

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ADDITIONAL DEBTS & LIABILITIES (DISSOLUTION OF MARRIAGE/CIVIL UNION)	<i>For Court Use Only</i>
Instructions ▼	_____ Petitioner <i>(First, middle, last name)</i> v. _____ Respondent <i>(First, middle, last name)</i>	
Directly above, enter the county where you filed this case.		
Enter your name as Petitioner.		
Enter the name of your spouse/partner as Respondent.		
Enter the Case Number given by the Circuit Clerk.	_____ Case Number	

DO fill in the name of creditor and amount owed for debts after the date of marriage/civil union in the chart. **DO NOT** check who is to pay the debt.

Additional Debts and Liabilities

1.	Debt <i>(Name of Creditor)</i>	Amount Owed	To be paid by:		
			Petitioner	Respondent	Both Equally
2.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>