

**Cómo Presentar una Demanda de Divorcio en Illinois
-- Suplemento A**

Divorcio con Hijos Menores

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
Mayo 2006

How to file for divorce in Illinois -- Supplement A

Divorce with minor children

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.

□Board of Trustees, Southern Illinois University
May 2003

**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

Entrada de Apariencia, Exención y Consentimiento /
Entry of Appearance, Waiver, and Consent

Entrada de Apariencia, Exención y Consentimiento - Militar /
Entry of Appearance, Waiver, and Consent -- Military

Petición para la Disolución del Matrimonio – Hijos /
Petition for Dissolution of Marriage -- children

Estipulación de Exención de los Dos Años Requeridos /
Stipulation to Waiver of the Two Year Requirement

Notificación de la Audiencia /
Notice of Hearing

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

Sentencia de la Disolución del Matrimonio – Hijos /
Judgment of Dissolution of Marriage -- children

Certificado de Envío por Correo de la Sentencia de la Disolución del Matrimonio /
Certificate of Mailing of Judgment of Dissolution of Marriage

Notificación de Retención /
Notice of Withholding

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

Hoja de Información para Soporte del Menor /
Child Support Information Sheet

Orden Uniforme de Soporte /
Uniform Order of Support

Carta para la Unidad del Estado de Pagos /

Letter to State Disbursement Unit

Carta para la División de la Agencia del Soporte del Menor /
Letter to Division of Child Support Enforcement

Carta para el Empleado Encargado de Pagar Soporte /
Letter to Employer of Party to Pay Support

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: Será lo mismo que en 2, salvo que usted crea que su ingreso
aumentará o disminuirá, de ser así, usted deberá indicar cuánto
ingreso usted espera tener.
Paragraph 5: Should be the same as 2, unless you expect your income to go up
or down, in which case you should list what you expect your
income to be.

Párrafo 6: Mencione los nombres de sus hijos y/o de otros que dependen
financieramente de usted.
Paragraph 6: List the names 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 "Plaintiff" que significa
"Demandante" 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:

**Entrada de Apariencia, Exención y Consentimiento /
Entry of Appearance, Waiver, and Consent**

**Entrada de Apariencia, Exención y Consentimiento - Militar /
Entry of Appearance, Waiver, and Consent – Military**

Estas formas son para ser llenadas por usted y su cónyuge. Deben ser llenadas de la manera apropiada según sea la situación. Usted podrá ayudarse a completarlas como se indica en la parte superior de las formas guía.

These forms are for your spouse to fill out. They should fill out the form that is appropriate for their situation. You may assist by filling in the top portion as illustrated in the forms guide.

FORMA / FORM:

**Petición para la Disolución del Matrimonio – Hijos
Petition For Dissolution of Marriage (children)**

Introduction /Introducción: Su nombre / Your name.

Párrafo 2:

Primer espacio: su edad.
Segundo espacio: su dirección (calle y ciudad).
Tercer espacio: el Condado en el cual usted vive.
Cuarto espacio: años de ser residente en el Estado de Illinois.
Quinto espacio: su ocupación.

Paragraph 2:

First blank: Your age.
Second blank: Your address (street and city).
Third blank: The county in which you live.
Fourth blank: Years of being a resident of the State of Illinois.
Fifth blank: Your occupation.

Párrafo 3:

Primer espacio: Nombre de su cónyuge.
Segundo espacio: Edad de su cónyuge.
Tercer espacio: Dirección de su cónyuge (calle, ciudad y Estado).
Cuarto espacio: Marque si su cónyuge es o no es residente del Estado de Illinois. Indique los años de residencia en Illinois de su cónyuge.
Quinto espacio: Ocupación de su cónyuge.

