
WHEREFORE: the Petitioner/Respondent prays that the following modifications of judgment of dissolution be granted by this Court.

WHEREFORE, the Petitioner/Respondent prays that this Court order a modification of the child support/visitation granted in the aforesaid judgment. Under the penalties provided by law, pursuant to Section 1-109 of the Code of Civil Procedure, the Petitioner/Respondent herein certifies that the statements set forth in this petition are true and correct.

Petitioner/Respondent

Dated this _____ day of _____, _____

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT

DEWITT COUNTY, ILLINOIS

IN RE: THE MARRIAGE OF

Plaintiff

VS.

Case Number _____

Defendant

FINANCIAL AFFIDAVIT

_____, on oath state that my present age is _____, and that:

1. (a) (PRE-JUDGMENT ONLY): The parties have been married for _____ years, were separated on _____, 20____, and since that time the obligor has paid \$ _____ in child support and \$ _____ in maintenance to his spouse.

(b) (POST-JUDGMENT ONLY): The marriage of the parties ~~was~~ dissolved on _____, 20____. The obligor was ordered to pay \$ _____ child support and \$ _____ in maintenance to his spouse. The said order was amended _____ times and the obligor is now paying \$ _____ in child support and \$ _____ in maintenance. The obligor (is not) (is) presently in arrears in the sum of \$ _____.

2. There are _____ children of the marriage, aged _____, and presently in the custody of _____.

3. I have additional persons dependent on me for support as follows:

Name: _____ Relationship: _____

4. My MONTHLY living expenses are as follows:

Rent or House Payment \$ _____
Electricity \$ _____
Property Taxes \$ _____
Heating \$ _____
Water \$ _____
Telephone \$ _____
Trash Collection Charge \$ _____
Sewer Charge \$ _____
Groceries/Household Sup \$ _____
Restaurant Meals \$ _____
Charitable Contributions \$ _____

Medical/Hospital Insurance \$ _____
Life Insurance \$ _____
Real Estate Insurance \$ _____
Personal Items \$ _____
Doctors \$ _____
Dentists \$ _____
Hospital \$ _____
School Expense \$ _____
Cleaning & Laundry \$ _____
Entertainment \$ _____
Gifts, Toys, Books \$ _____