

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

IN RE The  Marriage  Custody  
 Support  Parentage

\_\_\_\_\_,  
Petitioner,  
and  
\_\_\_\_\_,  
Respondent.

No. \_\_\_\_\_  
Calendar: \_\_\_\_\_

DISCLOSURE STATEMENT  
(Pursuant to Rule 13.3.1)

STATE OF \_\_\_\_\_ ss:  
COUNTY OF \_\_\_\_\_

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

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

Parties reside in the same household:  Yes  No

Minor and/or Dependent Children of this  Marriage or  Parentage

Full Names	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. \_\_\_\_\_

as of \_\_\_\_\_

STATEMENT OF INCOME

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** \$ 0.00

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 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 (for non-custodial parent only) \_\_\_\_\_  
(identify and itemize on a separate sheet)

TOTAL REQUIRED DEDUCTIONS FROM INCOME

\$ 0.00

NET MONTHLY INCOME

\$ 0.00

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: \$ 0.00

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: \$ 0.00

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: \$ 0.00

4. Miscellaneous Case No. \_\_\_\_\_
- 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: \$ 0.00

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. Vacations (children only) \_\_\_\_\_
  - k. Other activities \_\_\_\_\_
  - l. Entertainment \_\_\_\_\_
  - m. Other (specify) (e.g. gifts children give to others) \_\_\_\_\_

SUBTOTAL CHILDREN'S EXPENSES: \$ 0.00

TOTAL MONTHLY LIVING EXPENSES: \$ 0.00

**STATEMENT OF LIABILITIES**

Note: Identify all creditors, but DO NOT DUPLICATE monthly expense if listed above as 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: \$ 0.00

Case No. \_\_\_\_\_

**RECAPITULATION**

NET MONTHLY INCOME _____	\$ 0.00
TOTAL MONTHLY LIVING EXPENSES _____	0.00
DIFFERENCE BETWEEN NET INCOME AND EXPENSES _____	0.00
LESS MONTHLY DEBT SERVICE _____	0.00
INCOME AVAILABLE PER MONTH _____	0.00

**CONTINGENT LIABILITIES:**

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

Have you ever filed for Bankruptcy?  Yes  No  
Is 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 actions, please indicate whether the property is marital (M) or non-marital husband (NMH) or non-marital wife (NMW). Please use Supplemental Statement of Assets (Part I of this form) if more space is needed to complete this section.

<u>Description of Asset</u>	<u>Title in Name of</u>	<u>M/NMH/NMW</u>	<u>Value</u>
-----------------------------	-------------------------	------------------	--------------

**CASH or CASH EQUIVALENTS:**

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 COMPENATION OR EMPLOYMENT BENEFITS:**

(Described)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 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 dependents 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





