

Proposal 08-03 (P.R. 0162)
Creates New Supreme Court Rule and Form
Offered by the Illinois State Bar Association

RULE ____ . Mandatory Disclosure

- (a) **Requirement to Serve Disclosure Statement.** In all proceedings in which a party is seeking division of the marital estate, to establish, modify or enforce an order for maintenance, child support or educational expenses pursuant to 513 of the Illinois Marriage and Dissolution of Marriage Act, child support in parentage matters, dissolution of a civil union or an award of fees and/or costs against the other party, each party shall serve a completed Disclosure Statement upon the other party on the form approved by the Illinois Supreme Court.
- (b) **Time of Service.** Each party shall serve the completed Disclosure Statement not later than thirty (30) days after service of the initial pleading or the filing of the responding party's appearance, and not less than seven (7) days prior to a hearing or trial, whichever date first occurs.
- (c) **Required Documentation.** In all proceedings where a Disclosure Statement is required, each party shall also serve upon the other party at the time of service of the Disclosure Statement, copies of the following:
- (i) the party's last three (3) calendar years filed individual, partnership and corporate Federal and State income tax returns, including all Schedules, W-2 Statements and 1099 Statements. If a party has not yet filed a Federal or State income tax return for the prior calendar year, the last filed year's return shall be served upon the opposing party as well as all W-2 Statements and 1099 Statements received necessary for preparation of the current year's return;
 - (ii) the most recent pay stub showing year to date earnings and deductions therefrom, or if year to date information is not provided on the pay stub, the five (5) most recent pay stubs.
 - (iii) records of any year-to-date additional income not reflected on the pay stubs; and
 - (iv) current statements for all assets listed in the Statement of Assets section of the Disclosure Statement, including, but not limited to, statements for bank, money market, certificate of deposit, mutual fund, brokerage, retirement, loan and credit card accounts.
- (d) **Full Compliance Required.** A party must complete every item in the Disclosure Statement. If the item does not apply the party should insert "N/A" or "None" if the

party does not have access to the information, the party should insert "Unknown". No item should be left blank. The Disclosure Statement must be signed by the party and all required documents served.

- (e) **Sanctions for Noncompliance.** Failure of a party to timely serve the Disclosure Statement and required documentation shall subject the party to such sanctions as the Court may deem appropriate, including all sanctions available under Illinois Supreme Court Rule 219.
- (f) **Certificate of Service.** The Disclosure Statement and Required Documentation shall not be filed with the Clerk of the Circuit Court, unless ordered by the Court. Each party shall file with the Clerk of the Circuit Court a Certificate of Service of the Disclosure Statement upon the other party. The Certificate of Service shall include a description of the required documents served with the Disclosure Statement.
- (g) **Discovery.** A party shall serve the other party with a completed Disclosure Statement and required documentation before seeking discovery pursuant to S. Ct. Rules 201 et seq., unless otherwise ordered by the Court for good Cause shown.
- (h) **Duty to Update.** It is the duty of each party to seasonably update or amend the Disclosure Statement and required documentation upon the reasonable request of the opposing party. Each party shall also update or amend the Disclosure Statement and required documentation at least seven (7) days before hearing or trial in the matter. Such updates or amendments shall not be filed with the Clerk of the Court, but shall be served upon each person entitled to notice with a Certificate of Service filed with the Clerk of the Circuit Court.
- (i) **Time Limits.** The Court may extend or advance the time for service of the Disclosure Statements and proof of income documents or excuse service pursuant to good cause shown, or upon the written stipulation of the parties filed in the proceeding.
- (j) **Application to Joint Simplified Dissolution.** The mandatory disclosure Requirements shall not apply to Joint Simplified Dissolution proceedings brought pursuant to 750 ILCS 5/451 et seq.
- (k) **Opting out.** The parties may opt out of the requirements of the Rule by written agreement and with the permission of the court.

