

STATE OF ILLINOIS UNITED STATES OF AMERICA COUNTY OF DUPAGE COUNTY
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE MARRIAGE OF:)
)
Harold J Jones) CASE NUMBER
) PETITIONER)
) -VS-) 44-32323
))
Marianne P Jones)
) RESPONDENT)

COMPREHENSIVE FINANCIAL STATEMENT
PURSUANT TO LOCAL COURT RULE 15.01.3
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 questions, indicate that as your answer.
(2) Use additional sheets if necessary.

Petitioner Harold J Jones, being duly sworn, states that the following is an accurate statement as of 11/3/2008, of his/her net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), a statement of income from all sources, a statement of monthly living expenses, a statement of health insurance coverage, and a statement of assets transferred of whatsoever kind and nature and wherever situated:

I. General Information

Name: Harold J Jones Telephone No: 610-444-5555
Address: 17 Merion Ln Soc. Sec. No.: 444-55-3333
Merion, IL 19333
Driver's License No.: Date of Birth: 4/5/1970
Date of Marriage: 3/7/1995 Date of Separation: 4/17/2005
Date of Dissolution of Marriage (if applicable): 3/7/1995

Children of this Marriage:

Tiffany Birth date 4/5/1998 residing with Marianne
Amber Birth date 12/2/2000 residing with Marianne
Birth date residing with
Birth date residing with
Birth date residing with
Birth date residing with

Current Employer: Address:
Self Employment: Address:
Other Employment: Address:

Check if unemployed
Number of Paychecks per year: 12 24 26 52 Other
Number of Exemptions Claimed: 3
Number of Dependents: 2
Gross Income from all sources last year: \$
Gross income from all sources this year through : \$

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Case No. 44-32323**II. STATEMENT OF CURRENT INCOME**

Gross Monthly Income	
Salary / Wages / Base Pay	\$ 14,583
Overtime / Commission	\$ 0
Cash Bonus	\$ 667
Stock Bonus	\$ 0
Draw	\$ 0
Pension and Retirement Benefits	\$ 0
Annuity	\$ 0
Interest Income	\$ 0
Dividend Income	\$ 42
Trust Income	\$ 0
Social Security Payments	\$ 0
Unemployment Benefits	\$ 0
Disability Payments	\$ 0
Worker's Compensation	\$ 0
Public Aid / Food Stamps	\$ 0
Investment Income	\$ 0
Rental Income	\$ 333
Business Income	\$ 0
Partnership, Sub-Chapter S, or LLC Income	\$ 0
Royalty Income	\$ 0
Fellowships / Stipends	\$ 0
Other:	\$ 0
TOTAL MONTHLY GROSS FROM ALL SOURCES	\$ 15,625
Voluntary deductions from income:	
Contributions to IRA / 401k Accounts	\$ 0
Other Retirement Deductions	\$ 0
Total Voluntary Deductions	\$ 0
Required Monthly Deductions:	
Federal Tax (based on 3 exemptions)	\$ 0
State Tax (based on 3 exemptions)	\$ 0
FICA (or Social Security equivalent)	\$ 0
Medicare Tax	\$ 0
Mandatory retirement contribution required by law or as condition of employment	\$ 0
Union Dues (Name of Union:)	\$ 0
Health / Hospitalization Premiums	\$
Prior obligation(s) of support actually paid pursuant to Court order	\$ 200
Other:	\$ 0
Total Required Deductions	\$ 200

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1. Household		
a. Mortgage or rent (specify): Mortgage	\$	200
b. Home equity loan / Second mortgage	\$	0
c. Real estate taxes, assessments	\$	417
d. Homeowners or renters insurance	\$	67
e. Heat / fuel	\$	100
f. Electricity	\$	75
g. Telephone (including long distance)	\$	160
h. Water and Sewer & Refuse removal	\$	42
i. Laundry / dry cleaning	\$	3
j. Maid / cleaning service	\$	325
k. Furniture and appliance repair / replacement	\$	100
l. Lawn and garden / snow removal	\$	325
m. Food (groceries, liquor, household supplies, etc.)	\$	217
o. Other:	\$	0
SUBTOTAL HOUSEHOLD EXPENSES:	\$	2,031
2. Transportation		
a. Gasoline	\$	130
b. Repairs	\$	75
c. Insurance / license / city stickers	\$	83
d. Payments / replacement	\$	500
e. Alternative transportation	\$	43
f. Other: Parking	\$	43
SUBTOTAL TRANSPORTATION EXPENSES:	\$	874
3. Personal		
a. Clothing	\$	67
b. Grooming	\$	9
c. Medical (after insurance proceeds):		
(1) Doctor	\$	0
(2) Dentist	\$	0
(3) Optical	\$	0
(4) Medication	\$	87
d. Insurance:		
(1) Life Insurance Premiums	\$	0
(2) Medical / Hospitalization Insurance Premiums	\$	500
(3) Dental /Optical Insurance Premiums	\$	0
e. Other:	\$	0
SUBTOTAL PERSONAL EXPENSES:	\$	663
4. Miscellaneous:		
a. Clubs / social obligations / entertainment	\$	300
b. Newspapers, magazines, books	\$	0
c. Gifts	\$	42
d. Donations, church or religious affiliation	\$	166
e. Vacations	\$	167
f. Other: see attached Schedule A - Other Misc Expense	\$	291
SUBTOTAL MISCELLANEOUS EXPENSES:	\$	966

