

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

IN RE: Marriage Civil Union Legal Separation Allocation of Parental Responsibilities
 Visitation (Non-Parent) Support Parentage of:

| | | |
|-------------------|--|-----------------|
| Petitioner | | No.: _____ |
| and | | |
| Respondent | | Calendar: _____ |

UNIFORM SETTLEMENT PRETRIAL CONFERENCE MEMORANDUM

PREPARED BY: _____ (Petitioner or Respondent)
 (Add Addendum if more space is required.)

| | |
|-------------------------------------|--------------------------------|
| Date of Civil Union/Marriage: _____ | Date of Separation: _____ |
| Petitioner's Age DOB: _____ | Respondent's Age DOB: _____ |
| Petitioner's Occupation: _____ | Respondent's Occupation: _____ |

INCOME FROM ALL SOURCES TO DATE (AS CALCULATED FOR CHILD SUPPORT PURPOSES)

| | Petitioner | Respondent |
|------------------------------------|-------------------|-------------------|
| Last Year's Gross: \$ _____ | \$ _____ | \$ _____ |
| Last Year's Net: \$ _____ | \$ _____ | \$ _____ |

ASSETS (FROM SCHEDULES A & C)

| | Civil Union/ Marital Value¹ | P Non-Civil Union/ Non-Marital Value | R Non-Civil Union/ Non-Marital Value |
|---|---|---|---|
| (1) Equity in real estate | \$ _____ | _____ | _____ |
| (2) Cash/cash equivalents | \$ _____ | _____ | _____ |
| (3) Investment accounts/securities | \$ _____ | _____ | _____ |
| (4) Business interests (including Partnerships, Corporations, LLC's) | \$ _____ | _____ | _____ |
| (5) Stock Options/ESOs (other employment benefits) | \$ _____ | _____ | _____ |
| (6) Cash value of life insurance | \$ _____ | _____ | _____ |
| (7) Equity in motor vehicles, RVs, boats, aircraft | \$ _____ | _____ | _____ |
| (8) Personal property | \$ _____ | _____ | _____ |
| (9) IRA accounts, deferred compensation, annuities, 401(k), profit-sharing | \$ _____ | _____ | _____ |
| (10) Pension plans | \$ _____ | _____ | _____ |
| (11) Other property | \$ _____ | _____ | _____ |
| TOTAL ASSETS: | \$ _____ | _____ | _____ |
| LESS LIABILITIES (from Schedules B & C): (excluding liens on real estate, motor vehicles, RVs, boats, aircraft) | \$ _____ | _____ | _____ |
| Assets Less Liabilities: | \$ _____ | _____ | _____ |
| Reimbursement Claim (from Schedule D): | \$ _____ | _____ | _____ |
| Dissipation Claim(s) (from Schedule E): | \$ _____ | _____ | _____ |

¹ Value listed should reflect most current value of asset

CHILDREN'S INFORMATION

Name(s): _____ School Child Attending: _____

Birthdate: _____ School Expenses/Tuition: _____

Health/Education Issues: _____

Name(s): _____ School Child Attending: _____

Birthdate: _____ School Expenses/Tuition: _____

Health/Education Issues: _____

Name(s): _____ School Child Attending: _____

Birthdate: _____ School Expenses/Tuition: _____

Health/Education Issues: _____

Name(s): _____ School Child Attending: _____

Birthdate: _____ School Expenses/Tuition: _____

Health/Education Issues: _____

OTHER ISSUES PERTAINING TO PARTIES¹

Petitioner

Respondent

Health: _____

Current Income Disputes and Basis:

Educational History:
(Highest degree attained):

¹ See Schedule H if there are issues regarding Allocation of Parental Responsibilities / Parenting Time / Visitation.

SCHEDULE A

CIVIL UNION/MARITAL ASSETS (Add Addendum if more space is required.)

1. REAL ESTATE

| Address | Title in P/R | Date | Value | Liens | Net Equity |
|----------|--------------|-------|-------|-------|------------|
| A. _____ | _____ | _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ | _____ | _____ |

Total Equity in Real Estate: _____

2. CASH/CASH EQUIVALENTS

| If Institutions/Account No. (Use last 3 digits of account no.) | Title | Date Valued | Value |
|---|-------|-------------|-------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ |

Total Value of Cash/Cash Equivalents: _____

3. INVESTMENT ACCOUNTS/STOCK/BONDS/MUTUAL FUNDS/SECURED/UNSECURED RECEIVABLES/OTHER INSTITUTIONS/ACCOUNT NO.

| (Use last 3 digits of account no.) | Title in P/R | Date Valued | Value |
|------------------------------------|--------------|-------------|-------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ |

Total Value of Investment Accounts/Stock/Bonds/Mutual Funds/Secured/Unsecured/Receivables/Other:

4. BUSINESS INTERESTS (INCLUDING PARTNERSHIPS, CORPORATIONS AND LLC(S))

| Name of Business | Form of Ownership | % of P/R Ownership | Date Valued | Value |
|------------------|-------------------|--------------------|-------------|-------|
| A. _____ | _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ | _____ |

SCHEDULE A (continued)

CIVIL UNION/MARITAL ASSETS (Add Addendum if more space is required)

5. STOCK OPTIONS/ESOPS/OTHER EMPLOYEE BENEFITS

| Name of Plan | P/R | Date Valued | Value |
|--------------|-------|-------------|-------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ |

6. LIFE AND DISABILITY INSURANCE POLICIES

| Name of Company | Policy Number | Name of Insured | Description of Benefit |
|-----------------|---------------|-----------------|------------------------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ |

| Owner | Cash Value | Date Valued |
|----------|------------|-------------|
| A. _____ | _____ | _____ |
| B. _____ | _____ | _____ |
| C. _____ | _____ | _____ |
| D. _____ | _____ | _____ |

7. MOTOR VEHICLES/RVs/BOATS/AIRCRAFT

| Year/Make/Model | Title in P/R | Date Valued | Value | Liens | Net Equity |
|-----------------|--------------|-------------|-------|-------|------------|
| A. _____ | _____ | _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ | _____ | _____ |

8. PERSONAL PROPERTY (INCLUDING COINS, STAMPS, ART, ANTIQUES, ETC.)

| Description | Value | Date Valued | Title in P/R |
|-------------|-------|-------------|--------------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ |

SCHEDULE A (continued)
CIVIL UNION/MARITAL ASSETS (Add Addendum if more space is required)

9. IRA ACCOUNTS/DEFERRED COMPENSATION/ANNUITIES/401(K) PROFIT SHARING

| Institutions/Account No. (Use last 3 digits of account no.) | P/R | Date Valued | Value or Benefit | Type of Plan |
|--|-------|-------------|------------------|--------------|
| A. _____ | _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ | _____ |

10. PENSION PLANS

| Name of Plan | P/R | Date Valued | Value or Benefit |
|--------------|-------|-------------|------------------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ |

11. ALL OTHER PROPERTY NOT ELSEWHERE PROVIDED (INCLUDING CHOSES IN ACTION)

| Description | Value | Date Valued | Value or Benefit |
|-------------|-------|-------------|------------------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ |

SCHEDULE B
DEBTS/LIABILITIES

(Exclude liens on Real Estate, Autos, RVs, Boats, Aircraft)

| Creditor Name/Last 4 Digits of any Acct. No. | Debtor/Name(s) on Acct. if Applicable | Total Balance Owed | Monthly Payment |
|---|--|-----------------------|--------------------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ |

SCHEDULE C
NON-CIVIL UNION/NON-MARITAL PROPERTY, DEBT AND EQUITY
(for Real Estate, Autos, RVs, Boats and Aircraft)

Provide same details as required of assets in Schedule A.

PETITIONER NON-CIVIL UNION/NON-MARITAL

| Asset | Title | Value | Non-Civil Union/ Non-Marital Debt | Date of Value |
|----------|-------|-------|--------------------------------------|---------------|
| A. _____ | _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ | _____ |

Basis of Non-Civil Union/Non-Marital Claim (for above):

- A. _____
- B. _____
- C. _____
- D. _____

RESPONDENT NON-CIVIL UNION/NON-MARITAL

| Asset | Title | Value | Non-Civil Union/ Non-Marital Debt | Date of Value |
|----------|-------|-------|--------------------------------------|---------------|
| A. _____ | _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ | _____ |

Basis of Non-Civil Union/Non-Marital Claim (for above):

- A. _____
- B. _____
- C. _____
- D. _____

SCHEDULE D
CLAIMS FOR REIMBURSEMENT FROM ONE ESTATE TO ANOTHER

Amount and Estate from which Reimbursement Claimed and to which Estate it is Due:

Basis for Claims for Reimbursement:

SCHEDULE E
ALLEGED DISSIPATION

State the amount/basis/time frame of each dissipation:

SCHEDULE F
STATEMENT OF LITIGATION EXPENSES PAID AND OWED

| | PAID | OWED | AS OF DATE |
|--|-------------|-------------|-------------------|
| Petitioner's litigation expenses | \$ _____ | _____ | ____/____/____ |
| Respondent's litigation expenses | \$ _____ | _____ | ____/____/____ |
| Child Representative litigation expenses | \$ _____ | _____ | ____/____/____ |

SCHEDULE G
MEDICAL INSURANCE

Describe current insurance available and any claims with regards to insurance:

Name of party to carry medical insurance: _____

Outstanding medical obligations and responsibilities:

SCHEDULE H
ALLOCATION OF PARENTAL RESPONSIBILITIES

1. Current order or status in effect relating to Allocation of Parental Responsibilities, Parenting Time or visitation and child support (Describe):

2. Has Petitioner prepared a proposed Parenting Plan? If so, attach a copy.
3. Has Respondent prepared a proposed Parenting Plan? If so, attach a copy.
4. Have the parties prepared a Parenting Plan signed by both parties? If so, attach a copy.
5. If no Parenting Plan has been ordered or served please state the following:

A. The basis for seeking allocation of parental responsibilities:

B. Child Support Proposal (If deviation from child support guidelines is requested, state reasons.):

4. ASSIGNMENT OF CIVIL UNION/MARITAL DEBT

| CREDITOR | AMOUNT | PETITIONER | RESPONDENT |
|---------------|--------|------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| TOTAL: | _____ | _____ | _____ |

5. ASSIGNMENT OF NON-CIVIL UNION/NON-MARITAL DEBT

| CREDITOR | AMOUNT | PETITIONER | RESPONDENT |
|---------------|--------|------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| TOTAL: | _____ | _____ | _____ |

6. SCHOOL EXPENSES

| LIST EXPENSES | PARTY OBLIGATED TO PAY |
|---------------|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. ATTORNEYS, OTHER LITIGATION FEES AND COSTS, PROPOSAL

| ATTORNEY FEES | OTHER LITIGATION FEES AND COSTS | PROPOSAL |
|---------------|---------------------------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Date Submitted: _____

Submitted by: _____
Petitioner/Respondent

Signed: _____
Petitioner/Respondent

Atty. No.: _____

Name: _____

Atty. for: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

