

How to request a child support order in Illinois -- Supplement ©

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.

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Forms that are included in this supplement:

Application to Sue as a Poor Person

Application and Affidavit to Waive Filing Fees (Jackson County)

Entry of Appearance, Waiver, and Consent

Entry of Appearance, Waiver, and Consent -- Military

Petition for Child Support

Certificate of Mailing of Order for Child Support

Notice of Hearing

Certificate of Mailing of Notice of Hearing

Notice To Withhold Income For Child Support

Affidavit of Service of Notice To Withhold Income For Child Support

Child Support Information Sheet

Uniform Order of Support

Letter to State Disbursement Unit

Letter to Division of Child Support Enforcement

Letter to Employer of Party to Pay Support

FORMS GUIDE

ALL FORMS:

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

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE **(number of circuit)** JUDICIAL CIRCUIT

(name of county) COUNTY

(your name))	
)	
)	
Plaintiff,)	
)	
and	)	No. (get from Clerk when you file)
)	
(supporting parent's name))	
)	
Defendant.)	

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.

Circuit Courts in Illinois

Cook County is its own judicial circuit. The rest of the counties in Illinois fall into one of 21 circuits.

- First Circuit - The counties of Alexander, Pulaski, Massac, Pope, Johnson, Union, Jackson, Williamson and Saline.
- Second Circuit - The counties of Hardin, Gallatin, White, Hamilton, Franklin, Wabash, Edwards, Wayne, Jefferson, Richland, Lawrence and Crawford.
- Third Circuit - The counties of Madison and Bond.
- Fourth Circuit - The counties of Clinton, Marion, Clay, Fayette, Effingham, Jasper, Montgomery, Shelby and Christian.
- Fifth Circuit - The counties of Vermilion, Edgar, Clark, Cumberland and Coles.
- Sixth Circuit - The counties of Champaign, Douglas, Moultrie, Macon, DeWitt and Piatt.
- Seventh Circuit - The counties of Sangamon, Macoupin, Morgan, Scott, Greene and Jersey.
- Eighth Circuit - The counties of Adams, Schuyler, Mason, Cass, Brown, Pike, Calhoun and Menard.
- Ninth Circuit - The counties of Knox, Warren, Henderson, Hancock, McDonough and Fulton.
- Tenth Circuit - The counties of Peoria, Marshall, Putnam, Stark and Tazewell.
- Eleventh Circuit - The counties of McLean, Livingston, Logan, Ford and Woodford.
- Twelfth Circuit - The county of Will.
- Thirteenth Circuit - The counties of Bureau, LaSalle and Grundy.
- Fourteenth Circuit - The counties of Rock Island, Mercer, Whiteside and Henry.
- Fifteenth Circuit - The counties of JoDaviess, Stephenson, Carroll, Ogle and Lee.
- Sixteenth Circuit - The counties of Kane, DeKalb and Kendall.
- Seventeenth Circuit - The counties of Winnebago and Boone.
- Eighteenth Circuit - The county of DuPage.
- Nineteenth Circuit - The counties of Lake and McHenry.
- Twentieth Circuit - The counties of Randolph, Monroe, St. Clair, Washington and Perry.
- Twenty-first Circuit - The counties of Iroquois and Kankakee.

FORM: Application to Sue as a Poor Person (do not use this form if filing in Jackson County; for Jackson County, see instructions for Application and Affidavit to Waive Filing Fees; for all other counties, check the Clerk of Court's office for the circuit where you will be filing to see if they have their own form; use the Application to Sue as a Poor Person only if they do not have a different form for use in that circuit)

Introduction Your name

Paragraph 1: Your address, including street and city.

Paragraph 2: The amount of your income. For example: \$339.00 per month in welfare benefits, supplemented by Food Stamps.

Paragraph 3: List other sources of income not listed in 2

Paragraph 4: The amount of income you had in the last year.

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).

Paragraph 6: List the names and birthdates of your children and/or others you support financially.

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

Sign your name on both blank lines above where it says "Applicant" and print your name below each signature

FORM: Application and Affidavit to Waive Fees (Jackson County)

See instructions following last form below

FORM: Petition For Child Support

First blank: Your name

Second blank: Your age

Third blank: Your address

Fourth blank: The county in which you live

Fifth blank: The other parent's name

Sixth blank: The other parent's age

Seventh blank: The other parent's address

Eighth or Ninth blank: Check whether the other parent is or is not a resident of the State of Illinois

Tenth blank: The names of the minor children for which you want support

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.

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.

FORM: Certificate of Mailing Of Uniform Order of Support

First blank: Your name.

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

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

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.

FORM: Notice of Hearing

First blank: The other parent's name and address (include street, city, and state)

Second blank: Your name.

Third blank: Date of hearing.

Fourth blank: Time of hearing. (be sure to put a.m. or p.m.)

Fifth blank: County in which your case is filed.

Sixth blank: City in which the courthouse is located.

Sign your name on the long blank line and print your name below your 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.

FORM: Certificate of Mailing Of Notice Of Hearing

- First blank:** Your name.
- Second blank:** Name of city from which you mailed a copy of the Notice Of Hearing to the other parent.
- Third blank:** Date you mailed a copy of the Notice of Hearing to the other parent.

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.