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5. Dependent children:	Age		
Tiffany	10		
Amber	7		
Children's separate expenses:			
a. Clothing		\$	0
b. Grooming		\$	0
c. Education:			
(1) Tuition		\$	0
(2) Books / fees		\$	0
(3) Lunches		\$	0
(4) Transportation		\$	0
(5) Activities		\$	0
d. Medical (after insurance proceeds / reimbursement):			
(1) Doctor		\$	0
(2) Dentist		\$	0
(3) Optical		\$	0
(4) Medication		\$	0
e. Allowance		\$	0
f. Child care / after school care		\$	0
g. Sitters		\$	0
h. Lessons and supplies		\$	0
i. Clubs / Summer Camps		\$	0
j. Vacation		\$	0
k. Entertainment		\$	0
l. Other:		\$	0
SUBTOTAL CHILDREN'S EXPENSES:		\$	0
TOTAL MONTHLY LIVING EXPENSES:		\$	4,534

RECAP

NET MONTHLY INCOME	\$	15,425
TOTAL MONTHLY LIVING EXPENSES	\$	4,534
DIFFERENCE BETWEEN NET INCOME AND EXPENSES	\$	10,891
LESS MONTHLY DEBT SERVICE	\$	98
INCOME AVAILABLE PER MONTH	\$	10,793

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Currently effective health insurance coverage? Yes No
Name of insurance carrier: _____ Policy or Group No. _____
Type of insurance: Medical Dental Optical
Deductible: Per individual: \$ _____ Per family: \$ _____
Persons covered: Self Spouse Dependents
Type of policy: HMO PPO Standard indemnity (i.e. 80/20)
Provided by: Employer Private Policy Other Group
Monthly cost: Paid by Employer Paid by Employee:
 \$ _____ for dependents per month \$ _____ for myself per month

V. STATEMENT OF LIABILITIES

CREDITOR'S NAME	PAYMENT FOR	BALANCE DUE	MONTHLY PAYMENT
MasterCard Bank Two		\$ 3,456	\$ 38
VISA Country Card		\$ 775	\$ 60
		\$	\$
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		\$	\$

CONTINGENT LIABILITIES

(Provide name of potential obligor, claimant, basis of claim, date incurred, amount claimed, who incurred.)

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Case No. 44-32323**VI. STATEMENT OF ASSETS** - The date of valuation is _____ unless otherwise specified.

Description of Asset	Title in Name of	Date Acquired	Inheritance(I) Gift (G)	Fair Market Value
Cash or Cash Equivalents:				
1. Savings or interest bearing accounts.				
2. Checking Accounts.				
3. Certificates of Deposit.				
4. Money Market Accounts.				
5. Cash.				
6. Other (specify).				
Investment Accounts and Securities:				
1. Stocks				
2. Bonds				
3. Tax Exempt Securities				
4. Secured or Unsecured Notes				
5. Other (specify)				
First Union	Joint			1,875
Vanguard Index 500	Joint			12,755
Florida Condo	Harold			45,000
Safe Deposit Box: Provide name of bank; description of contents.				
Real Property: Provide address, type and description, current fair market value, amounts of mortgages, loans or liens.				
1. Residence				
Vacation Home	Harold			100,000
Fair Market Value: \$100,000				
1st Mortgage: \$18,750				
2. Secondary or Vacation Residence				
3. Investment or Business Real Estate				
4. Vacant Land				
5. Other (specify)				

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Motor Vehicle(s), Boats, Trailers, Etc.: Provide year, model, maker, lien, debtor, amount.

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

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, face value, cash surrender value.

Retirement, Pension Plans, IRA Accounts, Deferred Compensation, Annuities, 401k, Profit Sharing, etc.:

Provide name and type of plan, trustee of plan, beneficiary, vested or non-vested, most current value.

Vanguard IRA	Harold			12,555

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

Pending Claims for Personal Injury, Worker's Compensation or other Lawsuits Seeking Monetary Award:

Provide date of occurrence, nature/amount of claim, date lawsuit filed, case number, name of plaintiffs, name and address of attorney representing you.

Collectibles: Coins, stamps, art, antiques, etc.

All Other Property: Personal or Real. NOT PREVIOUSLY LISTED, valued in excess of \$500.00, excluding normal household furniture and furnishings.

Paintings	Joint			700

(1)

VII. STATEMENT OF ASSETS TRANSFERRED OR SOLD

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

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

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VIII. NONMARITAL ASSETS:

List all nonmarital property claimed by you, identifying each item of property as to the type of property, the date received, the basis on which you claim it is nonmarital property, its location, and the present value of the property:

IX. WITNESSES:

A. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial and state the subject of each witness' testimony.

B. Pursuant to Illinois Supreme Court Title 213(g), provide the name and address of each opinion witness who will offer any testimony:

(a) State the subject matter on which the opinion witness is expected to testify:

(b) State the conclusion and/or opinions of the opinion witness and the basis therefore, including reports of the witness, if any:

(c) State the qualifications of each opinion witness including a curriculum vitae and/or resume, if any:

(d) and State the identity of any written reports of the opinion witness regarding the occurrence:

X. 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, Harold J Jones, certify that the attached corroborating documents are all 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 of Party X Petitioner _____ Respondent

Harold J Jones

Type or Print Name

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Footnotes:

(1) Paintings have sentimental value to Marianne

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COMPREHENSIVE FINANCIAL STATEMENT - SCHEDULE A

Petitioner: Harold J Jones
Respondent: Marianne P Jones

Other Miscellaneous Expenses

Description	Monthly Expense
Legal and Accounting.	<u>200</u>
Toiletries / Grooming / Drug Store.	<u>87</u>
Bank fees.	<u>4</u>
Total:	<u>291</u>