- Paragraph 3:**
- First blank: Your spouse's name.
 Second blank: Your spouse's age.
 Third blank: Your spouse's address (street, city, and state)
 Fourth blank: Check whether your spouse is or is not a resident of the State of Illinois. Mention the years of residence in Illinois.
 Fifth blank: His/her occupation.
- Párrafo 5:**
- Primer y segundo espacio: Día, mes y año de su matrimonio.
 Tercer espacio: La ciudad y el Estado en el cual usted se casó.
 Cuarto espacio: El Condado en el cual su matrimonio fue registrado.
 Quinto espacio: El Estado en el cual su matrimonio fue registrado.
- Paragraph 5:**
- First and Second blank: Day, month and year of your marriage.
 Third blank: The city and state in which you got married.
 Fourth blank: The county in which your marriage was registered.
 Fifth blank: The state in which your marriage was registered.
- Párrafo 6:**
- Primer y segundo espacio: Mes y año en el cual usted y su cónyuge se separaron. Si no están separados, poner n/a.
 Tercer espacio: Los causales del divorcio (por ejemplo, crueldad mental extrema y repetida, crueldad física extrema y repetida, diferencias irreconciliables)
- Paragraph 6:**
- First and Second blank: The month and year you and your spouse separated. If not separated put n/a.
 Third blank: The grounds for the divorce: (for example, extreme and repeated mental cruelty; extreme and repeated physical cruelty; irreconcilable differences)
- Párrafo 7:**
- Paragraph 7:** En todos los espacios: enliste los nombres completos y cumpleaños de todos los hijos que tuvo con su cónyuge.
 All blanks: list the full names and birthdates of all of the children you had with your spouse.

- Párrafo 7:** Si usted es de sexo masculino, cambie para indicar que su esposa no está embarazada.
Si usted o su esposa está embarazada: espere hasta después de que el niño haya nacido, si es un hijo de este matrimonio; Si no es un hijo del matrimonio, cambie el Párrafo 7 por lo siguiente: "Wife is pregnant, but husband is not the father" que significa "La esposa está embarazada pero el esposo no es el padre."
- Paragraph 7:** If you are a male, change to indicate that your wife is not pregnant;
If you or your wife is pregnant: wait until after the child is born, if it is a child of the marriage; If it is not a child of the marriage, change Paragraph 7 to the following: "Wife is pregnant, but husband is not the father."
- Párrafo 9:** Mencione la ciudad y Estado por cada dirección en la cual su hijo o hijos han vivido en los últimos cinco años.
- Paragraph 9:** List the city and state for each address your child or children have lived in the last five years.
- Párrafo 10:** Mencione el nombre y la dirección actual de cada persona con la que sus hijos han vivido en los últimos cinco años; esto necesariamente no significa que ellos estuvieron puestos a custodia de alguien más, solo refiere a otros con los cuales sus hijos han vivido.
- Paragraph 10:** List the name and current address of each person with whom the children have lived in the last five years; this does not necessarily mean that they were in the custody of someone else, but only refers to others with whom your children resided.
- Párrafo 11:** Primero, Segundo y Tercer Espacio: escriba "none" (que significa "ninguno") si actualmente usted no está relacionado con algún otro procedimiento de custodia con sus hijos; si usted lo está, indique el número de caso, Condado y Estado en el cual el otro caso se archiva. Incluya las Ordenes de Protección que le garantizan la custodia temporal de sus hijos.
- Paragraph 11:** First, Second, and Third blank: put "none" if you are not currently involved with any other custody proceedings with your children; if you have, put the case number, county and state in which the other case is filed. Include Orders of Protection which granted you temporary custody of your children.
- Párrafo 12:** Primero, Segundo

y Tercer Espacio: escriba "none" (que significa "ninguno") si no existen casos de custodia en el pasado relacionados con sus hijos; si los hay, indique el número de caso, Condado y Estado en el cual el otro caso se archivó.

Paragraph 12: First, Second, and Third blank: put "none" if there are no past custody cases regarding your children; if there are, put the case number, county and state in which the other case was filed.

Párrafo 15: Mencione sus propiedades no maritales. Si no hay suficiente espacio, anote el resto en una hoja adicional y refiérase a ésta al final del Párrafo 14. (por ejemplo: "continued on a separate sheet.", que significa " continúa en una hoja separada.")

Paragraph 15: List your non-marital property. If there is not enough room, place the remainder on an additional sheet and refer to it at the end of Paragraph 14. (for example: "continued on a separate sheet.")

