This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

Instructions Enter above the county answerher the case was filed. Petitioner (First, middle, last name)	STATE OF ILLINOIS, CIRCUIT COURT		Additional My Employment/Business (FINANCIAL AFFIDAVIT)		For Court Use Only
Enter above the county anne where the case was filed. Enter name of the Petitioner, the Respondent, and the Respondent, and the Respondent and the Circuit Clerk. Petitioner (First, middle, last name)		COUNTY	☐ Pre-Judgmen	Post-Judgment	
Petitioner (First, middle, last name) Petitioner (First, middle, last name) V. IMPORTANT: If you intentionally or recklessly enter inaccurate or misleading information on this form, you may fastignificant penalties and sanctions, including costs and attorney's fees. IMPORTANT: If you intentionally or recklessly enter inaccurate or misleading information on this form, you may fastignificant penalties and sanctions, including costs and attorney's fees. 6. My Employment/Business a. I am	Instructions ▼		- L		
Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint. Enter the Case Number given by the Circuit Clerk. Respondent (First, middle, last name) Case Number	name where the case				
IMPORTANT: If you intentionally or recklessly enter inaccurate or misleading information on this form, you may fa significant penalties and sanctions, including costs and attorney's fees. Fill out this form only if you have additional Employment and/or Businesses. If you fill it out, attach this form to your Finneral Affalavit.	Petitioner, the Respondent, and the case number as listed in the initial Petition or	•	First, middle, last name)		
Significant penalties and sanctions, including costs and attorney's fees. Fill out this form only if you have additional Employment and/or Businesses. If you fill it out, attach this form to your Financial Apply, Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. Provide all the requested information about any business you own or operate and the business income. In 6b, cheter your total gross income from this employer from January 1 of this year through the date you complete this form. Provide Fair Market Value (FMV) amounts for items or services provided to you by the business. Simple My	Number given by the	Responden	t (First, middle, last nam	e)	Case Number
a. I am unemployed a. I am unemployed a. I am unemployed b. I am employed by someone else Employer name: Employer address: In 6, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. Provide all the requested information about any business you own or operate and the business income. In 6b, enter your total gross income from this employer from January 1 of this year through the date you complete this form. Provide Fair Market Value (FMV) amounts for items or services provided to you by the business. Street Address, Apt. City State ZIP Number of paychecks per 12 (monthly) 24 (two times a month) City State ZIP Number of paychecks per 12 (monthly) 24 (two times a month) Cross income (pay before taxes and deductions) so far this year so own a so of Date C. Self-Employment or Other Business Income: own a business as a sole proprietorship. as a member of a partnership. control of this year through the date you complete this form. Provide Fair Market Value (FMV) amounts for items or services provided to you by the business. Business address: Business address:					rmation on this form, you may face
gross income from this employer from January 1 of this year through the date you complete this form. Provide Fair Market Value (FMV) amounts for items or services provided to you by the business. C. Self-Employment or Other Business Income: own a business as a sole proprietorship. as an independent contractor. as a member of a partnership. as a member of a limited liability company (LLC) not treated as a corporation. closely held corporation. other flow-through business entity Business name: Business address:	if you have additional Employment and/or Businesses. If you fill it out, attach this form to your Financial Affidavit. In 6, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. Provide all the requested information about any business you own or operate and the	a. I am b. I am Emplo Emplo City Numb	unemployed make employed by some over name: make over address: Street Address er of paychecks per income (pay before tax	State 12 (monthly) 26 (every two week) I am paid in cash	☐ 24 (two times a month) s) ☐ 52 (weekly)
	gross income from this employer from January 1 of this year through the date you complete this form. Provide Fair Market Value (FMV) amounts for items or services provided to you by the	Busin	own a business a as an independer as a member of a as a member of a as a corporation. closely held corpo other flow-throughess name:	s a sole proprietorship. It contractor. partnership. limited liability company (loration. In business entity	
City State ZIP					

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In **6c**, check the box that best describes your self-employment, and/or the box that describes the type of business you have. List the name and address of the business, and the gross receipts for last year and this year.

year.)

		eipts for last year <u>\$</u> sary expenses required		and so far this year	\$
-		and this year			
·	•	of the following from the	,	,	
_	_	ed meals			
	' '	carsing or housing allowan			
	Other			_	
(You must a	attach com	plete business federal and	l state busine.	ss tax returns for the n	nost recent tax