF:	CASE NUMBER
PETITIONEI -VS-	R
RESPONDE	NT
	CHENSIVE FINANCIAL STATEMENT NT TO LOCAL COURT RULE 15.01.3
<u>i ensem</u>	INSTRUCTIONS
 All questions require a written response particular questions, indicate that as you 	. If you do not have the information requested or do not know the answer to a
as of, 20, of minus liabilities), a statement of income from	, being duly sworn, states that the following is an accurate statement his/her net worth (assets of whatsoever kind and nature and wherever situated an all sources, a statement of monthly living expenses, a statement of health insur- sferred of whatsoever kind and nature and wherever situated:
Name:	Telephone No
Address:	Soc. Sec. No
Driver's License No.	Date of Birth
Date of Marriage:	Date of Separation
Date of Dissolution of Marriage (if applicable	e):
Children of this Marriage:	
Birth date	residing with
Birth date	residing with
Birth date	residing with
Current Employer:	Address:
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UNITED STATES OF AMERICA COUNTY OF DU PAGE IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT			
		Case No.	
Self Employment:	Address:		
Other Employment:	Address:		
Check if unemployed			
Number of Paychecks per year (Please Circle)			
12 24 26 52 Other	r:		
Number of Exemptions Claimed:			
Number of Dependents:			
Gross income from all sources last year:		_	
Gross income from all sources this year through		_	
II. STATEMENT OF CURRENT INCOME			
Gross Monthly Income			
Salary/wages/base pay			
Overtime/commission			
Cash Bonus			
Stock Bonus			
Draw			
Pension and retirement benefits			
Annuity			
Interest income			
Dividend income			
Trust Income			
Social Security Payments			
Unemployment benefits			
Disability payments			
Worker's Compensation			
Public Aid/Food Stamps			
Investment Income			
Rental Income			
Business Income			

	Case No
Partnership, Sub-Chapter S, or LLC Income	
Royalty income	
Fellow ships/stipends	
Other income (specify)	
FOTAL MONTHLY GROSS INCOME FROM ALL SOURCES	
Voluntary Deductions from Income	
Total Voluntary Deductions	
Required Monthly Deductions	
Federal Tax (based on exemptions)	
State Tax (based on exemptions)	
FICA (or Social Security equivalent)	
Medicare Tax	
Mandatory retirement contribution required by law or as condition of employment	
Union Dues (Name of Union:)	
Health/Hospitalization Premiums	
Prior obligations(s) of support actually paid pursuant to Court order	
Fotal Required Deductions	

III. STATEMENT OF CURRENT MONTHLY LIVING EXPENSES

1. Household	
a. Mortgage or rent (specify)	
b. Home equity loan/Second mortgage	
c. Real estate taxes, assessments	
d. Homeowners or renters insurance	
e. Heat/fuel	

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Case No.

	Case	No
f. Electricity		
g. Telephone (include long distance)		
h. Water and Sewer & Refuse removal		
i. Laundry/dry cleaning		
j. Maid/cleaning service		
k. Furniture and appliance repair/replacement		
l. Lawn and garden/snow removal		
m. Food (groceries, liquor, household supplies, etc.)		
n. Other (specify)		
SUBTOTAL HOUSEHOLD EXPENSES:		
2. Transportation		
a. Gasoline		
b. Repairs		
c. Insurance/license/city stickers		
d. Payments/replacement		
e. Alternative transportation		
f. Other (specify)		
SUBTOTAL TRANSPORTATION EXPENSES:		
3. Personal		
a. Clothing		
b. Grooming		
c. Medical (after insurance proceeds):		
(1) Doctor		
(2) Dentist		
(3) Optical		
(4) Medication		
d. Insurance		
(1) Life insurance Premiums		
(2) Medical/Hospitalization Insurance Premiums		

UNITED STATES OF AME IN THE CIRCUIT COURT OF THE EIGHTEEI	COUNTY OF DU PAG
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(3) Dental/Optical Insurance Premiums	
e. Other (specify)	
SUBTOTAL PERSONAL EXPENSES	
4. Miscellaneous	
a. Clubs/social obligations/entertainment	
b. Newspapers, magazines, books	
c. Gifts	
d. Donations, church or religious affiliation	
e. Vacations	
f. Other (specify)	
SUBTOTAL MISCELLANEOUS EXPENSES:	
5. Dependent children: Names and ages:	
Children's separate expenses:	
a. Clothing	
b. Grooming	
c. Education:	
(1) Tuition	
(2) Books/fees	
(3) Lunches	
(4) Transportation	
(5) Activities	
d. Medical (after insurance proceeds)	
(1) Doctor	
(2) Dentist	
(3) Optical	

UNITED STATES OF AMERICA STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT COUNTY OF DU PAGE Case No. (4) Medication e. Allowance f. Child care/after school care g. Sitters h. Lessons and supplies i. Clubs/summer camps j. Vacation k. Entertainment l. Other (specify) SUBTOTAL CHILDREN'S EXPENSES TOTAL MONTHLY LIVING EXPENSES

RECAP

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

IV. STATEMENT OF HEALTH INSURANCE COVERAGE

Currently effective health insurance coverage:	e:YESNO	
Name of insurance carrier:	Policy or Group No	
Type of insurance:Medical	Optical	
Deductible: Per Individual	Per Family	
Persons covered:Self	SpouseDependents	
Type of policy: HMO	PPOStandard indemnity (i.e. 80/20)	
Provided by:Employer	Private PolicyOther Group	
Monthly cost:Paid by Employer	erPaid by Employee;	
\$For dej	ependents \$for myself	

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UNITED STATES OF AMERICA COUNTY OF DU PAGE IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

Case No.

