

## **Cómo solicitar una Orden de Soporte de Menor en Illinois – Suplemento 8**

Actualizado el 2 de Marzo del 2007

Este suplemento incluye tanto las formas guía como los formatos.  
Las formas guía le ayudarán para saber cómo llenar los formatos.  
Para mayor información acerca de qué significan estas formas o para qué se utilizan, consulte el paquete de Auto Ayuda correspondiente.

□Board of Trustees, Southern Illinois University

## **How to request a child support order in Illinois -- Supplement 8 Updated:**

**3/2/06**

This supplement includes a forms guide as well as forms. The forms guide is for use only in filling out the forms. For more information about what these forms mean or are used for, consult the appropriate Self Help packet.

8Board of Trustees, Southern Illinois University

**Formas que se incluyen en este suplemento/  
Forms that are included in this supplement:**

- Aplicación para Demandar como Persona de Escasos Recursos /

Application to Sue As A Poor Person

- Petición para Soporte de Menor /

Petition for Child Support

- Certificado de Envío por Correo de Orden Uniforme de Soporte /

Certificate of Mailing of Uniform Order of Support

- Notificación de la Audiencia /

Notice of Hearing

- Certificado de Envío por Correo de Notificación de la Audiencia /

Certificate of Mailing of Notice of Hearing

- Notificación para Retener el Salario para el Soporte de Menor /

Notice To Withhold Income For Child Support

- Juramento de Servicio de Notificación de Retención de Salario para el Soporte del Menor /

Affidavit of Service of Notice To Withhold Income For Child Support

- Información de Soporte de Menor

Child Support Information

- Entrada de Apariencia, de Exención y Consentimiento, y Entrada de Apariencia, de Exención y Consentimiento --- Militar /

Entry of Appearance, Waiver, and Consent, and Entry of Appearance, Waiver, and Consent --- Military

- Orden Uniforme de Soporte /

Uniform Order of Support

- Hoja de Información de Soporte de Menor

Child Support Information Sheet

- Carta para la Unidad del Estado de Pagos /

Letter to State Disbursement Unit

- Carta para el Empleado Encargado de Pagar Soporte /

Letter to Employer of Party to Pay Support

**TODAS LAS FORMAS / ALL FORMS:**

Al inicio de cada forma se encuentra el "título", el cual se completa de la siguiente manera:

At the top of each form is the "caption". It is completed as follows:

STATE OF ILLINOIS  
ESTADO DE ILLINOIS

IN THE CIRCUIT COURT OF THE **(número de distrito)** JUDICIAL CIRCUIT  
**(nombre del Condado) CONDADO / COUNTY**

**(su nombre, your name)** )  
 )  
Plaintiff (Demandante), )  
 )  
And (y) )  
 )  
**(supporting parent's name,** )  
**nombre del padre que da** )  
**soporte)** )  
Defendant (Demandado). )

**No. (obténgase del trabajador distrito al momento de llegar a archivar)  
(get from Clerk when you file)**

Determine el número del "Distrito" de acuerdo a la tabla de la página siguiente. Si su Condado no aparece en la tabla, llame al Trabajador de Distrito de su Condado en el cual usted realizará su caso y pregunte por el número del Distrito.

Determine the number of the "Circuit" according to the chart on the next page. If your county does not appear in the chart, call the Circuit Clerk in the county in which you will be filing your case and ask for the number of the Circuit.

## **Distritos Tribunales en Illinois / Circuit Courts in Illinois**

En Illinois, el Condado Cook es el único que tiene su propio distrito judicial, el resto de los Condados residen dentro de 21 distritos. Cook County is its own judicial circuit. The rest of the counties in Illinois fall into one of 21 circuits.

First Circuit- Los Condados de Alexander, Pulaski, Massac, Pope, Johnson, Union, Jackson, Williamson y Saline.

Second Circuit - Los Condados de Hardin, Gallatin, White, Hamilton, Franklin, Wabash, Edwards, Wayne, Jefferson, Richland, Lawrence y Crawford.

Third Circuit - Los Condados de Madison y Bond.

Fourth Circuit - Los Condados de Clinton, Marion, Clay, Fayette, Effingham, Jasper, Montgomery, Shelby y Christian.

Fifth Circuit - Los Condados de Vermilion, Edgar, Clark, Cumberland y Coles.

Sixth Circuit - Los Condados de Champaign, Douglas, Moultrie, Macon, DeWitt y Piatt.

Seventh Circuit - Los Condados de Sangamon, Macoupin, Morgan, Scott, Greene y Jersey.

Eighth Circuit - Los Condados de Adams, Schuyler, Mason, Cass, Brown, Pike, Calhoun y Menard.

Ninth Circuit - Los Condados de Knox, Warren, Henderson, Hancock, McDonough y Fulton.

Tenth Circuit - Los Condados de Peoria, Marshall, Putnam, Stark y Tazewell.

Eleventh Circuit - Los Condados de McLean, Livingston, Logan, Ford y Woodford.

Twelfth Circuit - El Condado de Will.

Thirteenth Circuit - Los Condados de Bureau, LaSalle y Grundy.

Fourteenth Circuit - Los Condados de Rock Island, Mercer, Whiteside y Henry.

Fifteenth Circuit - Los Condados de JoDaviess, Stephenson, Carroll, Ogle y Lee.

Sixteenth Circuit - Los Condados de Kane, DeKalb y Kendall.

Seventeenth Circuit - Los Condados de Winnebago y Boone.

Eighteenth Circuit - El Condado de DuPage.

Nineteenth Circuit - Los Condados de Lake y McHenry.

Twentieth Circuit - Los Condados de Randolph, Monroe, St. Clair, Washington y Perry.

Twenty-first Circuit - Los Condados de Iroquois y Kankakee.

**FORMA / FORM:**

**Aplicación para Demandar como Persona de Escasos Recursos /  
Application to Sue as a Poor Person**

**Introduction /Introducción:** Su nombre / Your name.

**Párrafo 1:** Dirección, incluyendo calle y ciudad.  
**Paragraph 1:** Your address, include street and city.

**Párrafo 2:** Ocupación, monto y fuente de su salario, por ejemplo,  
\$339.00 por mes en AFDC, complementado por  
Estampillas de Comida.  
**Paragraph 2:** Occupation, the amount and source of your income, for  
example, \$339.00 per month in AFDC, supplemented by  
Food Stamps.

**Párrafo 3:** Enliste otras fuentes de ingreso no mencionadas en 2.  
**Paragraph 3:** List other sources of income not listed in 2.

**Párrafo 4:** El monto del ingreso que usted tuvo el año pasado.  
**Paragraph 4:** The amount of income you had in the last year.

**Párrafo 5:** Salario esperado para el año en curso (será lo mismo que  
en 2, salvo que usted crea que su ingreso aumentará o  
disminuirá este año).  
**Paragraph 5:** Expected income for the current year (should be the same  
as 2, unless you expect your income to go up or down this  
year).

**Párrafo 6:** Mencione los nombres y fechas de cumpleaños de sus  
hijos y/o de otros que dependen financieramente de usted.  
**Paragraph 6:** List the names and birthdates of your children and/or  
others you support financially.

**Párrafo 7:** Primer espacio: valor total de sus posesiones;  
Segundo espacio; año y marca de su auto, si no tiene  
auto, simplemente escriba "none", que significa  
"ninguno".

Tercer espacio: valor de su auto.  
**Paragraph 7:** First blank: total value of your possessions;  
Second blank: year and make of your car; if you do not  
have a car, simply put "none";  
Third blank: value of your car;

Firme en las dos líneas que están en blanco, arriba en donde dice "Applicant" que  
significa "Aplicante" y escriba su nombre debajo de cada firma. Sign your name on both  
blank lines above where it says "Plaintiff" and print your name below each signature.

