

IN THE CIRCUIT COURT OF COOK COUNTY ILLINOIS
COUNTY DEPARTMENT, DOMESTIC RELATIONS DIVISION

IN RE: The [] Marriage: [] Custody:)
[] Support: [] Parentage:)

Harold J Jones)
Petitioner)
and)
Marianne P Jones)
Respondent)

No. 44-32323
Calendar: _____

DISCLOSURE STATEMENT
(Pursuant to Rule 13.3.1 (b))

Petitioner, Harold J Jones, being duly sworn, deposes and says that the following in an accurate statement as of 11/3/2008 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, statement of health insurance coverage, and statement of assets transferred of whatsoever kind and nature and wherever situated:

Name: Harold J Jones Telephone No: 610-444-5555
Address: 17 Merion Ln Date of Birth: 4/5/1970
Merion, IL 19333 Date of Dissolution of Marriage: 4/17/2005

Date of Marriage: 3/7/1995
Parties reside in the same household: ___Yes ___X No

Minor and/or Dependent Children of this ___Marriage or ___X Parentage

Table with 4 columns: Full Names, Age, DOB, Residing With. Rows include Tiffany (Age 10, DOB 4/5/1998, Residing With Marianne) and Amber (Age 7, DOB 12/2/2000, Residing With Marianne).

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

[] Check if unemployed
Number of Paychecks per year: [] 12 [] 24 [] 26 [] 52
Number of Exemptions claimed: 3
Number of Dependents claimed: 2

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

STATEMENT OF INCOME
 Case 44-32323
 As of 11/3/2008

(Rev.6/07/06) CCDR 0604

Gross Monthly Income

Salary / Wages / Base Pay	\$	14,583
Overtime / Commission	\$	0
Bonus	\$	667
Draw	\$	0
Pension and Retirement Benefits	\$	0
Annuity	\$	0
Interest income	\$	0
Dividend income	\$	42
Trust income	\$	0
Social Security	\$	0
Unemployment benefits	\$	0
Disability payment	\$	0
Worker's Compensation	\$	0
Public Aid / Food Stamps	\$	0
Investment income	\$	0
Rental income	\$	333
Business income	\$	0
Partnership income	\$	0
Royalty income	\$	0
Fellowship / stipends	\$	0
Other income: _____	\$	0
TOTAL GROSS MONTHLY INCOME:	\$	15,625

Required Monthly Deductions

Federal Tax (based on <u>3</u> exemptions)	\$	0
State Tax (based on <u>3</u> exemptions)	\$	0
FICA (or Social Security equivalent)	\$	0
Medicare Tax	\$	0
Mandatory retirement contributions 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
Expenditures for repayment of debts that represent reasonable and necessary expenses for the production of income (identify and itemize)	\$	
Medical expenses necessary to preserve life or health	\$	
Reasonable expenditures for the benefit of the child and the other parent exclusive of gifts (for non-custodial parent only) (identify and itemize)	\$	
Other: _____	\$	0
TOTAL REQUIRED DEDUCTIONS FROM INCOME:	\$	200
NET MONTHLY INCOME:	\$	15,425

STATEMENT OF MONTHLY LIVING EXPENSES As of Case 44-32323
11/3/2008

(Rev.6/07/06) CCDR 0604

1. Household

a. Mortgage or rent (specify): Mortgage	\$	<u>200</u>
b. Home equity loan payment	\$	<u>0</u>
c. Real estate taxes, assessments	\$	<u>417</u>
d. Homeowners or renters insurance	\$	<u>67</u>
e. Heat / fuel	\$	<u>100</u>
f. Electricity	\$	<u>75</u>
g. Telephone (including long distance/cellular/fax or modem lines)	\$	<u>100</u>
h. Water and Sewer	\$	<u>42</u>
i. Refuse removal	\$	<u>0</u>
j. Laundry / dry cleaning	\$	<u>3</u>
k. Maid / cleaning service	\$	<u>325</u>
l. Furniture and appliance repair / replacement	\$	<u>0</u>
m. Repairs and maintenance to dwelling	\$	<u>100</u>
n. Lawn and garden care / snow removal	\$	<u>325</u>
o. Food (groceries, household supplies, etc.)	\$	<u>217</u>
p. Liquor, beer, wine, etc.	\$	<u>0</u>
q. Cable/Satellite TV	\$	<u>40</u>
r. Internet Service Provider	\$	<u>20</u>
s. Other: _____	\$	<u>0</u>
SUBTOTAL HOUSEHOLD EXPENSES:	\$	<u>2,031</u>

