

**IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
ROCK ISLAND COUNTY, ILLINOIS**

IN RE THE MARRIAGE OF:)	
_____)	
Petitioner,)	
)	
v.)	NO. _____
)	
_____)	
Respondent.)	

**RULE IX (b)
FINANCIAL DISCLOSURE STATEMENT**

<u>HUSBAND</u>	<u>WIFE</u>
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Soc. Sec. #: _____	Soc. Sec. #: _____
D/B: _____ Age: _____	D/B: _____ Age: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____

CHILDREN

<u>NAME</u>	<u>D/O/B</u>	<u>AGE</u>	<u>WITH WHOM RESIDING</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATEMENT OF INCOME, EXPENSES, ASSETS & LIABILITIES

INCOME

	<u>HUSBAND</u>	<u>WIFE</u>
<u>GROSS MONTHLY INCOME</u> From:		
Salary, wags, commissions, bonuses, allowances & overtime (Note: To arrive at gross monthly income, multiply weekly gross by 4.3 if paid weekly, or multiply bi-weekly income by 2.15 if paid bi-weekly)	\$ _____	\$ _____
Pension or retirement	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____

Disability or unemployment benefits	\$ _____	\$ _____
Public aid (ADC-Welfare)	\$ _____	\$ _____
Child Support from prior marriage (alimony)	\$ _____	\$ _____
Rents	\$ _____	\$ _____
Other Income (specify)	\$ _____	\$ _____
Other Income (specify)	\$ _____	\$ _____
<u>TOTAL GROSS MONTHLY INCOME</u>	\$ _____	\$ _____

DEDUCTIONS:

State Income tax withheld	\$ _____	\$ _____
Federal income tax withheld	\$ _____	\$ _____
Social Security withheld	\$ _____	\$ _____
Medical or other insurance	\$ _____	\$ _____
Credit Union payments	\$ _____	\$ _____
Credit Union savings	\$ _____	\$ _____
Union or other dues	\$ _____	\$ _____
Other deductions (specify)	\$ _____	\$ _____
Other deductions (specify)	\$ _____	\$ _____
<u>TOTAL MONTHLY DEDUCTIONS</u>	\$ _____	\$ _____

<u>TOTAL NET MONTHLY INCOME</u>	\$ _____	\$ _____
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MONTHLY LIVING EXPENSES

(LIST ALL EXPENSES BY MONTH: State the name and relationship of all persons whose expenses are included: _____)

Mortgage or rental payments (residence)	\$ _____	\$ _____
Real estate taxes if not included in mortgage payment	\$ _____	\$ _____
Real estate insurance if not included in mortgage payment	\$ _____	\$ _____
Food and Household supplies	\$ _____	\$ _____
Utilities (gas & electric - heat - water & sewer)	\$ _____	\$ _____
Telephone (base rate only)	\$ _____	\$ _____
Laundry & dry cleaning	\$ _____	\$ _____
Clothing (for yourself & family members)	\$ _____	\$ _____
Medical (expenses not covered by insurance)	\$ _____	\$ _____
Dental (expenses not covered by insurance)	\$ _____	\$ _____
Insurance (health, accident, life) Exclude Payroll Ded.	\$ _____	\$ _____
Child Care (Babysitters, etc.)	\$ _____	\$ _____
School (preschool, college, other schooling expenses)	\$ _____	\$ _____
Payment of child/spousal support from prior marriage	\$ _____	\$ _____
Auto expense (gas, oil, repairs)	\$ _____	\$ _____
Auto insurance	\$ _____	\$ _____
Auto payments (EXCLUDE PAYROLL DEDUCTION)	\$ _____	\$ _____
Transportation (other than automobile)	\$ _____	\$ _____
Entertainment (clubs, movies, recreation, travel, etc.)	\$ _____	\$ _____
Incidentals (grooming, gifts, etc.)	\$ _____	\$ _____
Installment payments (charges, etc. not previously included)	\$ _____	\$ _____

Other monthly expenses (specify)_____	\$_____	\$_____
Other monthly expenses (specify)_____	\$_____	\$_____
Other monthly expenses (specify)_____	\$_____	\$_____
TOTAL MONTHLY LIVING EXPENSES	\$_____	\$_____

ASSETS

REAL ESTATE

(If more than one parcel owned, please attach schedule with following information:

Address:_____	Original cost:	\$_____
Type of Property:_____	Improvements:	\$_____
Date of Purchase:_____	Total Costs:	\$_____
How Title Held:_____	Liens:	\$_____
Mortgage Holder:_____	Present Value:	\$_____
	Taxes:	\$_____

CERTIFICATES OF DEPOSIT:

Certificate Number: _____ Where Held: _____
 In Whose Name: _____ Amount: _____
 Maturity Date: _____ Present Value \$ _____

CHECKING AND/OR SAVINGS ACCOUNTS:

(Include and IRA accounts or money market accounts):

Name of Institution	Type of Account	Owner	Present Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

PENSIONS, RETIREMENT PLANS

(Includes IRAs, SIPs, 401K Plans, deferred income & profit sharing plans)

Name of Company:_____ In whose name: _____
 How many years employed:_____ Present cash value: _____

Name of Company:_____ In whose name: _____
 How many years employed:_____ Present cash value: _____

OTHER ASSETS

(Motorcycles, boats, machinery, tools, crops, livestock, pending workers compensation and personal injury claims, etc.)

Item	Value	In Whose Possession
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

BUSINESS/FARMING INTERESTS

(List interest in any business, corporation, farms, etc. which you or your spouse have ownership in.)

Name of Business: _____

Value: \$ _____

Explain:

LIABILITIES

Name of Company	For	Balance	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

NON-MARITAL PROPERTY CLAIMED BY YOU:

Item	Value	Basis of Claim
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