**FORMA / FORM:**

**Petición para Soporte de Menor /  
Petition For Child Support**

**Primer espacio:** Su nombre.  
**First blank:** Your name.

**Segundo espacio:** Su edad.  
**Second blank:** Your age.

**Tercer espacio:** Su dirección.  
**Third blank:** Your address.

**Cuarto espacio:** El condado en el cual usted vive.  
**Fourth blank:** The county in which you live.

**Quinto espacio:** El nombre del otro padre.  
**Fifth blank:** The other parent's name.

**Sexto espacio:** La edad del otro padre.  
**Sixth blank:** The other parent's age.

**Séptimo espacio:** La dirección del otro padre.  
**Seventh blank:** The other parent's address.

**Octavo o Noveno espacio:** Marque si el otro padre es o no un residente del Estado de Illinois.  
**Eighth or Ninth blank:** Check whether the other parent is or is not a resident of the State of Illinois.

**Décimo espacio:** Los nombres de los hijos menores por los cuales usted quiere el soporte.  
**Tenth blank:** The names of the minor children for which you want support.

**Onceavo espacio:** Utilizando la información que viene en el paquete, ponga el porcentaje de salario que el padre que da soporte debería pagar en función a los hijos a los cuales él o ella estará dando soporte.

**Eleventh blank:** Using the information found in the packet, put the percentage of income that the supporting parent should pay given the number of children he/she will be supporting.

Firme en los dos espacios de las líneas y ponga su nombre debajo de cada firma, en la línea mas corta. En la parte inferior izquierda de la hoja, escriba su nombre antes en donde dice "pro se" y coloque su dirección y número de teléfono en las líneas de abajo.

Sign your name on both of the long blank lines and print your name below each signature on the shorter blank line. In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

**FORMA / FORM:**

**Certificado de Envío por Correo de Orden Uniforme de Soporte /  
Certificate of Mailing Of Uniform Order of Support**

**Primer espacio:** Su nombre.  
First blank: Your name.

**Segundo espacio:** Nombre de la ciudad por la cual usted envió por correo la copia de la Orden Uniforma de Soporte al otro padre.

**Second blank:** Name of city from which you mailed a copy of the Uniform Order For Support to the other parent.

**Tercer espacio:** Fecha en la cual usted envió por correo la copia de la Orden Uniforme de Soporte al otro padre.

**Third blank:** Date you mailed a copy of the Uniform Order For Support to the other parent.

Firme en los dos espacios de las líneas y ponga su nombre debajo de cada firma, en la línea mas corta. En la parte inferior izquierda de la hoja, escriba su nombre antes en donde dice "pro se" y coloque su dirección y número de teléfono en las líneas de abajo.

Sign your name on both of the long blank lines and print your name below each signature on the shorter blank line. In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

**FORMA / FORM:**  
**Notificación de la Audiencia**  
**Notice of Hearing**

- Primer espacio:** Nombre del otro padre y la dirección (incluya calle, ciudad y Estado).  
**First blank:** The other parent's name and address (include street, city, and state).
- Segundo espacio:** Su nombre.  
**Second blank:** Your name.
- Tercer espacio:** Día de la Audiencia.  
**Third blank:** Date of hearing.
- Cuarto espacio:** Hora de la Audiencia (asegúrese de escribir a.m. ó p.m.)  
**Fourth blank:** Time of hearing. (be sure to put a.m. or p.m.)
- Quinto espacio:** Condado en el cual se archiva su caso.  
**Fifth blank:** County in which your case is filed.
- Sexto espacio:** Ciudad en la cual se ubica la Corte.  
**Sixth blank:** City in which the courthouse is located.

Firme en los dos espacios de las líneas y ponga su nombre debajo de cada firma, en la línea mas corta. En la parte inferior izquierda de la hoja, escriba su nombre antes en donde dice "pro se" y coloque su dirección y número de teléfono en las líneas de abajo.

Sign your name on both of the long blank lines and print your name below each signature on the shorter blank line. In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

**FORMA / FORM:**

**Certificado de Envío por Correo de Notificación de la Audiencia  
Certificate of Mailing Of Notice Of Hearing**

**Primer espacio:** Su nombre.  
**First blank:** Your name.

**Segundo espacio:** Nombre de la ciudad por la cual envió por correo una copia de la Notificación de la Audiencia al otro padre.  
**Second blank:** Name of city in which you mailed a copy of the Notice Of Hearing to the other parent.

**Tercer espacio:** Fecha en la que usted envía por correo la copia de la Notificación de la Audiencia al otro padre.  
**Third blank:** Date you mailed a copy of the Notice of Hearing to the other parent.

Firme en los dos espacios de las líneas y ponga su nombre debajo de cada firma, en la línea mas corta. En la parte inferior izquierda de la hoja, escriba su nombre antes en donde dice "pro se" y coloque su dirección y número de teléfono en las líneas de abajo.

Sign your name on both of the long blank lines and print your name below each signature on the shorter blank line. In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

**FORMA / FORM:**

**Notificación de Retención de Salario para Soporte del Menor**

**Notice to Withhold Income For Child Support**

**TITULO / CAPTION:**

Marque uno de los siguientes (Check one of the following):

**Notificación Original:** si esta es la primera notificación que envía a la persona quien deberá pagar el soporte del menor.

**Original Notice:** if this is the first notice you have sent to the person who will be paying child support.

**Enmienda de la Notificación:** si usted está cambiando la notificación del soporte del menor existente.

**Amended Notice:** if you are changing the existing child support notice

**Término de la Notificación:** si la orden de soporte del menor ha sido concluida por la corte.

**Terminate Notice:** if the child support order has been terminated by the court.

**Empleador/Retención's Fed. EIN No. :** el número de identificación federal del empleador de la persona que está pagando soporte en esta sección. Por favor contacte al empleador para obtener este número. Si usted no puede obtener el número continúe llenando la forma.

**Employer/Withholder's Fed. EIN No. :** the federal employer identification number of the employer of the person paying support in this section. To obtain this number, please contact the employer. If you are not able to get the number, continue complete the form.

**Empleador/Retención's Nombre:** el nombre del empleador.

**Employer/Withholder's Name:** the name of the employer

**Empleador/Retención's Dirección:** la dirección del empleador.

**Employer/Withholder's Address:** the address of the employer.

**Empleador/Obligor=s (Apellido, Primer Nombre, Segundo Nombre):**

el nombre de la persona quien pagará o está pagando el soporte en esta sección.

**Employer/Obligor's (Last, First, MI):** the name of the person who will pay/or is paying the support in this section.

**Empleador/Obligor=s Número de Seguro Social:**

el número de seguro social de la persona quien pagará o está pagando el soporte en esta sección.

**Employee/Obligor=s Soc. Sec. No. :** the social security number of the person who will pay/or is paying the support in this section.

**Número de Identificación del Empleado:** el número asignado al empleado por el empleador, si el empleador utiliza un sistema de identificación.

**Employee Identification Number :** the number assigned to the employee by the employer, if the employer uses a numbering system.

**Padre con Custodia (Apellido, Nombre, Inicial del Segundo Nombre):** el nombre del padre o madre quien está recibiendo el soporte en esta sección.

