

**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

and

Respondent

No.: _____

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: _____