NOT TO BE FILED WITH THE CLERK OF THE COURT

STATE OF ILLINOIS }
 }
 COUNTY OF _____ } ss

IN THE CIRCUIT COURT OF _____ COUNTY, ILLINOIS

IN RE THE Marriage of/ Civil Union of/ Parentage of }
 (Circle one) }
 }
 , }
 Petitioner, }
 vs. } Case No.
 }
 , }
 Respondent. }

FINANCIAL DISCLOSURE STATEMENT PURSUANT TO LOCAL (OR SUPREME) COURT RULE

INSTRUCTIONS

- (1) All questions require a written response. If you do not have the information requested or do not know the answer to a particular question, indicate that as your answer.
- (2) You must attach copies of the following:
 - Your personal federal and state income tax returns (including all W-2, 1099 and supporting schedules) for the last three (3) calendar years; and
 - Your most current pay stub.
- (3) Use additional sheets if necessary.

Petitioner/Respondent, _____, under oath, states that the following is an accurate statement as of _____, 20____, of my net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), statement of income from all sources, statement of monthly living expenses, a statement of health insurance coverage, and statement of assets transferred of whatsoever kind and nature and wherever situated to whomever:

I. GENERAL INFORMATION

Name: _____ Telephone No.: _____

Address: _____ Date of birth: _____

_____ Current Age: _____

Date of Marriage/Civil Union: _____ Reside in same household? Yes No

Date of Separation: _____

Minor and/or dependent children of this ____ marriage ____ civil union or ____ parentage.

Full Names:	Age	Birth date	Residing with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Employer: _____ Address: _____

Case # _____
Date: _____

Self Employment or other source: _____ Address: _____

Other Employment: _____ Address: _____

Other income other than employment: _____

_____ Check if unemployed

Number of Paychecks per Year (Please Circle) 12 24 26 52 Other: _____

Number of Exemptions Claimed: _____

Gross income from all sources for the prior year: \$ _____

Gross income from all sources this year through today: \$ _____

II. STATEMENT OF HEALTH INSURANCE COVERAGE

Currently effective health insurance coverage: Yes No

Name of insurance carrier: _____ Name of Policy Holder: _____

Policy or Group No. _____ Type of insurance: Medical Dental Optical

Health Savings Account? Yes ___ No ___ Pre-Tax? Yes ___ No ___

Deductible: Per Individual _____ Per Family _____

Persons covered: Self Spouse/Partner Dependents

Type of policy: HMO PPO Standard Indemnity (i.e. 80/20)

Provided by: Employer Private Policy Other Group

Monthly cost: Paid by Employer or Union Paid by Employee:

Cost to Employee: \$ _____ for dependents \$ _____ for self

III. POTENTIAL AREAS OF DISAGREEMENT (Circle all that may apply. The failure to identify an issue shall not be a bar to raising the issue at a later date).

- Grounds
- Custody
- Visitation
- Child Support/Daycare/Extracurricular
- Responsibility for health insurance costs
- Removal from Illinois
- College
- Asset identification
- Asset values
- Responsibility for debts
- Dissipation of the marital estate
- Maintenance
- Tax liabilities
- Other _____
- _____

IV. STATEMENT OF ASSETS ACQUIRED DURING MARRIAGE/CIVIL UNION - The date of valuation is _____, 20____, unless otherwise specified. Attach current statements to show the current balance.

Cash or Cash Equivalents:				
Description of Asset	Title in Name of	Date Acquired	Name of Financial Institution	Fair Market Value
1. Savings or interest bearing accounts				
2. Checking Accounts				
3. Certificates of Deposit				
4. Money Market Accounts				
5. Cash				
6. Other (specify)				
Real Property: Provide address, type and description, current fair market value, amounts of mortgages, loans or liens.				
Description of Asset	Title in Name of	Date Acquired	Mortgage Balance	Fair Market Value
1. Primary 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, maker, lien, debtor, amount.

Description of Asset	Title in Name of (include lien holder, if any)	Date Acquired	Lien Balance	Fair Market Value

Business Interests: Type of entity, i.e. Corporations, Partnerships, Sole Proprietorships (Provide percentage interest and number of shares name of business, type of business.

Name of Entity	Owner & Percentage Ownership	Date Acquired	Type of Business	Fair Market Value

Insurance Policies: Type of insurance, i.e. Life, Medical, Disability, Business Overhead, Property, etc. Provide name of insurer, policy number, name of insured, owner of policy, face amount, beneficiary, cash value, cash surrender value.

Name of Insurance Carrier	Title in Name of	Term or Whole?	Death Benefit	Actual Cash Value

Retirement, Pension/Defined Benefit Plans, IRA Accounts, Deferred Compensation, Annuities, 401(k)/Defined Contribution Plan, Profit Sharing, etc.: Provide name and type of plan, trustee of plan, beneficiary, vested or non-vested, most current value.