**Custodial Parent (Last, First, MI):** the name of the parent who is receiving the support in this section.

**Número de Seguro Social del Padre**

**Con Custodia:** el Número de Seguro Social del padre o la madre quien está recibiendo el soporte en esta sección.

**Custodial Parent's Social Security Number:** The Social Security number of the parent who is receiving the support.

**Nombre (s) del (los) Hijo (s):** los nombres de todos los hijos quienes reciben soporte en esta sección.

**Child(ren) Name(s) :** the names of all children receiving support in this section.

**Fecha de Nacimiento:** la fecha de nacimiento, al lado del nombre cada hijo (s), de todos los hijos en nombre de quienes se va a pagar el soporte.

**Date of birth:** the date of birth (next to the child's name) of all children on whose behalf support is being paid.

**Numero de Seguro Social:** el número de seguro social de cada hijo.

**Social Security Number:** the social security number of each child.

**ORDEN DE INFORMACIÓN / ORDER INFORMATION:**

**Espacio 1:** el nombre del juez quien firmó la orden más reciente de soporte del menor.

**1st Blank:** the name of the judge who signed the most recent child support order

**Espacio 2:** el Condado en el que se archiva la orden de soporte del menor.

**2nd Blank:** the county that child support order is filed in.

**Espacio 3:** la fecha en la que la orden de soporte del menor fue ingresada.

**3rd Blank:** the date that child support order was entered.

**Espacio 4:** la fecha en la cual el hijo más, pequeño por el cual se paga soporte, cumplirá 18 años.

**4th Blank:** the date on which the youngest child for which support is being paid turns 18.

**Espacio 5:** Debe marcarse si los hijos deben de ser inscritos en el programa de seguro de la persona quien pagará o está pagando soporte del menor.

**5th Blank:** Should be checked if children are to be enrolled in the insurance program of the person who will pay/or is paying child support.

**Espacios 6 y 7:** La cantidad de soporte del menor y la frecuencia con la que se paga (semanal, cada dos semanas, mensual). Por ejemplo, \$100 dólares por mes.

**6th and 7th Blanks:** The amount of child support and the frequency (weekly, monthly, every two weeks) that it is paid. For example \$100 per month.

**Espacios 8 y 9:** La cantidad de soporte al menor que ha vencido y la frecuencia con la que se paga (semanal, cada dos semanas, mensual).

**8th and 9th Blanks:** The amount of past due child support and the frequency (weekly, every two weeks, monthly) that it is paid.

**Espacio 10:** Debe marcarse (sí) si la persona que está pagando soporte está atrasada por más de 12 semanas en el pago del soporte del menor.

**10th Blank:** Should be checked (yes) if the person paying support is more than 12 weeks behind in paying child support.

**Espacios 11 y 12:** La cantidad de soporte médico y la frecuencia con la que se paga (semanal, cada dos semanas, mensual). Por ejemplo, \$100 dólares por mes.

**11th & 12th Blanks:** The amount of medical support and the frequency (weekly, every two weeks, monthly) that it is paid. For example \$100 per month.

**Espacios 13 y 14:** Utilice estos espacios para aquellas cantidades que se pagan y que no corresponden dentro de las categorías del soporte actual, soporte vencido o soporte médico. Indique el monto y la frecuencia con el que se pagan (semanal, cada dos semanas, mensual).

**13th and 14th Blanks:** Use these blanks for amounts paid that do not fit into either the current support, past due support, or medical support categories. Indicate the amount and the frequency (weekly, every two weeks, monthly) that it is paid.

**Espacios 15 y 16:** La cantidad total de soporte que se paga y la frecuencia (semanal, mensual, bimensual).

**15th and 16th Blanks:** The total amount of support and the frequency (weekly, monthly, bi-weekly) that it is paid.

**Espacios 17 al 20:** Utilizando la cantidad total de soporte, calcule los montos que el empleador deberá pagar ya sea por semana, por mes, bimestre o por ciclo de pago de cada dos semanas:

**17th through 20th Blanks:** Using the total amount of support, calculate the amounts that an employer would pay in either a weekly, monthly, semimonthly, or bi-weekly pay cycle:

**Ejemplo:** si la cantidad total de soporte es de \$100.00 dólares por mes, entonces

el periodo de pago semanal deberá ser:  $\$100 \times 12$  (12 meses en un año) 52 (52 semanas

en un año) = \$23.07

el periodo de pago mensual deberá ser de \$100.00

el periodo de pago de dos veces al mes deberá ser de  $\$100 / 2 = \$50.00$

y el periodo de pago por cada dos semanas deberá ser de:  $\$23.07(\text{periodo de semana pagada}) \times 2 = \$46.15$

**Example:** If the total amount of support is \$100 per month, then

the weekly pay period would be:  $\$100 \times 12$  (12 months in a year) = 1200  $\div$  52 (52 weeks in a year) = \$23.07

the monthly pay period would be \$100.00

the semimonthly pay period (twice a month) would be  $\$100 \div 2 = \$50.00$

and the biweekly pay period (every two weeks) would be:  $\$23.07(\text{weekly pay period}) \times 2 = \$46.15$

### **INFORMACIÓN PARA PAGOS / REMITTANCE INFORMATION:**

**1er Espacio:** el número del caso.

**1st Blank:** the case number.

**2ndo Espacio:** el nombre de la persona o de la agencia que recibe el pago del soporte. Si usted está recibiendo asistencia para sus hijos del Departamento de Servicios Humanos de Illinois, escriba aquí al **Illinois Department of Human Services**.

**2nd Blank:** the name of the individual or agency receiving the payment of support. If you are receiving assistance for your children from the Illinois Department of Human Services, put the Illinois Department of Human Services here.

**3er Espacio:** Escriba el nombre y dirección del Trabajador de Distrito en donde se archiva su caso.

**3rd Blank:** Put the name and address of the Circuit Clerk where your case is filed

### **INFORMACIÓN ADICIONAL PARA EMPLEADORES Y OTROS QUE RETIENEN EL PAGO / ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS:**

**1er Espacio:** Marque este cuadro para que el empleado/responsable reciba una copia.

**1st Blank:** Check this box so that the employee/obligor will receive a copy.

**2do Espacio:** El nombre de la persona que está pagando soporte.

**2nd Blank:** The name of the person paying support

**3er Espacio:** Deje en blanco, el empleador deberá llenar este espacio si el empleado abandona su trabajo.

**3rd Blank:** Leave blank, the employer will fill this blank out if the employee leaves his job

**4to Espacio:** Deje en blanco, el empleador deberá llenar este espacio si el empleado abandona su trabajo.

**4th Blank:** Leave blank, the employer will fill this blank out if the employee leaves his job

**5to Espacio:** Deje en blanco, el empleador deberá llenar este espacio si el empleado abandona su trabajo.

**5th Blank:** Leave blank, the employer will fill this blank out if the employee leaves his job

En la última página, escriba su nombre, dirección y teléfono como la persona quien está preparando esta Notificación.

Put your name, address, and telephone number as the person who is preparing this Notice on the last page.

**FORMA / FORM:**

**Juramento de Servicio de Notificación para Retención de Salario para Soporte del Menor**  
**Affidavit Of Service Of Notice To Withhold Income For Child Support**

**Introducción:** Su nombre.  
**Introduction:** Your name.

**Párrafo 1:** Primer espacio: El empleador al cual usted le enviará la Notificación de Retención de Salario para Soporte del Menor.  
Segundo espacio: Ciudad de la cual usted está enviando por correo la Notificación de Retención de Salario para Soporte del Menor.

**Paragraph 1:** First blank: The employer to which you sent the Notice To Withhold Income For Child Support.  
Second blank: City from which you mailed the Notice to Withhold Income For Child Support

**Párrafo 2:** El día, mes y año en los cuales la Notificación de Retención fue recibida por el empleador (deberá estar en el recibo verde que la Oficina de Correos le regresó a usted)

**Paragraph 2:** The day, month, and year on which the Notice To Withhold was received by the employer (will be on the green return receipt sent to you by the Post Office).