Párrafo 16: Mencione sus propiedades maritales. Si no hay suficiente espacio, anote el resto en una hoja adicional y refiérase a ésta al final del Párrafo 15. (por ejemplo: "continued on a separate sheet.", que significa " continúa en una hoja separada.")

Paragraph 16: List your marital property. If there is not enough room, place the remainder on an additional sheet and refer to it at the end of Paragraph 15. (For example: "continued on a separate sheet.")

Párrafo 18: Mencione las deudas en las que usted y su cónyuge han incurrido mientras estuvieron casados. Si no hay suficiente espacio, anote el resto en una hoja adicional y refiérase a ésta al final del Párrafo 18. (por ejemplo: "continued on a separate sheet.", que significa " continúa en una hoja separada.")

Paragraph 18: List the debts you and your spouse incurred while you were married. If there is not enough room, place the remainder on an additional sheet and refer to it at the end of Paragraph 18. (for example: "continued on a separate sheet.")

Párrafo 19: Escriba su nombre de soltera o nombre actual en el espacio.

Paragraph 19: Put your maiden or former name in the blank.

Párrafo I: Añada cualquier desagravio adicional que usted desee que no esté cubierto de la A a la H.

Paragraph I: Enter any additional relief you want that is not covered in A through H;

Firme en las dos líneas que están en blanco, arriba en donde dice "Plaintiff" que significa "Demandante" 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:

**Sentencia de la Disolución del Matrimonio – Hijos
Judgment of Dissolution of Marriage (children)**

- Introducción:** Primer espacio: Día de la Audiencia.
Segundo espacio: Mes de la Audiencia.
Tercer espacio: Año de la Audiencia.
Cuarto espacio: Su nombre.
Por favor marque el cuadro que corresponda de qué manera su cónyuge ha sido servido. **MARQUE SOLO EL CUADRO.** Si usted marca el primer cuadro, el primer espacio debe ser llenado con el Condado en el cual su cónyuge ha sido servido y el segundo espacio debe llenarse con el Estado en donde se localiza el Condado.
- Introduction:** First blank: Day of hearing.
Second blank: Month of hearing.
Third blank: Year of hearing.
Fourth blank: Your name.
Place a check in the box that corresponds with how your spouse was served. **CHECK ONLY ONE BOX.** If you check the first box, the first blank should be filled in with the county in which your spouse was served and the second blank should be filled in with the state in which that county is located.
- Párrafo 2:** Primer espacio: Su edad.
Segundo espacio: Su dirección.
Tercer espacio: Nombre del Condado en el cual usted reside.
- Paragraph 2:** First blank: Your age.
Second blank: Your address.
Third blank: Name of county in which you reside.
- Párrafo 3:** Primer espacio: Edad de su cónyuge.
Segundo espacio: Dirección de su cónyuge. Si usted no tiene la dirección escriba “unknown” que significa “desconocido”.
Tercer espacio: El Estado en el que su cónyuge reside. Si usted no conoce el Estado escriba “unknown” que significa “desconocido”.
Cuarto y quinto espacio: Marque si su cónyuge es o no un residente de Illinois.
- Paragraph 3:** First blank: The age of your spouse.
Second blank: Your spouse's address. If you don't have an address put "unknown".
Third blank: The state where your spouse resides. If you don't know the state, put "unknown".