Description of Asset	Title in Name of	Date Acquired	Name of Financial Institution	Fair Market Value

Stock Options, ESOPs, Other Deferred Compensation or Employment Benefits: (Describe fully)

Description of Asset	Title in Name of	Date Acquired	Number of Options	Option Price

Other Investment Accounts and Securities:

Description of Asset	Title in Name of	Date Acquired	Name of Financial Institution	Fair Market Value
1. Stocks				

2.	Bonds			
3.	Tax Exempt Securities			
4.	Secured or Unsecured Notes			
5.	Collectibles: Coins, stamps, art, antiques, etc.			
6.	All Other Property: Personal or Real, (not previously listed), valued in excess of \$500.00, excluding normal household furniture and furnishings.			

V. STATEMENT OF ASSETS TRANSFERRED

(List all assets transferred in any manner during the preceding six (6) months)

Description of Property	To Whom Transferred and Relationship to Transferee	Date of Transfer	Value

VI. STATEMENT OF ASSETS CLAIMED TO BE NON-MARITAL AS DEFINED BY STATUTE:

List all property and your basis for claiming it as non-marital (property owned prior to the marriage/civil union, property received as inheritance or gift during the marriage/civil union), identifying each item of property (real property, personal property, financial accounts, etc.) as to the type of property, the date received, the basis on which you claim it is non-marital property, its location, and the present value of the property:

Description of Asset	Fair Market Value	Basis for Non-Marital Claim (inheritance, gift or other)	When Acquired	Title Held in Name of

Case # _____

Date: _____

VII. STATEMENT OF DEBTS/LIABILITIES. Include all contingent debts/liabilities

Creditor Name	Payment for	Who incurred	Balance due	Minimum monthly payment
TOTAL LIABILITIES				

Attorney Name	Amount Paid	Amount Due		
(Husband)				
(Wife)				
(GAL)				

Have you ever filed for bankruptcy relief? Yes No If yes, when? _____ Case No. _____

VIII. SPECIFIC REQUEST OF PERSONAL PROPERTY (List items requested)

IX. PHYSICAL AND MENTAL STATUS

Are you in any manner incapacitated or limited in your ability to earn income at the present time? If so, define and describe such incapacity or limitation, and state when such incapacity or limitation commenced and when it is expected to end.

CERTIFICATE OF DOCUMENT PRODUCTION

I, _____, certify that the attached corroborating documents are all of the documents I have in my possession or that I can obtain upon reasonable effort as of this date. The undersigned certifies that he/she has read the above and foregoing Comprehensive Financial Statement; that he/she knows the contents thereof, and that the information therein contained is true and correct.

AFFIDAVIT OF INCOME AND EXPENSES

CURRENT MONTHLY INCOME OF _____

Salary/wages/base pay	
Overtime/Commission	
Bonus (list whether cash, stock, option, etc)	
Draw	
Pension and retirement benefits	
Interest income	
Dividend income	
Trust income	
Social Security Payments	
Unemployment benefits	
Disability payments	
Worker's Compensation	
Public Aid/Food Stamps	
Investment income	
Rental income	
Business income, Partnership, Sub-Chapter S, or LLC income (specify)	
Royalty income, Fellowships, Stipends, Annuity (specify)	
Other income (specify):	
TOTAL MONTHLY GROSS INCOME FROM ALL SOURCES	
Required Monthly Deductions	
Federal Tax (based on _____ exemptions)	
State Tax (based on _____ exemptions)	
FICA (or Social Security equivalent or Self Employment Tax)	
Medicare Tax	
Mandatory retirement contributions required by law or as condition of employment	
Union Dues (Name of Union: _____)	
Health/Hospitalization Premiums (Is this a Pre Tax Plan? Yes _____ or No _____)	
Prior obligation(s) of support actually paid pursuant to Court order	
Total Required Deductions	
Voluntary Deductions from Income	
401(k)	
Flexible Spending Health Savings Account Plan	
Other (specify)	
Total Voluntary Deductions	