**Servido por:** Su nombre.  
**Served by:** Your name.

Firme en la línea arriba en donde dice "Plaintiff" que significa "Demandante" y escriba su nombre de la misma.

Sign your name on the blank line above where it says "Plaintiff" and print your name below the signature.

**FORMA / FORM:**

**Información de Soporte de Menor**  
**Child Support Information**

Llene la información como se solicita en la forma (por ejemplo, su nombre, dirección y el nombre del otro padre y su dirección).  
Fill in the information as request on the form (e.g. your name and address and the other parent's name and address).

**FORMA / FORM:**

**Entrada de Apariencia, Exención y Consentimiento, y Entrada de Apariencia, Exención y Consentimiento --- Militar / (utilícelo solo si su cónyuge está dispuesto a firmar esta forma y renunciar al servicio)** (Utilice el formato militar si el otro padre se encuentra fuera del país en el cual usted está archivando la Petición).

**Entry of Appearance, Waiver, and Consent, and Entry of Appearance, Waiver, and Consent --- Military (use only if your spouse is willing to sign this form and waive service)** (USE THE MILITARY FORM IF THE OTHER PARENT IS STATIONED OUTSIDE OF THE COUNTY IN WHICH YOU ARE FILING THE PETITION).

**Primer espacio:** El nombre de su cónyuge.

**First blank:** Your spouse's name.

DEJE EL RESTO DE LA FORMA EN BLANCO PARA QUE SU CÓNYUGE Y EL NOTARIO PUBLICO LA COMPLETEN.

LEAVE THE REST OF THE FORM BLANK FOR YOUR SPOUSE AND THE NOTARY PUBLIC TO COMPLETE.

**FORMA / FORM:**

**Orden Uniforme para Soporte  
Uniform Order For Support**

Si usted está obteniendo orden de soporte y usted no espera que pudiera existir algún desacuerdo acerca de ésta, usted podrá llenar la forma completa como se indica en estas instrucciones. Si usted considera que podrá existir algún desacuerdo, solo complete los números 1, 2, 3 y 5. El resto de la información puede ser completada por el juez, o el juez podrá decirle lo que él o ella quieran que se ponga en los espacios después de la Audiencia.

If you are getting a support order and you do not expect that there will be any disagreement about it, you can complete the entire form as indicated in these instructions. If you expect that there will be a disagreement, just complete numbers 1, 2, 3, and 5. The rest of the information can be completed by the judge or the judge can tell you what he/she wants in each of the blanks after the hearing.

En este documento la persona que estará pagando el soporte es el **Obligor** que significa Obligante y la persona que estará recibiendo el soporte es llamada **Obligee** que significa **Obligado** Al inicio de cada página de la forma hay un espacio para incluir su número de caso y cada espacio deberá contener el número de caso.

In this document the person that will be paying the support is the Obligor and the person that will be receiving the support is the Obligee. At the top of each page of the form is a

space to insert the case number of your case and each space should have the case number.

1. Marque el cuadro de "Initial Order" (Orden Inicial) si esta es la primera Orden de Soporte del Menor o marque el cuadro "Modification (Modificación) si no lo es.
1. Check the "Initial Order" box if this is the first child support order in the case and the "Modification" box if it is not.
  
2. Ignore el cuadro de "Illinois Dept. of Public Aid".
2. Ignore the "Illinois Dept. of Public Aid" box.
  
3. Ignore el número de IDPA
3. Ignore the IDPA No.
  
4. Debajo de la sección de "Fallos de la Corte":
  - a. Marque este cuadro y en el espacio escriba el monto del salario neto del obligante y el periodo a cubrir, por ejemplo, por mes, por semana, por 2 semanas, etc.
  - b. Marque este cuadro si existe un atraso en el soporte (soporte vencido) y en el espacio incluya el monto. Usualmente usted deberá dejar en blanco este espacio si existe un desacuerdo acerca de cuánto es lo que se debe. El juez podrá llenar este espacio después de que decida qué tanto se debe.
  - c. Usted no debe marcar este cuadro. Este es para casos especiales en los cuales el soporte será ordenado en una cantidad de dólares, más un porcentaje de otros ingresos que tenga el obligante, como pago por comisiones. Este tipo de pago de soporte al menor no es cubierto en las instrucciones.
  
4. Under the "The Court finds" section:
  - a. Check this box and in the blank write the amount of the obligor's net income and the period covered, for example, per month, per week, per 2 weeks, etc.
  - b. Check this box only if there is an arrearage of support (past due support) and in the blank insert the amount. Usually you will leave this blank if there is a disagreement about how much is owed. The judge can fill this blank after he/she decides how much is owed.
  - c. You should not check this box. This is for special cases in which the support will be ordered in a dollar amount plus a percentage of other income the obligor has, like commission payments. This type of child support payment is not covered by the instructions.
  
5. En la línea que dice "It is ordered that" (que significa "Se ha ordenado que"), escriba el nombre de la persona que deberá estar pagando el soporte.
5. At the "It is ordered that" line write the name of the person who will be paying support.
  
6. Ignore la sección de manutención y soporte sin asignar.
6. Maintenance and unallocated support section: ignore.

7. Sección Soporte del Menor: marque el cuadro.
  - a. Espacio para la cantidad del pago: incluya el monto total a ser pagado; incluya cualquier pago atrasado.
  - b. Pago actual del soporte del menor: incluya el monto regular del soporte.
  - c. Pago atrasado: incluya el monto a pagar de cualquier atraso.
  - d. Inicio de pagos: incluya la fecha en la cual el pago deberá iniciar.
  - e. Frecuencia de pago: marque el cuadro que corresponda en qué tan seguido deben de hacerse los pagos.
7. Child Support section: check the box.
  - a. Payment amount blank: insert the total amount to be paid, including any arrearage payment.
  - b. Current Child Support Payment: insert the amount of regular support.
  - c. Arrearage payment: insert the amount to be paid on any arrearage.
  - d. Payments begin: insert the date on which the payment are to begin.
  - e. Payment frequency: check the box that corresponds to how often the payments are to be made.
8. Ignore la sección del Porcentaje de la Cantidad de Soporte del menor.
8. Percentage Amount of Child Support section: ignore this section.
9. Sección de Acuerdo de Pagos: Marque este cuadro. Debajo de esta sección normalmente usted marcará el primer y cuarto párrafo y estas son las únicas secciones que las instrucciones cubren. Si usted desea usar el segundo y tercer párrafo, usted deberá buscar el consejo de un abogado. En el cuarto párrafo, el primer espacio deberá llenarse con el nombre del Condado en donde la orden será ingresada; el segundo espacio es la dirección de la corte en la cual la orden fue ingresada.
9. Payment arrangements section: check the box. Underneath this section you will normally check the first and fourth paragraphs and these are the only sections the instructions cover. If you want to use the second or third paragraph, you should seek the advice of an attorney. In the fourth paragraph the first blank should be filled with the name of the county in which the order will be entered, the second blank is the address of the courthouse at which the order was entered.
10. Sección de Retrasos: marque este cuadro. En el primer espacio incluya el monto que es el 20% de la cantidad normal del soporte del menor; por ejemplo, si el pago es de \$100.00 entonces la cantidad en el espacio deberá ser de \$20.00
10. Delinquency section: check the box. In the first blank insert an amount that is 20% of the normal child support amount, e.g. if the payment is \$100.00 then the amount in the blank would be \$20.00.
11. Sección de Término: marque este cuadro. El primer espacio debe contener la fecha en la cual el hijo más pequeño alcanzará la edad de 18 años o la fecha en la

cual el hijo más pequeño se graduará de Preparatoria (high school), cualquiera que sea la fecha más lejana.