| | | |
|----------------------|---------------------------|--|
| | Fourth and Fifth blank: | Check whether your spouse is or is not a resident of Illinois. |
| Párrafo 4: | Primer y segundo espacio: | El día, mes y año de su matrimonio. |
| | Tercer espacio: | El Condado en el cual su matrimonio fue registrado. |
| | Cuarto espacio: | El Estado en el cual su matrimonio fue registrado. |
| Paragraph 4: | First and Second blank: | The day, month, and year of your marriage. |
| | Third blank: | The county in which your marriage was registered. |
| | Fourth blank: | The state in which your marriage was registered. |
| Párrafo 5: | | Mes y año en el cual usted y su cónyuge se separaron. |
| Paragraph 5: | | Month and year on which you and your spouse separated. |
| Párrafo 6: | | Causales en los cuales usted está obteniendo su divorcio. |
| Paragraph 6: | | Grounds on which you are getting a divorce. |
| Párrafo 7: | Primer espacio: | Mencione el nombre y fecha de nacimiento de cada uno de los hijos del matrimonio. |
| | Segundo espacio: | Escriba su dirección completa. |
| Paragraph 7: | First blank: | List the name and birthdate of each of the children of the marriage. |
| | Second blank: | Put your complete address. |
| Párrafo 10: | | Marque el cuadro que corresponda. Si usted marca el primer cuadro, escriba el nombre del empleador de su cónyuge y la cantidad neta del salario mensual de su cónyuge. |
| Paragraph 10: | | Check the appropriate box. If you check the first box: put the name of the spouse's employer and the amount of the spouse's net monthly salary. |
| Párrafo 11: | | Mencione las propiedades maritales tal como lo hizo en su Petición. |
| Paragraph 11: | | List marital property as you did in your Petition. |
| Párrafo 12: | | Mencione las propiedades no maritales que usted posee. |
| Paragraph 12: | | List the non-marital property you have in your possession. |
| Párrafo 13: | | Mencione las deudas tal como lo hizo en su Petición. |
| Paragraph 13: | | List the debts as you did in your Petition. |
| Párrafo 14: | | Mencione su nombre anterior. |

Paragraph 14: List your former name.

Párrafo B: Mencione el tipo de visita que usted desea que la corte le otorgue a su cónyuge. Sea tan específico como pueda.

Paragraph B: List the visitation you want the court to give to your spouse. Be as specific as you can.

Párrafo C: Marque el cuadro apropiado.

Cuadro 1:

Primer espacio: monto del soporte del menor a ser pagado.

Segundo espacio: qué tan seguido el monto del soporte debe ser pagado (semanal, cada dos semanas, cada mes, etc.)

Cuadro 2: marque este cuadro si no se pagará soporte.

Paragraph C: Check the appropriate box.

Box 1:

First blank: amount of child support to be paid.

Second blank: how often the amount of support is to be paid (weekly, every 2 weeks, every month, etc.)

Box 2: Check this if no support is going to be paid.

Párrafo D: Mencione las propiedades maritales y no maritales que usted desea que la corte le conceda a usted.

Paragraph D: List the marital and non-marital property you want the court to award to you.

Párrafo E: Mencione de qué deudas desea usted que su cónyuge se haga responsable.

Paragraph E: List the debts you want your spouse to be responsible for.

Párrafo G: Mencione su nombre anterior.

Paragraph G: List your former name.

Párrafo I: Mencione cualquier desagravio adicional que usted desee que la corte le otorgue que no esté cubierto de la A a la H.

Paragraph I: List any relief you want the court to give you not requested in Paragraphs A-H.

NO LLENE EN LA FECHA O LA LINEA PARA LA FIRMA DEL JUEZ.

DO NOT FILL IN THE DATE OR THE SIGNATURE LINE FOR THE JUDGE.

FORMA / FORM:

Notificación de la Audiencia (utilícela solamente si desea notificar a su cónyuge de la Audiencia)

Notice of Hearing (use only if you want to notify your spouse of the hearing)

Primer espacio: Nombre y dirección del cónyuge (incluya calle, ciudad y Estado).
First blank: Spouse'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 la línea que está en blanco, a un lado en donde dice "Plaintiff" que significa "Demandante" y escriba su nombre debajo de la firma.

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

FORMA / FORM:

Estipulación de Exención de los Dos Años Requeridos (utilícela solamente si ha estado separado por menos de 2 años pero más de 6 meses, si está usando causales de diferencias irreconciliables y si su cónyuge ha aceptado firmar esta forma.)

Stipulation To Waiver Of The Two Year Requirement (use only if you have been separated for less than 2 years but more than 6 months, you are using the grounds of irreconcilable differences, and your spouse is willing to sign this form)

Párrafo 1: Fecha de su matrimonio.
Paragraph 1: Date of your marriage.

