IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT () COUNTY, ILLINOIS

No.

Petitioner

	VS.			IV-D No.				
	Respondent							
		AFFIDAVI"	T OF INCOME	AND EXPENSES				
	certifies and states:							
۹.	IDENTIFYING INFORMATION	N						
1.	I live at					_		
2.	The other parent and I [were i] and lived together fro	m		
			;	the following children were born to or adopted by us:				
<u>Name</u>	Date of Birt	<u>h</u>	<u>In wh</u>	ose custody	Born or Adopted			
3.	Since the last court order (_//) the other p	parent has paid me	\$ for child sup	port.		
4.	The following additional people	e are depen	dent upon me	for support:				
<u>Name</u>		<u>Date</u>	of Birth		Relationship			
3.	MY MONTHLY EXPENSES F	OR ME ANI	D MY CHILDR	EN ARE:				
		<u>N</u>	<u>/line</u>	My Chil	dren's			
Rent o	r House Payment							
Electric	city							
Gas								
Heating	g Oil							
Nater								
Геlерh	one							
Trash (Collection							
Sewer								
Cable ⁻	TV							
Newsp	apers/Magazines							

House	of Renter's Insurance				
Proper	ty Taxes				
Transp	oortation/Car				
Car Ins	surance				
Car Ma	aintenance				
Medica	al/Hospital Insurance				
Life Ins	surance				
Doctor	s/Dentists				
Hospita	als				
School	Expenses				
Laundı	ry/Dry Cleaning				
Day Ca	are/Babysitting				
Grocer	ries/Household Supplies				
Clothin	ng				
Restau	ırant Meals				
Haircu	ts/Beauty Shop				
Enterta	ainment/Recreation				
Gifts/T	oys/Books for Child				
Child S	Support Paid to Others				
Mainte	nance/Alimony to Others				
Charita	able Contributions				
Persor	nal Items				
Other					
	TOTAL				
C.	MY DEBTS OTHER THAN MO	ONTHLY LIVING F	EXPENSES ARE:		
		<u>Balance</u>	<u>Payment</u>	Co-Debtor	
Credit	Card				
Credit	Card				
Studer	nt Loan				
Furnitu	ıre/Appliances				
Other					
D.	MY REGULAR SOURCE OF	INCOME			
1.	I am employed by	ar	nd work at		··
	My regular number of hours w	orked each week is	S		
	My hourly wage rate is \$, I am paid (v	veekly) (every other weel	k) (two times per month) (m	onthly), and I
claim _	dependents as tax ex	emptions.			
2.	Gross Income	\$			
	Deductions:	\$			
	Federal Income Tax	\$			
	State Income Tax	\$			
	Social Security	\$			
	After Tax Income	\$			

	Other Deductions	\$	_				
	Medical Insurance	\$	_				
	Life Insurance	\$	_				
	Credit Union	\$	<u> </u>				
	Savings Bonds	\$	<u> </u>				
	Retirement	\$	_				
	Charities	\$	<u> </u>				
	Other	\$	_				
	Net Take Home/Pay Period	\$	_				
E.	OTHER SOURCES OF INCOME EACH MONTH						
	Unemployment Benefits	\$	_				
	Welfare Benefits	\$	_				
	Social Security Benefits	\$	_				
	Self-Employment	\$	_				
	Interest/Dividends	\$	_				
	Rental Property Income	\$	_				
	Pension Benefits	\$	_				
	Maintenance/Alimony	\$	_				
	Royalties	\$	_				
	Other	\$	_				
F.	MY ASSETS						
Desc	ription Fair Ma	arket Value	Amount Owed	Co-Owner			
1.	Real Estate						
2.	Motor Vehicles (cars, trucks, t	ooats, mobile hon	nes, aircraft, motorcycles, RV's	s, etc.)			
-							
3.	Bank Accounts						
	Location	<u>C</u>	urrent Balance	Co-Owners			
Chec	king						
Savir	ngs						
4.	Cash on Hand	\$	_				
5.	Household Goods and Furnis	hings					

6.	Personal Items (jewelry,	Personal Items (jewelry, furs, guns, electronics, antiques, coins, etc.)						
7.	Life Insurance							
Гуре	<u>Company</u>	Owner	<u>Beneficiaries</u>	Face Value	Cash Value			
B.	Stocks, Bonds, IRA's, Ce	ertificates of De	posit					
Name or Fina	of Company, Trustee, ancial Institution		Date of Acquisition		Fair Market Value			
9.	Retirement Funds or Pla	ns						
<u>Type</u>	<u>Company</u>	Coi <u>Noi</u>	ntributory or n-Contributory	Date of Investing	Present <u>Value</u>			
			<u>CERTIFICATION</u>					
on info	es that the statements set	forth in this inst	suant to Section 1-109 of the rument are true and correct streets the undersigned certifies	ct, except as to m	atters therein stated to be			
Date			Signature					