11. Termination section: check the box. The first blank should contain the date on which the youngest child will reach the age of 18 or the date on which the youngest child is expected the graduate from high school, whichever is later.

12. Sección de Seguro: marque este cuadro si la persona que está pagando soporte también proveerá seguro médico a través de su trabajo. Este párrafo permite diferentes opciones de pago de la prima del seguro. Las instrucciones solo cubren las más comunes, que es cuando el Obligante obtiene seguro para el hijo. Para esta opción usted deberá marcar el cuadro del Obligante en la línea uno, y los cuadros uno y dos en la línea dos. Incluya el nombre de la Agencia de Seguro Médico y el número de póliza en los espacios que se indican.

12. Insurance section: check the box if the person paying support will also be providing medical insurance through his/her job. This paragraph allows for several options for the payment of the insurance premium. The instructions only cover the most common, which is when the obligor gets insurance for the child. For that option you will check the obligor box in line one and the first and second boxes in line two. Insert the name of the health insurance provider and the policy number in the places indicated.

13. Sección de condiciones adicionales o conclusiones: marque este cuadro y marque el último cuadro el cual concierne a la Hoja de Información para el Soporte del Menor. Es importante que usted marque este último cuadro ya que el Trabajador de Distrito requiere mantener la hoja de información con datos del soporte del menor, en secreto. Esto es importante porque la información podría ser utilizada por alguien más para cometer crimen en robo de identificación. Los dos cuadros sobrantes en esta sección deben ser ignorados. Estos podrán ser completados por el juez en caso de ser necesario.

13. Additional conditions or findings section: check the box and check the last box which concerns the child support date sheet. It is important that you check that last box because it requires the circuit clerk to keep the information on the child support data sheet secret. This is important because the information could be used by someone to commit the crime of identity theft. The remaining two boxes in this section should be ignored. Those can be completed by the judge if necessary.

**FORMA / FORM:**

**Carta para la Unidad del Estado de Pagos**

## **Letter to State Disbursements Unit**

Llene la información que se solicita en la forma de la carta y fax o envíe la carta por correo a la Unidad del Estado de Pagos. Si usted desea que el soporte vaya directamente a su cuenta revise la información que se proporciona sobre el depósito directo en el sitio web [http://www.ilchildsupport.com/sdu/customers\\_sdu.html](http://www.ilchildsupport.com/sdu/customers_sdu.html)

Fill in the information requested on the form letter and fax or mail the letter to the State Disbursement Unit. If you want the support to go directly into your account go to [http://www.ilchildsupport.com/sdu/customers\\_sdu.html](http://www.ilchildsupport.com/sdu/customers_sdu.html) for information on direct deposit.

**Si usted necesita asistencia en cómo hacer valer la orden de soporte de menor, vaya al sitio web:** <http://www.ilchildsupport.com/application.html> Ahí usted encontrará información, aplicaciones y folletos relacionados con el soporte de menor en Inglés y Español.

**If you need assistance in the enforcement of the court child support order go to:** <http://www.ilchildsupport.com/application.html> . There you will find information, applications, and brochures regarding child support in English and Spanish.

La **Carta al Empleador** es solo una guía que se incluye para ser utilizada cuando usted elabora su propia carta al empleador del padre. Es importante que se envíe la carta por correo certificado y contenga la Notificación de Retención de Salario.

The **Letter to Employer** is just an enclosed guideline to use when generating your own letter to the parent's employer. It is important that the letter be sent certified mail and have attached the Notice of Withholding.

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

	)	
	)	_____ Application granted
	)	_____ Application denied
Plaintiff,	)	
	)	
vs.	)	No. _____
	)	
	)	_____, 20__
	)	
Defendant.	)	_____
	)	JUDGE

**APPLICATION TO SUE AS A POOR PERSON**

I, \_\_\_\_\_, on my own behalf, on oath state:

- 2. 1. My current address is \_\_\_\_\_.
- 3. 2. My occupation, source of income, amount of public benefits is \_\_\_\_\_.
- 4. 3. My other sources of income or support are \_\_\_\_\_.
- 5. 4. My income for the preceding year was approximately \_\_\_\_\_.
- 6. 5. The sources and amounts of income I expect to receive in the future are:  
\_\_\_\_\_  
\_\_\_\_\_.
- 6. Person(s) who are dependent on me for support are:  
\_\_\_\_\_  
\_\_\_\_\_.

7. **7.** I own no real estate. The total value of all my personal property does not exceed

\$\_\_\_\_\_ in value and consists of clothing and furniture, and other household items, including a 20\_\_\_\_, \_\_\_\_\_ motor vehicle, valued at \$\_\_\_\_\_.

- 1. **8.** I filed no applications for leave to sue or defend as a poor person during the preceding year, and none were filed on my behalf.
- 2. **9.** I am unable to pay the costs of commencing and prosecuting this action.
- 3. **10.** I have a meritorious claim.

**WHEREFORE**, Applicant prays the Court to permit her/him to commence and prosecute this action as a poor person under 735 ILCS 5/5-105 of the Code of Civil Procedure.

Plaintiff

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

Plaintiff

STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL  
CIRCUIT \_\_\_\_\_ COUNTY

\_\_\_\_\_, )  
Plaintiff, )  
)

and ) No. \_\_\_\_\_

) \_\_\_\_\_, ))  
Defendant. )

**ENTRY OF APPEARANCE WAIVER AND CONSENT**

I, \_\_\_\_\_, hereby enter my appearance in the above-entitled cause as Defendant therein, and expressly waive the necessity of process of summons and consent that the same proceedings may be had therein, as fully and with the same force and effect as though I had been duly and regularly served with process of summons therein in the State of Illinois, at least 30 days prior to any return day designated by Plaintiff herein or as provided by law.

I further certify that I am aware of the relief asked for by the Plaintiff and agree to the terms as shown in the proposed Order.

I further consent that immediate default may be taken and entered therein against me upon the filing of this appearance or at any time thereafter, and that an immediate hearing of said cause may be had without further notice.

Dated \_\_\_\_\_,

20\_\_\_. SIGNATURE:

\_\_\_\_\_ STATE

OF \_\_\_\_\_)

) County of

\_\_\_\_\_)

I, \_\_\_\_\_, a Notary Public in and for said County and State, do hereby certify that \_\_\_\_\_, personally known to me to be the same person whose name is subscribed to the foregoing waiver of summons, appeared before me this day in person, and acknowledged that he signed said appearance as his free and voluntary act, for the purpose therein set forth.

Given under my hand and Notarial Seal, \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC

STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL  
CIRCUIT \_\_\_\_\_ COUNTY

)) \_\_\_\_\_, ))  
Plaintiff, ))  
and ) No. \_\_\_\_\_  
) \_\_\_\_\_, ))  
Defendant. )

**ENTRY OF APPEARANCE WAIVER AND CONSENT - MILITARY**

I \_\_\_\_\_, hereby enter my appearance in the above-entitled cause as the Defendant therein, and expressly waive the necessity of process of summons and consent that the same force and effect as though I had been duly and regularly served with process of summons therein in the State of Illinois, at least thirty (30) days prior to any return day designated by the Plaintiff herein, or as provided by law.

I consent that immediate default may be taken and entered herein against me upon the filing of this appearance or at any time thereafter and that an immediate hearing of said cause may be had without further notice to me.

I further state that I am over the age of eighteen (18) years and hereby acknowledge and expressly waive any and all rights that I may be entitled to under the Soldiers' and Sailors' Civil Relief Act (50 U.S.C.A. App. Section 501) as amended.