CURRENT MONTHLY LIVING EXPENSES OF _____

1. HOUSEHOLD EXPENSES	
a. Mortgage or rent- Circle the one that applies	
b. Home equity loan/Second mortgage	
c. Real estate taxes, assessments	
d. Homeowners or renters insurance	
e. Natural Gas/Heat	
f. Electricity	
g. Telephone, long distance, cell phone(s), modem lines	
i. Cable and Internet Access, Satellite	
j. Water and sewer & refuse removal	
k. Laundry/dry cleaning	
l. Maid/cleaning service	
m. Furniture and appliance repair/replacement	
n. Repairs and maintenance to dwelling	
o. Lawn and garden/snow removal	
p. Food (groceries, liquor, household supplies, etc.)	
q. Other (specify)	
SUBTOTAL HOUSEHOLD EXPENSES:	
2. TRANSPORTATION EXPENSES	
a. Gasoline	
b. Repairs. Maintenance	
c. Insurance/license/city stickers	
d. Payments/replacement	
e. Alternative transportation	
f. Parking/tolls	
g. Other (specify)	
SUBTOTAL TRANSPORTATION EXPENSES:	
3. PERSONAL EXPENSES (excluding children's expenses)	
a. Clothing	
b. Grooming	
c. Medical (after insurance proceeds/reimbursement):	
(1) Doctor	
(2) Dentist	
(3) Optical	
(4) Medication	
(5) Counseling	
d. Insurance:	

(1) Life Insurance Premiums (specify term/whole)	
(2) Medical/Hospitalization Insurance Premiums (if not deducted from paycheck)	
(3) Dental/Optical Insurance Premiums (if not deducted from paycheck)	
e. Other (specify)	
SUBTOTAL PERSONAL EXPENSES:	
4. MISCELLANEOUS EXPENSES	
a. Clubs/ social obligations/ entertainment/ dining out	
b. Newspapers, magazine, books	
c. Gifts	
d. Donations, church or religious affiliation	
e. Vacations (not including children)	
f. Computer/ supplies/ software	
g. Other (specify)	
SUBTOTAL MISCELLANEOUS EXPENSES:	
5. CHILD(REN)'S SEPARATE EXPENSES	
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	
(5) Counseling	
e. Allowance	
f. Child care/ Pre-School/ Before and after school care/ Sitters	
g. Lessons/ extracurricular activities/ supplies	
h. Clubs/summer camps	
i. Vacation (children only)	
j. Entertainment	
k. Gifts to others	
l. Other (specify)	
SUBTOTAL CHILDREN'S EXPENSES:	
6. BUSINESS EXPENSES (not reimbursed by employer)	
a. Membership/Trade Association/Other dues or fees:	

Case # _____
 Date: _____

Association Name(s): _____ _____ _____	
b. Malpractice/Professional Liability Insurance Premiums	
c. Accountants/Other Professional Services Utilized	
d. Political Contributions	
e. Office upkeep expenses (cleaning service, etc.)	
f. Postage	
g. Travel	
h. Client/Business Entertainment	
i. Other (specify)	
SUBTOTAL BUSINESS EXPENSES:	
TOTAL MONTHLY LIVING EXPENSES	

<u>RECAP</u>	
NET MONTHLY INCOME	
TOTAL MONTHLY LIVING EXPENSES	
DIFFERENCE BETWEEN NET INCOME AND EXPENSES	
LESS MONTHLY DEBT SERVICE	
INCOME AVAILABLE PER MONTH	

CERTIFICATE OF DOCUMENT PRODUCTION

I, _____, certify that the attached corroborating documents are all of the documents I have in my possession or that I can obtain upon reasonable effort as of this date. The undersigned certifies that he/she has read the above and foregoing Comprehensive Financial Statement; that he/she knows the contents thereof, and that the information therein contained is true and correct.

 Signature

Comments from the Conference of Chief Circuit Judges:

- 1) The Conference recommends that the Supreme Court adopt a Rule which mandates the use of a uniform financial disclosure statement.
- 2) The Conference recommends approval of the proposed rule and form with three modifications:
 - a) Delete the Certificate of Document Production statement on the bottom of page 6, as that certification is repeated on page 10.
 - b) Add the following language after the Certification of Document Production statement on page 10:

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements as set forth in this statement are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies that he verily believes the same to be true.

Signature of Affiant

- c) Amend paragraph (k) in the proposed Rule as follows:

(k) Opting Out. The parties may opt out of the requirements of the Rule by written agreement and with the permission of the court, or the court may waive this requirement at the court's discretion.