

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

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	Additional Life Insurance Policies (FINANCIAL AFFIDAVIT) <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i> _____ Case Number
Instructions ▼ Enter above the county name where the case was filed. Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint. Enter the Case Number given by the Circuit Clerk.	_____ Petitioner <i>(First, middle, last name)</i> v. _____ Respondent <i>(First, middle, last name)</i>	

IMPORTANT: (1) If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees; (2) If you need more room for a section, complete and attach the *Additional Information* form for that section. *Do not file this document and the enclosures with the Circuit Clerk unless a local rule or court order requires you to do so.* Ask the Circuit Clerk where to find these rules.

Fill out this form only if you have additional **Life Insurance Policies**. If you fill it out, attach this form to your *Financial Affidavit*.

In **15f**, enter information about each life insurance policy you have for yourself, the other party, or your children.

15. My Assets

f. Life Insurance Policies *(list cash balance as of the date of this affidavit)*

	Name of Insurance Company	Type of Policy	Death Benefit	Cash Value
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
11.			\$	\$
12.			\$	\$
13.			\$	\$
14.			\$	\$
15.			\$	\$
16.			\$	\$
17.			\$	\$
18.			\$	\$
19.			\$	\$
20.			\$	\$