2. Transportation

a. Gasoline	\$	<u>130</u>
b. Repairs / maintenance	\$	<u>75</u>
c. Insurance / license / city stickers	\$	<u>83</u>
d. Payments / replacement	\$	<u>500</u>
e. Alternative transportation	\$	<u>43</u>
f. Parking	\$	<u>43</u>
g. Other: _____	\$	<u>0</u>
SUBTOTAL TRANSPORTATION EXPENSES:	\$	<u>874</u>

3. Personal

a. Clothing	\$	<u>67</u>
b. Grooming	\$	<u>9</u>
c. Medical (after insurance proceeds / reimbursement)		
(1) Doctor	\$	<u>0</u>
(2) Dentist	\$	<u>0</u>
(3) Optical	\$	<u>0</u>
(4) Medication	\$	<u>87</u>
d. Insurance		
(1) Life (term)	\$	<u>0</u>
(2) Life (whole or annuity)	\$	<u>0</u>
(3) Medical / Hospitalization	\$	<u>500</u>
(4) Dental / Optical	\$	<u>0</u>
e. Other: _____	\$	<u>0</u>
SUBTOTAL PERSONAL EXPENSES:	\$	<u>663</u>

4. Miscellaneous:

a. Clubs / social obligations / entertainment (including dining out)	\$	<u>300</u>
b. Newspapers, magazines, books	\$	<u>0</u>
c. Gifts	\$	<u>42</u>
d. Donations, church or religious affiliations	\$	<u>166</u>
e. Vacations (not including children).	\$	<u>167</u>
f. Computer/Supplies/Software	\$	<u>0</u>
g. Other: _____ see attached Schedule A - Other Misc Expense	\$	<u>291</u>
SUBTOTAL MISCELLANEOUS EXPENSES:	\$	<u>966</u>

5. Minor and / or Dependent Children:

a. Clothing	\$	<u>0</u>
b. Grooming	\$	<u>0</u>
c. Education		
(1) Tuition	\$	<u>0</u>
(2) Books / Fees	\$	<u>0</u>
(3) Lunches	\$	<u>0</u>
(4) Transportation	\$	<u>0</u>
(5) School-sponsored activities	\$	<u>0</u>
d. Medical (after insurance proceeds):		
(1) Doctor	\$	<u>0</u>
(2) Dentist	\$	<u>0</u>
(3) Optical	\$	<u>0</u>
(4) Medication	\$	<u>0</u>
e. Allowance	\$	<u>0</u>
f. Child care / Pre-school care / After-school care (not included elsewhere).	\$	<u>0</u>
g. Sitters	\$	<u>0</u>
h. Lessons / extracurricular activities / supplies	\$	<u>0</u>
i. Clubs / Summer Camps	\$	<u>0</u>
j. Vacation (children only).	\$	<u>0</u>
k. Other Activities	\$	<u>0</u>
l. Entertainment	\$	<u>0</u>
m. Other: _____	\$	<u>0</u>
SUBTOTAL CHILDREN'S EXPENSES:	\$	<u>0</u>
TOTAL MONTHLY LIVING EXPENSES:	\$	<u>4,534</u>

STATEMENT OF LIABILITIES

Note: Identify all creditors, but DO NOT DUPLICATE monthly expense if listed above as monthly expense item.

