## IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT KANE COUNTY, ILLINOIS

	Case No	
Plaintiff/Petitioner	Defendant/Respondent  AFFIDAVIT OF INCOME AND	File Stamp
	AFFIDAVII OF INCOME AND	EAPENSES
		B. Date of Marriage:
C. Children of the Parties (names	& ages):	
D. A		E. C. at J. I. D. and
		E. Custodial Parent:
	y, multiply by 52 and divide by 12 to get mont	
		Monthly Gross: C.A.: MED F.I.C.A.:
		MED F.I.C.A
Number of exemptions claimed	Monthly income fi	rom other sources (specify):
		Monthly Net Income:
(		
H. Basic Household Monthly Exp	enses:	
1. Rent or Mortgage	8. Car: Plates/Sticker/Repair	14. Food
2. House/Renters Ins.		15. Medical/Dental
3. Real Estate Taxes		16. Clothing
		17. Other Ins. (specify below)
5. Electric	12. Child Care	
6. Water/Garbage	13. Education (specify below)	18. Recreation and Travel
7. Telephone		19. Cosmetic, Drugs,
		Beauty Care
20. Other monthly creditor payme (Enter the total of these monthly cr	nts (specify creditor, balance & monthly payme	•
(Enter the total of these monthly cr	editors payments on line 20)	20
Miscellaneous (specify):		21
(Enter the total on line 21)		Expense Total
		Difference
STATE OF ILLINOIS COUNTY		
statements set forth in this instrum		Civil Procedure, the undersigned certifies that the erein stated to be on information and belief and as to same to be true.
Date:		
Date		Signature of Party