I further certify that I am aware of the relief requested by the Plaintiff and agree to the terms of the proposed Order.

Dated \_\_\_\_\_, 20\_\_.

SIGNATURE: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) County of  
\_\_\_\_\_ )

I, \_\_\_\_\_, a Notary Public in and for said County and State, do hereby certify that \_\_\_\_\_, personally known to me to be the same person whose name is subscribed to the foregoing waiver of summons, appeared before me this day in person, and acknowledged that he signed said appearance as his free and voluntary act, for the purpose therein set forth.

Given under my hand and Notarial Seal, \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE \_\_\_\_\_  
JUDICIAL CIRCUIT \_\_\_\_\_ COUNTY )

\_\_\_\_\_, Plaintiff )  
 )  
and ) No. \_\_\_\_-- \_\_ --\_\_\_\_  
 )  
\_\_\_\_\_, Defendant )

**PETITION FOR CHILD SUPPORT**

I, \_\_\_\_\_, without the assistance of an attorney, ask this Court to order Defendant to pay child support to me. In support of my Petition, I state the following items are true to the best of my knowledge:

1. This Court has jurisdiction over the subject matter and the parties.
1. 2. I am \_\_\_\_ years old; my address is: \_\_\_\_\_; I live in \_\_\_\_\_ County; and I have lived in Illinois for at least 90 days before I filed this Petition.
2. 3. The other parent's name is \_\_\_\_\_, he/she is \_\_\_\_ years old; his/her address is: \_\_\_\_\_; and he/she is \_\_\_\_ is not \_\_ a resident of Illinois.

4. That Defendant and I are the biological parents of the following child(ren):

\_\_\_\_\_, all of whom live with me.

5. That Defendant is not contributing financially to the support of these child(ren).

6. That Defendant has the financial ability to pay child support to Plaintiff.

**WHEREFORE, I request:** that the Court order

A. Defendant to pay \_\_\_ % of his/her monthly income as and for support of the minor child/ren.

B. Defendant to pay a percentage of his/her monthly income as and for any past due support of the minor children.

C. Defendant to be required to maintain health insurance for the minor children if provided by his employer.

\_\_\_\_\_, Signature

Print

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she/he verily believes the same to be true.

\_\_\_\_\_, Signature

Print

\_\_\_\_\_, pro se

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

\_\_\_\_\_, )  
Plaintiff, )  
)  
)



**CERTIFICATE OF MAILING OF NOTICE OF HEARING**

I, \_\_\_\_\_, hereby certify that I mailed a copy of the Notice of Hearing to the Defendant at his/her last known address by depositing the same in the United

States mail at \_\_\_\_\_, Illinois, postage fully prepaid on

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Plaintiff

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she/he verily believes the same to be true.

\_\_\_\_\_, Plaintiff

\_\_\_\_\_, pro se  
STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
Plaintiff, )  
\_\_\_\_\_)

vs. ) No. \_\_\_\_\_  
\_\_\_\_\_ ) )  
Defendant. )

**CERTIFICATE OF MAILING OF UNIFORM ORDER FOR SUPPORT**

I, \_\_\_\_\_, hereby certify that I mailed a copy of the Uniform Order

For Support to the Defendant at his/her last known address by depositing the same in the

United States mail at \_\_\_\_\_, Illinois, postage fully prepaid on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Plaintiff

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she/he verily believes the same to be true.

\_\_\_\_\_, Plaintiff

\_\_\_\_\_, pro se

### **NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT**

State of Illinois

County of : \_\_\_\_\_

( ) Original Notice

Case Number: \_\_\_\_\_

( ) Amended Notice

Date: \_\_\_\_\_

( ) Terminate Notice

Employer/Withholder's Fed. EIN No. Employee/Obligor's (Last, First, MI)

Employer/Withholder's Name Employee/Obligor's Soc. Sec. No.

Employer/Withholder's Address Employee Identification Number

**AND ANY SUBSEQUENT EMPLOYER** Custodial Parent's (Last, First, MI)

**Child(ren)=s name (s): date of birth: Social Security Number:**

**ORDER INFORMATION:** This is a Notice to Withhold Income for Child Support

based upon an order for support entered by the Honorable

\_\_\_\_\_, Circuit Court of \_\_\_\_\_

County, IL on \_\_\_\_\_, 20 \_\_\_\_.

By law, you are required to deduct these amounts from the above -named

employee or obligor=s income until \_\_\_\_\_, 20\_\_\_\_ even if the Notice is not

issued by your State.

() If checked, you are required to enroll the child(ren) identified above in any health

insurance coverage available through the employee's employment.

\$\_\_\_\_\_ per \_\_\_\_\_ in current support

\$\_\_\_\_\_ per \_\_\_\_\_ in past due support totaling \$\_\_\_\_\_

Arrears 12 weeks or greater? () yes () no

\$\_\_\_\_\_ per \_\_\_\_\_ in medical support

\$\_\_\_\_\_ per \_\_\_\_\_ in \_\_\_\_\_

for a total of \$\_\_\_\_\_ per \_\_\_\_\_ to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold: \$\_\_\_\_\_ per weekly pay period.

\$\_\_\_\_\_ per semimonthly pay period (twice a month). \$\_\_\_\_\_ per monthly pay period. \$\_\_\_\_\_ per biweekly pay period (every two weeks).

**REMITTANCE INFORMATION:** Follow the laws and procedures of the employee's/obligor's principal place of employment even if such laws and procedures are different from this paragraph:

**You must begin withholding no later than the first pay period occurring 14 working days after the date of this Notice. Send payment within 7 working days of the paydate/date of withholding. You are entitled to deduct a fee of your actual cost not to exceed \$5 monthly to defray the cost of withholding. The total withheld amount, including your fee, cannot exceed FCCPA % of the employee/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is needed (see #9 below):**

When remitting payment, provide the paydate that you withheld support and the case

number: \_\_\_\_\_.

Make it payable to

: \_\_\_\_\_

Send check to

: \_\_\_\_\_

**ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS**

(\_\_\_\_) If checked, you are required to provide a copy of this form to your employee.

1. 1. **Priority:** Withholding under this Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect, please contact the requesting person/agency listed below.
2. 2. **Combining Payments:** You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligator.
3. 3. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the employee is paid and controls the income,

i.e., the date the income check or cash is given to the employee, or the date on which the income is deposited directly in his/her account.

4. 4. **Employee/Obligor with Multiple Support Withholdings:** If you receive more than one Notice against this employee/obligor and you are unable to honor them all in full because together they exceed the withholding limit of the State of the employee's principal place of employment (see #9 below), you must allocate the withholding based on the law of the State of the employee's principal place of employment. If you are unsure of that State's allocation law, you must honor all Notices' current support withholdings before you withhold for any arrearages, to the greatest extent possible under the withholding limit. You should immediately contact the last agency that sent you a notice to find the allocation law of the state of the employee's principal place of employment.

5. 5. **Termination Notification:** You must promptly notify the payee when the employee/obligor is no longer working for you. Please provide the information requested on the following page and return a copy of this order/notice to the person/agency.

**Information Requested:**

**EMPLOYEE'S/OBLIGOR'S  
NAME:** \_\_\_\_\_

**DATE OF SEPARATION/TERMINATION OF  
EMPLOYMENT:** \_\_\_\_\_

**LAST KNOWN HOME ADDRESS:**

**NEW EMPLOYER'S NAME AND  
ADDRESS:** \_\_\_\_\_

Return Copy to: \_\_\_\_\_

1. 6. **Lump Sum Payments:** You may required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or

authority below.