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

SUBTOTAL MONTHLY DEBT SERVICE: \$ 98

RECAPITULATION

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

CONTINGENT LIABILITIES:

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

Have you ever filed for Bankruptcy? Yes No
 If so, when? Date: _____ Case No. _____

Additional Cash Flow (monthly) (Identify but do not add to monthly income)

Spousal Support Received

(Payments received from prior Judgment or Support orders in other actions):
 _____ 0
 Case No. _____

Child Support Received

(Payments received pursuant to Court order in this action): _____ 0
 (Payments received pursuant to Court order in other actions): _____ 0
 Case No. _____

STATEMENT OF ASSETS

The date of valuation is _____ unless otherwise specified. Please designate values.
 In pre-judgment dissolution of marriage of actions, please indicate whether the property is marital (M)
 or non-marital husband (NMH) or non-marital wife (NMW).

<u>Description of Asset</u>	<u>Title in Name of</u>	<u>M/NMH/NMW</u>	<u>Value</u>
<u>CASH or CASH EQUIVALENTS:</u>			
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	M	1,875
Vanguard Index 500	Joint	M	12,755
Florida Condo	Harold	M	45,000

REAL PROPERTY: (Provide address, type and description, amounts of mortgages, loans or liens)

1. Residence	_____	_____	_____
Vacation Home	Harold	M	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)

MOTOR VEHICLE(s): Boats, Trailers, Etc. (Provide Year, Model, Make, Lien, Debtor, Amount)

BUSINESS INTERESTS: Corporations, Partnerships, Sole Proprietorships (Provide percentage interest and number of shares, name of business, type of business, type of entity, current accounts receivable, current bank account balances, current inventory value)

INSURANCE POLICIES: Life, medical disability, business overhead, property, etc. (Provide type of insurance, insurer, policy number, name of insured, owner of policy, face amount, beneficiary, face value, cash value, surrender value, current death benefits)

PENSION PLANS, IRA ACCOUNTS, DEFERRED COMPENSATION, ANNUITIES, 401k, etc.:

(Provide name and type of plan, trustee of plan, nature of interest, beneficiary, vested or non-vested, current value)

Vanguard IRA	Harold	M	12,555

STOCK OPTIONS, ESOPS, OTHER DEFERRED COMPENSATION or EMPLOYMENT BENEFITS:

(Describe fully)

INCOME TAX REFUNDS: Federal and State (Identify tax year)

CHOSSES IN ACTION:

(Provide date of occurrence, nature/amount of claim, date suit filed, case number, name of plaintiffs)

COLLECTIBLES: (Coins, stamps, art, antiques, etc.)

ALL OTHER PROPERTY: (Personal or Real, NOT PREVIOUSLY LISTED valued in excess of \$500.00)

Paintings	Joint	M	700	(1)

STATEMENT OF ASSETS TRANSFERRED OR SOLD

List all assets transferred or sold in any manner during the preceding three years, or length of marriage, whichever is shorter (transfers or sales in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth.)

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

STATEMENT OF HEALTH INSURANCE COVERAGE

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 Full indemnity

Provided by: Employer Private Policy Other Group

Monthly cost: Paid by Employer Paid by Employee:
\$ _____ for dependents per month
\$ _____ for myself per month

The foregoing Asset Disclosure Statement has been carefully read by the undersigned who states under oath, under penalties as provided by law pursuant to 735 ILCS 5/1 - 109, that he/she has knowledge of the matters stated and that the statements set forth in this Affidavit are true and correct, except as to matters specifically stated to be on information and belief, and as to such matters the undersigned certifies as aforesaid that he/she believes same to be true.

Signature of Party

X Petitioner Respondent

Harold J Jones

Type or Print Name

Signed and sworn to before me

_____, _____.

Notary Public

Footnotes:

- (1) Paintings have sentimental value to Marianne

DISCLOSURE STATEMENT - SCHEDULE A

Petitioner: Harold J Jones
Respondent: Marianne P Jones

Other Miscellaneous Expenses

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