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

In Re the: ☐Marriage ☐Civil Union ☐Custody ☐Support ☐Parentage	
Petitioner	No
reduoner and	
und	Calendar:
Respondent	
DISCLOSURE STAT	TEMENT
(Pursuant to Rule	13.3.1)
STATE OF	
COUNTY OF ss:	
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 situation minus liabilities), statement of income from all sources,	
insurance coverage, and statement of assets transferred of whatsoever kind	
•	one No.:
	Birth:
Date of (if appli	Dissolution of Marriage/Civil Union:icable)
Date of Marriage/Civil Union:	,
Parties reside in the same household: \(\subseteq \text{Yes} \subseteq \text{No} \)	
Minor and/or Dependent Children of this ☐ Marriage ☐ Civil Union or	☐ Parentage:
Initials Age YOB	Residing with
☐ Pursuant to Illinois Supreme Court Rule 138, a Notice of Personal Identi	ity Information Within Court Filing form (CCC 0500) has
been filed, under seal, containg the full name(s) and date(s) of birth of th	
Current Employer: Address	s:
	s:
Self Employment: Address	s:
Self Employment: Address	
Self Employment: Address Other Employment: Address	s:
Self Employment: Address Other Employment: Address \[\begin{align*} \text{ Address} \text{ Address} \end{align*}	s:
Self Employment: Address Other Employment: Address Check if unemployed Number of Paychecks per year	s:
Self Employment: Address Other Employment: Address Check if unemployed Number of Paychecks per year	s:

Case No	_	
STATEMENT OF INCOME as of		
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	\$	
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 a condition of employment		
Union Dues (Name of Union:)		
Health/Hospitalization Premiums		
Prior obligations(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	\$	
NET MONTHLY INCOME	\$	

		Case No	_
STA	EMENT	OF MONTHLY LIVING EXPENSES as of	_
1.	House		
	a. Mo	ortgage or rent (specify)	\$
		me equity payment	
		al estate taxes, assessments	
		meowners or renters insurance	
		at/fuel	
		ectricity	
		ephone (include long distance/cellular/fax or modem lines)	
	_	ter and sewer	
		fuse removal	
		undry/dry cleaning	
		id/cleaning service	
		rniture and appliance repair/replacement	
		pairs and maintenance to dwelling	
		wn and garden/snow removal	
		od (groceries, household supplies, etc.)	
		uor, beer, wine, etc.	
	q. Cal	ble/satellite TV	
		ernet Service Provider	
		ner (specify)	
SUBT		sehold Expenses:	\$
2.	Trans	portation	
	a. Ga	soline	\$
		pairs and Maintenance	
		urance/license/city stickers	
		yments/replacement	
	e. Alt	ernative transporation	
		king	
	g. Oth	ner (specify)	
SUBT	OTAL TRAN	SPORTATION EXPENSES:	\$
3.	Person	nal	
	a. Clo	othing	\$
	b. Gro	poming	
		edical (after insurance proceeds/reimbursement)	
	(1)	Doctor	
	(2)	Dentist	
		Optical	
	(4)	Medication	
	d. Ins	urance	
	(1)	Life (term)	
		Life (whole or annuity)	
	(3)	Medical/Hospitalization	
		Dental/Optical	
	e. Oth	ner (specify)	
SUBT	TAL PERS	ONAL EXPENSES:	\$

		Case No	_	
4.	M	iscellaneous		
	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)	_	
Subto	ral]	MISCELLANEOUS EXPENSES:	\$_	
5.	M	inor 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/Pre-school/After-school care (not included elsewhere)	-	
	g.	Sitters	-	
	h.	Lessons/extracurricular activities/supplies	-	
	i.	Clubs/Summer Camps	-	
	j.	Vacations (children only)	-	
	k.	Other activities	-	
	1.	Entertainment	-	
		Other (specify) (e.g. gifts children give to others)	-	
SUBTO	TAL (CHILDREN'S EXPENSES:	\$ _	
		TOTAL MONTHLY LIVING EXPENSES	\$_	
STATI	7MI	ENT OF LIABILITIES		
J1/111				
Di		OTE: Identify all creditors, but DO NOT DUPLICATE monthly expense if listed above as a		
P	ieas	e use Supplemental Statement of Liabilities (Part J of this form) if more space is needed to	con	npiete this section.
				MINIMUM
		CREDITOR NAME PAYMENT FOR BALANCE DUE		MONTHLY PAYMENT
		<u> </u>		
		\$		
SURTO	гат. Т	Monthly Debt Service:	- \$	