Párrafo 2: Mes y año de su separación.
Paragraph 2: Month and year of your separation.

Firme por arriba de las dos líneas que están en blanco, arriba en donde dice "Plaintiff" que significa "Demandante" y escriba su nombre debajo de cada firma. Su cónyuge deberá firmar por arriba de las dos líneas que están en blanco en donde dice "Defendant" que significa "Demandado" y deberá escribir 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. Your spouse will sign on both blank lines above where it says "Defendant" and will print his name below each signature.

FORMA / FORM:

**Certificado de Envío por Correo de la Sentencia de la Disolución del Matrimonio
Certificate of Mailing Of Judgment Of Dissolution Of Marriage**

Primer espacio: Su nombre.

First blank: Your name.

Segundo espacio: Nombre de la ciudad en la cual envió por correo una copia del Juicio a su cónyuge.

Second blank: Name of city in which you mailed a copy of the Judgment to your spouse.

Tercer espacio: Fecha en la que usted envía por correo la copia del Juicio a su cónyuge.

Third blank: Date you mailed a copy of the Judgment to your spouse.

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

FORMA / FORM:

Certificado de Envío por Correo de Notificación de la Audiencia (utilícela solamente si desea notificar a su cónyuge de la

Audiencia)

Certificate of Mailing Of Notice Of Hearing (use only if you want to notify your spouse of the 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 a su cónyuge.

Second blank: Name of city in which you mailed a copy of the Notice Of Hearing to your spouse.

Tercer espacio: Fecha en la que usted envía por correo la copia de la Notificación de la Audiencia a su cónyuge.

Third blank: Date you mailed a copy of the Notice of Hearing to your spouse.

Firme por arriba o a un lado de las dos líneas que están en blanco en donde dice "Plaintiff" que significa "Demandante" y escriba su nombre debajo de cada firma.

Sign your name on both blank lines above or next to where it says "Plaintiff" and print your name below each signature.

FORMA / FORM:

Notificación de Retención de Salario para Soporte del Menor (utilícela solamente si pide soporte del menor)

Notice to Withhold Income For Child Support (use only if asking 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 concluída 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 to 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):

Employer/Obligor's (Last, First, MI): el nombre de la persona quien pagará o está pagando el soporte en esta sección.
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.

Employer/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.

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 (día y año).
3rd Blank: the date that child support order was entered (date and year)
- 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, bisemanal).

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) $\div 52$ (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 \div 2 = \50.00

y el periodo de pago por cada dos semanas deberá ser de: $\$23.07$ (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) $\div 52$ (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.

2ndo 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:

**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 quiera 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 **Obligador** 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 mas 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 data 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.

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:

1. My current address is _____
_____.
2. My occupation, source of income, amount of public benefits is _____
_____.
3. My other sources of income or support are _____.
4. My income for the preceding year was approximately _____.
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. 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 \$_____.

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.

9. I am unable to pay the costs of commencing and prosecuting this action.

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

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.

SIGNATURE: _____

Dated _____, 20__.

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.

5. My spouse and I were lawfully married on _____, 20 ____ at _____, and the marriage was registered at _____ County, in the State of _____.

6. My spouse and I have lived separate and apart continuously since _____, 20 ____ and the reason I want a divorce is: _____ as

defined by the Illinois Marriage and Dissolution of Marriage Act.

7. That the following children were born to or adopted by my spouse and me:
_____, date of birth: ____/____/____;
_____, date of birth ____/____/____;
_____, date of birth ____/____/____;
_____, date of birth: ____/____/____;
_____, date of birth ____/____/____;
_____, date of birth ____/____/____.

All of our child/ren reside with me and they have lived in Illinois for at least the last 6 months.

8. I am not pregnant.

9. Our child/ren have lived in the following places the last five years:

_____.

10. Our child/ren have lived with the following people in the last five years:

_____.

11. As far as I know, there are no custody cases involving our children pending in a court of this or any other state, except _____ v. _____, which is currently pending in _____, County, State of _____.

12. As far as I know, there are no past custody cases involving the custody of our children in a court of this or any other state except: _____ v. _____, which was in _____, County, State of _____.