V. STATEMENT OF DEBTS/LIABILITIES

CREDITOR'S NAME	PURPOSE OF DEBT	BALANCE DUE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

CONTINGENT DEBTS/LIABILITIES

(Provide name of potential obligor/creditor; claimant; basis of claim; date incurred; amount claimed; who incurred.)

Name of Potential Obligor/Creditor	Claimant	Basis of Claim	Date Incurred	Amount Claimed	Who Incurred

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			Case No	
VI. STATEMENT OF ASSETS - The date of valuation is unless otherwise s				
Description of Asset	Title in Name of	Date Acquired	Inheritance (I) or Gift (G)	Fair Market Value
Cash or Cash Equivalents:				
1. Savings or interest bearing acc	ounts.		II	
2. Checking Accounts.				
2. Checking Accounts.		1	rr	
3. Certificates of Deposit.			<u> </u>	
4. Money Market Accounts.				
5 Coch				
5. Cash.		1	I	

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			Case No	Case No.	
Description of Asset	Title in Name of	Date Acquired	Inheritance (I) or Gift (G)	Fair Market Value	
investment Accounts and Sec	urities:				
1. Stocks					
2. Bonds					
3. Tax Exempt Securities					
5. Tax Exempt Securities	1	1	1		
4. Secured or Unsecured Notes		-	1		
5. Other (specify)					
· • • /					
Safe Deposit Box: Provide nam	e of bank; description of con	tents.			
		1			

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UNITED STATES OF AMERICA STATE OF ILLINOIS COUNTY OF DU PAGE IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT				
			Case No	·
Real Property: Provide address	s, type and description, current	t fair market value,	amounts of mortgage	s, loans or liens.
1. Residence				
2. Secondary or vacation resider	nce			
3. Investment or Business Real			1	
4. Vacant Land	1	Į	I	
5.0.1. (
5. Other (specify)	1			
Motor Vehicle(s), Boats, Traile	r, etc.: Provide year, model, n	naker, lien, debtor,	amount.	
Business Interests: Type of entity, i.e. Corporations, Partnerships, Sole Proprietorships (Provide percentage interest and number of shares, name of business, type of business.)				

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INTHE	CIRCUIT COURT OF THE	EIGHTEENTHJU)
Insurance Policies: Type of insurer, policy number, name	insurance, i.e. Life, Medical of insured, owner of policy, fa	Disability, Business (ace amount, beneficiar	Overhead, Property, e ry, cash value, cash su	tc. Provide name of rrender value.
Retirement, Pension Plans, I	RA Accounts, Deferred Con	npensation, Annuitie	s, 401(k), Profit Sha	ring, etc. Provide
name and type of plan, trustee	of plan, beneficiary, vested or	r non-vested, most cu	rrent value.	
Stock Options, ESOPs, Othe	nr Deforred companyation or	· Employment Benef	its: (doscribo fully)	
<u>Stock Options, ESOFS, Othe</u>		Employment Bener	Its: (describe fully)	1
Pending Claims for Persona Provide date of occurrence, r				
address of attorney representi			, I	,
Collectibles: Coins, stamps,	art, antiques, etc.			
<u>All Other Property:</u> Person household furniture and furnis		SLY LISTED, valued	in excess of \$500.00	, excluding normal
			ļ	1

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UNITED STATES OF AMERICA COUNTY OF DU PAGE

STATE OF ILLINOIS COUNTY OF THE EIGHTEENTH JUDICIAL CIRCUIT

Case No.

VII. STATEMENT OF ASSETS 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	Value

VIII. NONMARITAL ASSETS:

List all nonmarital property claimed by you, identifying each item of property as to the type of property, the date received, the basis on which you claim it is nonmarital property, its location, and the present value of the property:

IX. WITNESSES:

- A. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial and state the subject of each witness' testimony.
- B. Pursuant to Illinois Supreme Court Tile 213(g), provide the name and address of each opinion witness who will offer any testimony:

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UNITED STATES OF AMERICA STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT					
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	(a) State the subject matter on which the opin	nion witness is expected to testi	fy:		
	(b) State the conclusion and/or opinions of witness, if any:	the opinion witness and the ba	asis therefore, including reports of the		

(c) State the qualifications of each opinion witness including a curriculum vitae and/or resume, if any:

(d) and State the identity of any written reports of the opinion witness regarding the occurrence:

X. PHYSICAL AND MENTAL STATUS:

Are you in any manner incapacitated or limited in your ability to earn income at the present time? If so, define and describe such incapacity or limitation, and state when such incapacity or limitation commenced and when it is expected to end.:

CERTIFICATE OF DOCUMENT PRODUCTION

I, _______, certify that the attached corroborating documents are all 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.

Respondent

Signature of Party

_Petitioner

Type or Print Name