

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
DOMESTICS RELATIONS DIVISION**

**GENERAL ORDER: 00 - D - 18**

**SUBJECT: FORM FOR DISCLOSURE STATEMENT (REVISED)**

**IT IS HEREBY ORDERED THAT:**

**Effective May 18, 2000, this form for Disclosure Statement shall replace the form authorized in General Order 95 - D - 6 and General Order 95 - D - 7, for use in the Domestic Relations Division and shall be furnished by the Clerk of the Circuit Court to the Bar and the general public in limited amounts. Any word-processor form consistent with and in the form of this Disclosure Statement is acceptable.**



**STATEMENT OF INCOME**

Case No. \_\_\_\_\_  
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)	_____
<b>TOTAL GROSS MONTHLY INCOME</b>	<b>\$ _____</b>

**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 as a 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)	_____
<b>TOTAL REQUIRED DEDUCTIONS FROM INCOME</b>	<b>\$ _____</b>
<b>NET MONTHLY INCOME</b>	<b>\$ _____</b>

**STATEMENT OF MONTHLY LIVING EXPENSES**

Case No. \_\_\_\_\_  
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 (including 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**

\$ \_\_\_\_\_

**Transportation**

- a. Gasoline
- b. Repairs and Maintenance
- c. Insurance/license/city stickers
- d. Payments/replacement
- e. Alternate transportation
- f. Parking
- g. 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 (term)
  - (2) Life (whole or annuity)
  - (3) Medical/hospitalization
  - (4) Dental/optical
- e. Other (Specify)

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UBTOTAL PERSONAL EXPENSES**

\$ \_\_\_\_\_



**RECAPITULATION**

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

**CONTINGENT LIABILITIES:**

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

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

Have you ever filed for Bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, when? Date \_\_\_\_\_ Case No. \_\_\_\_\_

**Additional Cash Flow (monthly) (Identify but do not add to monthly income)**

Sponsal Snpport 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 valnation is \_\_\_\_\_ unless otherwise specified. Please designate valnes. In pre-judgment dissolution of marriage actions, please indicate whether the property is marital (M) or non-marital husband (NMH) or non-marital wife (NMW).

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

**CASH or CASH EQUIVALENTS:**

1. Savings or interest-bearing accounts
2. Checking Accounts
3. Certificates of Deposit
- Money Market Accounts
5. Cash
5. Other (specify)

**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, Dehtor, Amount)

**BUSINESS INTERESTS:** Corporations, Partnerships, Sole Proprietorship (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)

**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 COMPENSATION OR EMPLOYMENT BENEFITS:**  
(Describe fully)

**INCOME TAX REFUNDS:** Federal and State (Identify tax year)

**CHOSES IN ACTIONS:** (Provide date of occurrence, nature and amount of claim, date lawsuit 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 worth.)

Description of Property	To Whom Transferred or Sold & Relationship to Transferee	Date of Transfer	Value	Amount Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**STATEMENT OF HEALTH INSURANCE COVERAGE**

Current 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 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 he/she 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 he/she believes same to be true.

\_\_\_\_\_  
Signature of Party

\_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent


\_\_\_\_\_  
Type or Print Name

Signed and sworn to before me

\_\_\_\_\_, 20\_\_\_\_\_  
Notary Public

**Dated this 18<sup>th</sup> day of May, 2000. Effective May 18, 2000. This Order supersedes General Order 95 - D - 6 and General Order 95 - D - 7. This Order shall be spread upon the records of this Court and published.**

**ENTERED:**

  
**TIMOTHY C. EVANS**  
**PRESIDING JUDGE**  
**DOMESTIC RELATIONS DIVISION**