13. No other person other than me and my spouse has physical custody of our child/ren or claims to have a right to custody or visitation with the child/ren.

14. Our child/ren are in my custody; I should have the temporary and permanent care, custody, control, and education of our child/ren; and it is in the best interests of the child/ren that care, custody, control, and education be awarded to me.

15. I have in my possession the following items of non-marital property (property I got prior to our marriage, by inheritance, or by gift). My spouse did not help pay for this property, and he/she has no legal right to any part of it: _____

16. Our marital property (property we got after our marriage and not by inheritance or by gift) includes, but is not limited to, the following: _____

_____. I
helped pay for our marital property.

17. I do not know if my spouse has obtained any marital property or debts since our separation.

18. Our marital debts (debts we got after our marriage) include, but are not limited to, the following: _____

19. My former/maiden name was: _____.

WHEREFORE, I request:

- A. A Judgment of Dissolution of Marriage.
- B. That the Court award to me the temporary and permanent care, custody, control, and education of our child/ren and determine what kind of visitation my spouse will get.
- C. That the Court award to me all of the marital and non-marital property now in my possession.
- D. That the Court award to my spouse all of the marital and non-marital property now in his/her possession.
- E. That the Court order my spouse to take responsibility and pay for all legal debts, liabilities and obligations we obtained since we got married.
- F. That the Court order my spouse to pay me child support.
- G. That neither party be awarded maintenance.
- H. That I be allowed to use my maiden/former name.

I. That _____

_____.

_____, 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

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, the undersigned certify 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 certify as aforesaid that she/he verily believes the same to be true.

Plaintiff

Defendant

2. That Plaintiff is ____ years old. She/He currently lives in _____, Illinois, in _____ County, and has lived in Illinois for at least 90 days prior to the filing of his/her Petition.

3. That Defendant is ____ years old. His/Her last known address is _____, State of _____ and is ____ is not ____ a resident of Illinois. Defendant is not currently in military service with any of the Armed Forces of the United States.

4. That the parties were lawfully married on _____, 20 ____ and that said marriage was registered in _____ County, _____.

5. That the parties have been separated since _____, 20 ____.

6. That the grounds of _____ have been proven within the meaning of the Illinois Marriage and Dissolution of Marriage Act.

7. That all the children who have been born to the parties as a result of their marital relationship are as follows: _____

_____, and that the home state of the minor child/ren is the State of Illinois.

8. That Plaintiff is not now pregnant.

9. That Plaintiff is a fit and proper person to have the care, custody, control, and education of the minor child/ren and that, considering the surroundings, circumstances, and adjustment to home, school, and community of each child and the financial circumstances, character, fitness, mental, and physical health of the parents and their ability to contribute to the support of said child/ren, the best interests of the child/ren will be served if given into the custody of Plaintiff.

10. () That Defendant is employed at _____ earning \$_____ net per month and is amply able to furnish support for the minor child/ren of the parties, in accord with his/her/their needs;
- () That Defendant is either unemployed or his/her employment status and income are unknown.

11. That since the marriage of the parties, the parties acquired marital property, including: _____

_____;

that Plaintiff has contributed to the acquisition and preservation of the marital property through her/her own efforts and frugalities.

12. That Plaintiff has in her/his possession the following items of non-marital property:

_____.

13. That debts and obligations were incurred by the parties, as a result of the marriage relation, including: _____

_____.

14. That Plaintiff's former name was _____.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED BY THE COURT AS FOLLOWS:

A. That the bonds of matrimony presently existing between Plaintiff and Defendant be and the same are hereby dissolved and the parties are granted a Judgment of Dissolution of Marriage.

B. That Plaintiff shall have and she/he is hereby awarded the sole care, custody, control, and education of the child/ren of the parties, subject to the right of Defendant to visit with said child/ren as follows:_____

_____.

C.

() That the Court shall enter a Uniform Order of Support in the amount of _____ per _____.

() That the question of child support shall be reserved for the future consideration of the Court.