		Case No.		
		RECAPITULA	TION	
	NET MONTHLY IN	COME	\$	l
	TOTAL MONTHLY	LIVING EXPENSES		
	DIFFERENCE BETY	VEEN NET INCOME AND EXPENSES		
	LESS MONTHLY D	EBT SERVICE		
	INCOME AVAILABI	E PER MONTH		
CC	ONTINGENT LIABILITIES			
	(Provide potential obligor, claimant	, basis of claim, date incurred, ar	mount claimed, who incurred.)	
— Ha	ve you ever filed for Bankruptcy?	 □ Yes □ No		
If s	so, when? Date	Case No		
Ad	lditional Cash Flow (monthly) (Identi	fy but do not add to monthly inc	ome)	
	Spousal Support Received			
	(Payments received from prior Judg	gment or Support orders in other	actions):	
			Case No.	
	Child Support Received			
	(Payments received pursuant to Con-	urt order in this action):		
	(Payments received pursuant to Con	urt order in other actions):		
		Case No.:		
ST	ATEMENT OF ASSETS			
The	e date of valuation is	unless otherw	ise specified. Please designate value	s. In prejudgment dis-
sol	ution of marriage/civil union actions,	please indicate whether the prop	erty is marital/civil union (M or CU) non-marital/civil union
Re	spondent (NMR or NCUR) non-mari	tal/civil union Petitioner (NMP c	or NCUP). Please use Supplemental	Statement of Assets (Part
I o	f this form) if more space is needed to	o complete this section.		
	Description of Asset	Title in Name of	M/NMP/NMR/ CU/NCUP/NCUR	Value
CA	ASH or CASH EQUIVALENTS (Do		00/1/001/1/001	, 42.2.0
1.		,		
2.	Checking Accounts			
3.	Certificates of Deposit			
4.	Money Market Accounts			
5.	Cash			
6.	Other (specify)			

SECURITIES:
es
ion, amounts of mortgages, loans or liens)
dence
eal Estate
rations, Partnerships, Sole Proprietorships (Provide percentage interest and number of shares, name of entity, current accounts receivable, current bank account balances, current inventory value)
medical, disability, business overhead, property, etc. (Provide type of insurance, insurer, policy policy, face amount, beneficiary, face value, cash value, surrender value, current death benefits)
Tri (

	Case No			
	S, DEFERRED COMPENSATION, A beneficiary, vested or non-vested, current		etc.: (Provide na	ame and type of
STOCK OPTIONS, ESOPS, OTHE	R DEFERRED COMPENSATION O	R EMPLOYMENT I	BENEFITS: (D	Describe)
INCOME TAX REFUNDS: Federal	and State (Identify tax year)			
CHOSES OF ACTION: (Provide da	te of occurrence, nature/amount of clain	n, date suit filed, case i	number, name o	f plaintiffs)
COLLECTIBLES: (Coins, stamps, a	urt, antiques, etc.)			
ALL OTHER PROPERTY: (Person	al or Real, NOT PREVIOUSLY LISTE	D valued in excess of S	\$500.00)	
STATEMENT OF ASSETS TRANS	EEDDED OD SOLD			
List all assets transferred or sold in any fers or sales in the routine course of bu	y manner during the preceding three (3) asiness which resulted in an exchange of a are otherwise identified in the statement	assets of substantially		
Description of Property	To Whom Transferred or Sold and Relationship to Transferee	Date of Transfer	Value	Amount Received

	C	ase No	
STATEMENT OF HEALTH I	NSURANCE COVERAGE		
Currently effective health insura	ance coverage? ☐ Yes ☐ No)	
Name of insurance carrier:		Policy or Gro	oup No
Type of insurance:	☐ 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
Monthy cost:	☐ Paid by employer		☐ Paid by employee
		\$	for dependent per month
		\$	for myself per month
provided by law pursuant to 735	GILCS 5/1-109, that s/he has knowcept as to matters specifically st		under oath, under penalties as that the statements set forth in this ief, and as to such matters the under-
		Sig	nature of Party
		☐ Petition	er 🗖 Respondent
		Туре	e or Print Name
Signed and sworn to before me			
Notary	Public		

Case No
Supplemental Statement of Assets

Case No
Supplemental Statement of Liabilites