2. 7. **Liability:** If you fail to withhold income as the Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State law. You may be found liable for the total amount which you fail to withhold or pay over and fines up to \$100.00 per day for each day after the grace period. In Illinois, subsection (G) of 305 ILCS 5/10 -16.2, 750 ILCS 5/706.1, 750 ILCS 15/4.1 or 750 ILCS 45/20.

3. 8. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.

9. **Withholding Limits:** You may not withhold more than the lesser of ; 1)the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C.'1673 (b) ); or 2) the

amounts allowed by the State of the employee/obligor's principal place of employment. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as : State, Federal, local taxes; Social Security taxes; and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by : 1) 10% if the employee does not support second family; and/or 2) 5% if arrears are more than 12 weeks old (see page 1).

4. 10. **The obligor's rights, remedies and duties:** see Illinois Statutes 305 ILCS 5/10-16.2, 750 ILCS 5/706.1, 750 ILCS 15/4.1 and 750 ILCS 45/20.

Name and address of person preparing this Notice:

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

\_\_\_\_\_, )

Plaintiff, )

vs. ) No. \_\_\_\_\_

) \_\_\_\_\_, ) )

Defendant. )

**AFFIDAVIT OF SERVICE OF NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT**

I, \_\_\_\_\_ state the following:

1. That a copy of the Notice To Withhold Income For Child Support entered in

the has been delivered

to: \_\_\_\_\_

by mailing it by certified mail, return receipt requested, with postage prepaid at \_\_\_\_\_, Illinois.

2. That service was made on \_\_\_\_\_ by certified mailing.

Served by: \_\_\_\_\_

**This form must be filed with the Clerk of the Court following service of a Notice To Withhold Income For Child Support. Attach the green receipt card to this form and file with the Clerk of the Court.**

Under penalties as provided by law pursuant to Section 5/1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

\_\_\_\_\_, Plaintiff

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

\_\_\_\_\_,  
Plaintiff ) )

v.

) No. \_\_\_\_\_  
)

\_\_\_\_\_

D  
e  
f  
e  
n  
d  
a  
n  
t

)

)

**CHILD SUPPORT INFORMATION Plaintiff Information**

**Defendant Information**

Last Name First MI Last Name First MI Residential Address: Residential Address:

City:

\_\_\_\_\_

\_\_\_ State: \_\_\_\_\_ Zip:

\_\_\_\_\_ Date of Birth:

\_\_\_\_\_ Soc.

Sec. No.:

\_\_\_\_\_

Driver's License No.:

\_\_\_\_\_ Home

Phone ( ) \_\_\_\_\_

Employer Name and Address: City:

\_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Date of Birth:

\_\_\_\_\_

Soc. Sec. No.:

\_\_\_\_\_

Driver's License No.:

\_\_\_\_\_ Home

Phone ( ) \_\_\_\_\_

\_\_\_\_\_

Employer Name and Address:

Employer(s) ID Number: \_\_\_\_\_ Employer(s) ID Number: \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Child/Children Information:**

Last Name First Name MI Date of Birth Social Security Number

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

**IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT**

**\_\_\_\_\_ COUNTY, ILLINOIS UNIFORM ORDER FOR SUPPORT**

[ ] Initial Order

[ ] Modification

Petitioner/Plaintiff, )  
) Court Case No. \_\_\_\_\_

vs. )  
) Illinois Dept. of Public Aid is, or has been,  
) granted leave to intervene.

Respondent/Defendant, )  
) IDPA No.

Definitions:

*Obligor* – An individual who owes a duty to make support payments pursuant to an order for support.

*Obligee* – An individual to whom a duty of support is owed or the individual’s legal representative.

*Payor* – Any payor of income to an obligor.

*Unallocated Support* – A total amount for maintenance and child support and not a specific amount for either.

**The Court finds:**

[ ] a) The net income of the obligor on the date of this order is \$\_\_\_\_\_. [ ] b) The amount of arrearage on the date of this order is \$\_\_\_\_\_ for child support and \$\_\_\_\_\_ for maintenance or unallocated support.

[ ] c) The amount of child support cannot be expressed exclusively as a dollar amount because all or a portion of the obligor’s net income is

uncertain as to source, time or payment, or amount.

**It is ordered that** \_\_\_\_\_, Obligor, is to provide:

**MAINTENANCE**

**OR**

**UNALLOCATED SUPPORT**

Payment Amount: \_\_\_\_\_

Payment Frequency:

Current Maintenance or  
Unallocated Support Payment: \$ \_\_\_\_\_

every week

every other week

monthly

twice each month on \_\_\_\_\_  
&

(date)

Arrearage Payment: \$ \_\_\_\_\_

every year

other \_\_\_\_\_

Payments Begin: \_\_\_\_\_ (date)

**CHILD SUPPORT** (Do not complete this section if Unallocated Support is ordered.)

Payment Amount: \_\_\_\_\_

P  
a  
y  
m  
e  
n  
t

F  
r  
e  
q  
u  
e  
n  
c  
y  
:

[  
]

e  
v  
e

r  
y  
w  
e  
e  
k  
C  
u  
r  
r  
e  
n  
t  
C  
h  
i  
l  
d  
S  
u  
p  
p  
o  
r  
t  
P  
a  
y  
m  
e  
n  
t  
:  
\$  
-  
-  
-  
-  
-

-  
-  
-  
-

[  
]

e  
v  
e  
r  
y

o  
t  
h  
e  
r

w  
e  
e  
k

[  
]

m  
o  
n  
t  
h  
l  
y

A  
r  
r  
e  
a  
r  
a  
g









paying the order for support. Payments shall be made PAYABLE in accordance with the written agreement of the parties attached hereto. In the event the income withholding notice is served, payments shall be made to the State Disbursement Unit as set forth above.

**OR**

- State law does not require payment to the State Disbursement Unit, and the parties have not entered into a written agreement as provided above. PAYABLE to \_\_\_\_\_ and sent to THE CLERK OF THE CIRCUIT COURT at \_\_\_\_\_. Payments must include CASE NUMBER and COUNTY of the Court issuing this Order.

**OR**

- In addition to and separate from amounts ordered to be paid as maintenance or child support, the obligor shall pay a \$36 per year Separate Maintenance and Child Support Collection Fee. This sum shall be paid directly to the Clerk of the Circuit Court of \_\_\_\_\_ County at \_\_\_\_\_ and **not** to the State Disbursement Unit.

**DELINQUENCY**

If the obligor becomes delinquent in the payment of support after the entry of this Order For Support, the obligor must pay, in addition to the current support obligation, the sum of (a) \$\_\_\_\_\_ for child support per the payment frequency ordered above for child support, and (b) \$\_\_\_\_\_ for maintenance or unallocated support per the payment frequency ordered above for maintenance or unallocated support, until the delinquency is paid in full. (this additional amount, the total of (a) and (b), shall not be less than 20 percent of the total of the current support amount and the amount to be paid periodically for payment of any arrearage stated in the order for support.) A support obligation, or any portion of a support obligation which becomes due and remains unpaid for 30 days or more shall accrue interest at the rate of 9% per annum. Interest due and owing as a result of unpaid support will be set forth under "Additional Conditions or Findings" in this Order or in a separate order.