D. That Plaintiff shall have as her sole and exclusive property free of homestead, dower, or any right of Defendant all property presently in her/his possession, including:_____

_____.

E. That Defendant shall assume full responsibility for all the following legal debts and obligations incurred by the parties, or either of them, as a result of this marriage relation, and hold Plaintiff free and harmless therefrom including:

_____.

F. That each of the parties is forever barred from claiming maintenance from the other, having waived the right thereto, and from any and all other rights, claims, title or interest whatsoever against the other party or in or to the property of the other, whether the property be

real, personal or mixed or whether it be now owned or hereafter acquired, especially rights of dower, homestead or other rights of inheritance.

G. That Plaintiff is permitted to resume her former name of _____.

H. That this Court shall retain jurisdiction of this cause until the terms of this Judgment have been fully complied with in all respects.

I. _____

DATE: _____

ENTER: _____

JUDGE

NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

State of Illinois

County of : _____
Case Number: _____
Date: _____

() Original Notice
() Amended Notice
() 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

Court Case Number

AND ANY SUBSEQUENT EMPLOYER

Custodial Parent's (Last, First, MI)

Custodial Parent's Social Security #

| 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 obligator'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 payday/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. **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. **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. **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. **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. **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: _____

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.

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.

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).
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 |) | |
| | | |) | |
| v. | | |) | No. _____ |
| | | |) | |
| _____ | , | Defendant |) | |
| | | |) | |

CHILD SUPPORT INFORMATION

Plaintiff Information

Defendant Information

Last Name First MI

Last Name First MI

Residential Address: _____

Residential Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Date of Birth: _____

Date of Birth: _____

Soc. Sec. No.: _____

Soc. Sec. No.: _____

Driver's License No.: _____

Driver's License No.: _____

Home Phone () _____

Home Phone () _____

Employer Name and Address: _____

Employer Name and Address: _____

Employer(s) ID Number: _____

Employer(s) ID Number: _____

Work Phone () _____

Work Phone () _____

Child/Children Information:

| | <u>Last Name</u> | <u>First Name</u> | <u>MI</u> | <u>Date of Birth</u> | <u>Social Security Number</u> |
|----|------------------|-------------------|-----------|----------------------|-------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |

SPANISH GUIDE, PLEASE DO NOT FILL / GUIA EN ESPAÑOL FAVOR DE NO LLENAR
 Esta guía le será de utilidad para saber cómo llenar la forma en inglés. This guide will help you to fill the English form.

ESTADO DE ILLINOIS / STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _(Número de Distrito)_JUDICIAL CIRCUIT

_____ (CONDADO) COUNTY

_____, Plaintiff (Demandante))
 v.) No. _____
 _____, Defendant (Demandado))
)

INFORMACION PARA SOPORTE DEL MENOR / CHILD SUPPORT INFORMATION

Información del Demandante / Plaintiff Information

Información del Demandado / Defendant Information

 Last Name First MI
 Apellido Nombre Inicial del 2º Nombre

 Last Name First MI
 Apellido Nombre Inicial del 2º Nombre

Dirección / Residential Address:

Dirección / Residential Address:

Ciudad / City: _____

Ciudad / City: _____

Estado/ State: _____ Zip: _____

Estado / State: _____ Zip: _____

Fecha de Nacimiento / Date of Birth: _____

Fecha de Nacimiento / Date of Birth: _____

Número de Seg. Social /Soc. Sec. No.: _____

Número de Seg. Social /Soc. Sec. No.: _____

Número de Licencia / Driver's License No.: _____

Número de Licencia / Driver's License No.: _____

Teléfono de Casa / Home Phone () _____

Teléfono de Casa / Home Phone () _____

Nombre del Empleador y Dirección/
 Employer Name and Address:

Nombre del Empleador y Dirección/
 Employer Name and Address:

