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i. **Lawsuits and Claims** (*workers' compensation, disability, etc.*)

	Case Number	Date Lawsuit or Claim Filed	Amount Recovered
1.			\$
2.			\$

In **16j**, enter information for valuable collectible items.

j. **Valuable Collectibles** (*coins, stamps, art, antiques, etc.*)

	Description	FMV
1.		\$
2.		\$

In **16k**, enter information for assets or property you transferred or sold in the last 2 years with a FMV of at least \$1,000. Do not include income items listed above in **11**.

k. **Transfer or Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000**

	Description	Transferred or Sold to	Date of Transfer	Amount
1.				\$
2.				\$

In **17a-i**, enter information about health insurance you have for yourself and your family.

**17. Health insurance:**

- a. I have health insurance:  Yes  No
- b. The insurance carrier is: \_\_\_\_\_
- c. The type of insurance is:  Medical  Dental  Optical
- d. Deductible: Per individual: \$ \_\_\_\_\_ Per family \$ \_\_\_\_\_
- e. It covers:  Me  My spouse/partner  My dependents
- f. Type of policy:  HMO  PPO  Full indemnity
- g. Provided by:  Employer  Private policy  Other group
- h. Monthly cost is paid by:  Employer  Employee  Other
- i. Total monthly cost : \$ \_\_\_\_\_

In **17b**, enter all carriers if more than one.

**18. There is an *Additional Information for the Financial Affidavit* form attached:**

- Yes  No

In **18**, if you need more room to complete this form check yes, and complete and attach the *Additional Information for the Financial Affidavit* form.

**IMPORTANT:** If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

**I certify that everything in the *Financial Affidavit* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

After you finish this form, sign and print your name and date it.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date

<p><b>STATE OF ILLINOIS, CIRCUIT COURT</b></p> <p style="text-align: center;"><b>COUNTY</b> _____</p>	<p><b>ADDITIONAL INFORMATION FOR THE FINANCIAL AFFIDAVIT (FAMILY &amp; DIVORCE CASES)</b></p> <p><input type="checkbox"/> Pre-Judgment    <input type="checkbox"/> Post-Judgment</p>	<p><i>For Court Use Only</i></p>           <p style="text-align: center;"><b>Case Number</b> _____</p>
<p><b>Instructions ▼</b></p>	<p>Enter above the county name where the case was filed.</p> <hr/> <p>Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.</p> <p style="text-align: center;"><b>Petitioner</b> <i>(First, middle, last name)</i></p> <p style="text-align: center;">v.</p> <hr/> <p style="text-align: center;"><b>Respondent</b> <i>(First, middle, last name)</i></p>	
<p>Enter the Case Number given by the Circuit Clerk.</p>	           	

When adding information for a particular section on the *Financial Affidavits*, include the section number and all of the information the section requests.

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Complete and attach this document to the *Financial Affidavit*.