**TERMINATION**

This obligation to pay child support terminates on \_\_\_\_\_ unless modified by written order of the Court. (Insert a date no earlier than the date that the youngest child reaches the age of 18 or is expected to graduate from high school, whichever comes later.) **This termination date does not apply to any arrearage that may remain unpaid on that date.** The child/ren covered by this order is/are:

**INSURANCE**

The  obligor,  obligee,  obligor **and** obligee, shall provide health insurance for the child(ren) either by  enrolling them in any health insurance coverage available through the  obligor's,  obligee's,  obligor's **and** obligee's, employment or  securing a private health insurance policy, accepted by the obligor and obligee or approved by the Court, which names the child(ren) as beneficiary. Both the obligor and the obligee shall be provided a copy of the insurance policy and the insurance card. The name of the health insurance provider and the number of the insurance policy regarding dependant benefits/coverage are as follows:

Name of Health Insurance Provider(s):

Policy No.(s):

**It is further ordered that:**

The obligor shall give written notice to the Clerk of the Court, and **if** a party is receiving child and spouse services under Article X of the Illinois Public Aid Code, to the Illinois Department of Public Aid, in writing, **within 7 days:**

- . • any new residential, mailing address or telephone number;
- . • the name, address and phone number of any new employer, and;
- . • the policy name and identifying number(s) of health insurance coverage available.

The obligor shall submit a written report of termination of employment and of new employment, including name and address of the new employer, to the Clerk of the Court and the obligee **within 10 days**. Obligor and obligee shall advise each other of a change of residence **within 5 days** except when the Court finds that the physical, mental or emotional health of a party or that of a minor child, or both, would be seriously endangered by disclosure of the party's address. An obligee receiving payments through income withholding shall notify the Clerk of the Court and the State Disbursement Unit **within 7 days**, of a change in residence. The obligor and obligee shall report to the Clerk of the Court any change of information included in the Child Support Data Sheet (Exhibit 1) **within 5 business days** of such change.

**[ ] ADDITIONAL CONDITIONS OR FINDINGS**

- Child Support payment amount deviates from the amount required by statutory minimum guidelines. The amount that would have been required under the guidelines is \$\*\*\*.

Reasons for deviation:

\_\_\_\_\_

- Other:
- The "Child Support Data Sheet" filed herein, is a part of this Order. It is ordered that the circuit clerk impound the "Child Support Data Sheet" until further order of this Court.

DATE: \_\_\_\_\_

ENTER: \_\_\_\_\_  
JUDGE

**FAILURE TO OBEY ANY OF THESE PROVISIONS OF THIS ORDER MAY RESULT IN A FINDING OF CONTEMPT OF COURT**

State Disbursements Unit **VIA FACSIMILE: (217) 557-5093**

P.O. Box 5400 Carol Stream, IL 60197-5400

To Whom It May Concern:

Re: (the name and number of your case)

Enclosed you will find a copy of the Uniform Order for Support and Child Support Data Sheet filed in the above-referenced case. The payor is (the name of the person paying the support), the payee is (the name of the person to receive the support), and the employer is (the employer who will be withholding the child support). Please open an account for this case so that the child support payments can be properly disbursed when received. You may address your correspondence with the payee as follows:

(the name and address of the person who will receive the support)

Please feel free to call me if you have any questions in this regard.

Sincerely,

(your name and address)  
enclosures

(The State Disbursement Unit prefers that the letter and enclosures be faxed to the number above. If you cannot fax it, mail it to the address on the letter)  
Ms. Linda Stayton  
Division of Child Support Enforcement 104 Airway Drive Marion, IL 62959

Dear Ms. Stayton:

RE: (the name and number of your court case)

Please find enclosed a child support order and notice of withholding that was recently

entered by the Courts in the above case. I would appreciate it if you would log this into

your computer so that DCSE has the most up to date information in this matter.

If you have any questions, please do not hesitate to contact me.

Sincerely,

(your name and address)

enclosures

(If you do not live in Southern Illinois, you should find out the address of  
your local

Division of Child Support Enforcement and send this letter and the enclosures  
there)

Certified Mail No.:

(name and address of employer)

Dear \*\*\*:

Re: (your case name and number, plus the name and social security number of the  
person paying the support)

Please be advised that a child support order has been entered against (name of person  
that will be paying the support). It is my understanding that he/she is employed by you. I  
have enclosed with this letter a Notice for Withholding. This order provides for income  
withholding to enforce a court ordered payment of support. You are required to withhold  
the amount of support from the earnings of your employee as follows:

1. 1. Withhold the amount specified, (amount of support to be paid) per (how  
often the support is to be paid, e.g. per month, per week, per 2 weeks, etc), beginning  
with the next payment of earnings, following 7 days after you receive this notice.

Withholdings must continue until (the termination date on your Uniform Order for  
Support).

□.2. Forward payments withheld from the employee's wages to: State Disbursement  
Unit, P.O. Box 5400, Carol Stream, Illinois 60197-5400. You should make the check  
payable to State Disbursement Unit and provide the following information either on the  
check or a remittance form:

- a. Court Order No. (the number of your case);
- b. Employee's name and social security number; and
- c. Amount withheld.

You will find attached a sample form.

1. 3. The law prohibits you from and provides penalties for, discharging, disciplining or otherwise penalizing any employee because of a duty to withhold earnings.
2. 4. You are required to cooperate with the custodial parent or spouse whenever an employee terminates his or her employment by providing information on new employment or other whereabouts of the employee. You should return a copy of the Notice for Withholding to (your name and address), immediately upon termination. In addition, whenever an employee is no longer employed by you, you must return a copy of the Notice for Withholding to the Circuit Court Clerk and furnish information about the employee's whereabouts and new employment. This is required under subsection (G)(2) of the Illinois Revised Statutes on Income Withholding. I have enclosed a sample form for your convenience.
5. Amounts to be withheld are subject to the following limitations: Federal and state income taxes, social security and statutory retirement, disability contributions, and union dues must be withheld first. You must withhold a maximum of 50 percent of the remaining income for an individual supporting another spouse or child and 60 percent for a person who is not.
3. 6. For withholding the income you are entitled to receive the lesser of a \$5.00 per month or the actual check processing cost to be taken from the income to be paid to the employee.

This Notice of Withholding takes precedence over any prior or subsequent garnishments, attachments, wage assignments or other claims of creditors.

Thank you for your prompt attention to this matter.

Sincerely,

\*\*\*

\*\*\*

En

clo

sur

e

cc

\*\*\*

ATTENTION EMPLOYERS: Use this form when payment is directed to the State Disbursement Unit (SDU).

### State Disbursement Unit

**P.O. Box 5400 Carol Stream, IL 60197-5400**

This form should be sent each pay period along with your check made payable to the State Disbursement Unit (SDU).

Deductions for more than one employee for court ordered child support may be reported on the same remittance form and combined into one check.

Complete all boxes below for each employee included in your attached check to ensure proper credit at the office of the State Disbursement Unit.

For State Disbursement Unit's Use

\_\_\_\_\_ Date  
Received \_\_\_\_\_ Employer's Name

\_\_\_\_\_ Date  
Processed \_\_\_\_\_ ATTN.

Employer's  
Address: \_\_\_\_\_  
\_\_\_\_\_

City State Zip

Employee/ Obligor Name	Court Order #	IV-D or Non IV-D *If Available	Amount Withheld


(For additional remittance forms, please copy this form.) **EMPLOYEE CHANGE OF INFORMATION AND RETURN OF NOTICE OF WITHHOLDING**

Person serving the order for withholding should put their name and address in this box.

Mail this form and a copy of the Notice for Withholding to:

(your name & address) ATTENTION EMPLOYER: When an employee, subject to an Notice for Withholding, is no longer employed by you, please complete this form to the best of your ability and forward it along with a copy of the order for withholding to the above address. This is required by statute.

EMPLOYEE NAME: \_\_\_\_\_

NEW EMPLOYER INFORMATION: (IF AVAILABLE)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE & ZIP CODE: \_\_\_\_\_