Número de Identificación del Empleado:
 Employer(s) ID Number: _____

Número de Identificación del Empleado:
 Employer(s) ID Number: _____

Teléfono del Trabajo/Work Phone () _____

Teléfono del Trabajo/Work Phone () _____

Información del Hijo o Hijos / Child/Children Information:

| | | | | |
|------------------|----------------------|------------------------------|----------------------------|--------------------------------|
| <u>Apellido</u> | <u>Primer Nombre</u> | <u>Inicial del 2º Nombre</u> | <u>Fecha de Nacimiento</u> | <u>Número de Seguro Social</u> |
| <u>Last Name</u> | <u>First Name</u> | <u>MI</u> | <u>Date of Birth</u> | <u>Social Security Number</u> |

1. _____

2. _____

3. _____

4. _____

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

[] every week

Unallocated Support Payment: \$_____

[] 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: _____

Payment Frequency:

Current Child Support Payment: \$_____

[] every week

[] every other week

[] monthly

Arrearage Payment: \$_____

[] twice each month on _____ & _____ (date)

[] every year

Payments Begin: _____ (date)

[] other _____

] **PERCENTAGE AMOUNT OF CHILD SUPPORT**

(Complete this Section only if Finding c) is checked above.)

In addition to the specific dollar amount of support ordered above, current child support shall be paid in the amount of _____% of obligor's _____ payable _____. The obligor is further ordered to provide income records sufficient to determine and enforce the percentage amount of child support, **within 7 days** of receipt of income subject to this percentage assessment, to the obligee _____ and Clerk of the Court.

] **PAYMENT ARRANGEMENTS**

(Payments must be sent to the STATE DISBURSEMENT UNIT if this box is checked.)

] A Notice to Withhold Income shall issue immediately and shall be served on the employer at the address listed in this Order. PAYABLE to the **STATE DISBURSEMENT UNIT** and sent to State Disbursement Unit, P.O. Box 5400, Carol Stream, IL 60197-5400. Payments must include CASE NUMBER, COUNTY of the Court issuing this Order, and obligor's name and social security number. Any subsequent employer may be served with a Notice to Withhold Income without further order of the Court.

OR

] The parties have entered into a written agreement providing for an alternative arrangement for the payment of support that is approved by the Court and attached to this Order, meeting all requirements of, and consistent with applicable law. An income withholding notice is to be prepared and served only if the obligor becomes delinquent in 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
P.O. Box 5400
Carol Stream, IL 60197-5400

VIA FACSIMILE: (217) 557-5093

To Whom It May Concern:

Re: (the name and number of your case) **(el nombre y el número de su caso)**

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) **(el nombre de la persona que está pagando el soporte)**, the payee is (the name of the person to receive the support) **(el nombre de la persona quien recibe el soporte)**, 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)
(el nombre y la dirección de la persona quien recibirá el soporte)

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

Sincerely,

(your name and address) / **(su nombre y su dirección)**
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)

(La Unidad del Estado de Pagos prefiere que la carta y los documentos anexos se envíen por fax al número que se describe en la parte superior izquierda de esta hoja. Si usted no puede enviarla por fax, envíela por correo a la dirección que corresponde en la carta).

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) **(el nombre y número del caso de la Corte)**

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) / **(su nombre y su dirección)**

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)
(Si usted no vive en el Sur de Illinois, usted deberá buscar la dirección de la División de la Agencia del Soporte del menor y enviarles la carta y los documentos anexos).

Certified Mail No.:

(name and address of employer) / **(nombre y dirección del empleador)**

Dear ***:

Re: (your case name and number, plus the name and social security number of the person paying the support) **(el nombre y número de su caso, incluyendo el nombre y el número del seguro social de la persona que está pagando soporte)**

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. Withhold the amount specified, (amount of support to be paid) **(cantidad del soporte a ser pagada)** per (how often the support is to be paid, e.g. per month, per week, per 2 weeks, etc) **(qué tan seguido deberá ser pagado el soporte: por mes por semana, cada dos semanas, 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) **(día del término de su Orden Uniforme de Soporte)**.
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) **(el número de su caso)**;
 - b. Employee's name and social security number; and
 - c. Amount withheld.

You will find attached a sample form.

3. The law prohibits you from and provides penalties for, discharging, disciplining or otherwise penalizing any employee because of a duty to withhold earnings.
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.
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,

Enclosure

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 |
|---------------------------|---------------|-----------------------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |

(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: _____