FORM: Notice to Withhold Income For Child Support

CAPTION:

- First Blank:** Name of County
- Second Blank:** Case number
- Third Blank:** Date

Check one of the following:

- Original Notice:** if this is the first notice you have sent to the person who will be paying child support.
- Amended Notice:** if you are changing the existing child support notice
- Terminate Notice:** if the child support order has been terminated by the court.

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.

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

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

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

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

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

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

Custodial Parent's Social Security Number: the social security number of the person receiving support.

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

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

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

ORDER INFORMATION:

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

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

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

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

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.

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

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

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

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

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, bi-weekly, monthly) that it is paid.

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

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:

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: $\$23.07$ (weekly pay period) $\times 2 = \$46.15$

REMITTANCE INFORMATION:

1st Blank: the case number.

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.

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

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS:

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

2nd Blank: The name of the person paying support

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

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

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

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

FORM: Affidavit Of Service Of Notice To Withhold Income For Child Support

Introduction: Your name.

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

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).

Served by blank: Your name.

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

FORM: Entry Of Appearance, Waiver, And Consent (use only if your spouse is willing to sign this form and waive service)

First blank: Your spouse's name.

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

FORM: Uniform Order For Support

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.

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. 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 the "Illinois Dept. of Public Aid" box.

3. Ignore the IDPA No.
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. At the "It is ordered that" line write the name of the person who will be paying support.
6. Maintenance and unallocated support section: ignore.
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 payments are to begin.
 - e. Payment frequency: check the box that corresponds to how often the payments are to be made.
8. Percentage Amount of Child Support section: ignore this section.
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. 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. 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 to graduate from high school, whichever is later.
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.

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.

FORM: Application and Affidavit to Waive Filing Fees (for Jackson County filing; for all other counties, check the Clerk of Court's office for the circuit where you will be filing to see if they have their own form; use the Application to Sue as a Poor Person only if they do not have a different form for use in that circuit)

- First blank:** Your name.
- Second blank:** Your age.
- Paragraph 1:** If you are currently employed, fill out this paragraph, listing the name and address of your current employer in the spaces provided.
- Paragraph 2:** If you are currently unemployed, fill out this paragraph, listing the final date of your most recent employment and the name and address of that last employer in the spaces provided.
- Paragraph 3:** If you are currently receiving unemployment compensation, fill out this paragraph, listing the monthly amount and the date the payments started in the spaces provided.
- Paragraph 4:** If you are married and your spouse is employed, fill out this paragraph, listing the name and address of your spouse's current employer in the spaces provided.
- Paragraph 5:** If you are married and your spouse is currently unemployed, fill out this paragraph, listing the final date of your spouse's most recent employment and the name and address of that last employer in the spaces provided.
- Paragraph 6:** If you are married and your spouse is currently receiving unemployment compensation, fill out this paragraph, listing the monthly amount and the date the payments started in the spaces provided.
- Paragraph 7:** Check off each of the "other sources of income" that apply to you and state the total amount of other income in the space provided
- Paragraph 8:** State the current value of the property that you own (what a stranger to you would pay for it on the open market) in the spaces provided for each category of property (a home or other real estate, cash and bank accounts; clothing and jewelry; furniture, appliances, and household goods; automobiles), and provide the additional information requested (address and outstanding mortgage for real estate if any that you own and the make, Model, and year of each automobile).
- Paragraph 9:** Name and age of each person dependent on you for financial support.
- Paragraph 10:** The amount if any that you are paying or receiving in monthly child support (and circle "paying" or "receiving" if so to make it clear which it is)
- Paragraph 11:** The amount if any that you are paying or receiving in monthly spousal support (alimony) (and circle "paying" or "receiving" if so to make it clear which it is).
- Paragraph 12:** State your total monthly living expenses in the space provided.

Remaining blanks:

Check off the conditions that apply (unable to pay the costs of the case, eligible to receive civil legal services as defined in the Illinois Code of Civil Procedure, 735 ILCS 5/5105.5, etc.).

Certify the truthfulness of your statements by signing the certification in the presence of a Notary Public confirming that he or she witnessed you doing so.

Do not fill out anything below where it says "Order". That portion of the document is left blank for the judge to fill in.

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT

_____ COUNTY

_____)	
	)	_____ Application granted
Plaintiff,	)	_____ Application denied
)	
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

Application and Affidavit to

Waive Filing Fees for Jackson County, Illinois*

(All other counties please first check the Circuit Clerk's office where you are filing your document to verify if they have their own form. Only if they do not have a form, see *Application to Sue as a poor Person.*)

*735 Illinois Compiled Statutes 5/5-105 - Leave to sue or defend as an indigent person

*735 Illinois Compiled Statutes 5/5-105.5 - Representation/civil legal services

*Illinois Supreme Court Rule 298 - Application to sue/defend as an indigent person

**STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
JACKSON COUNTY**

_____)
Plaintiff/Petitioner)
)
)
vs.) CASE NO. _____
)
)
_____)
Defendant/Respondent)
)

APPLICATION AND AFFIDAVIT TO WAIVE FILING FEES

_____ age _____, pursuant to 735 ILCS 5/5-105 and Supreme Court Rule 298, petitions this Court for leave to waive filing fees as an indigent person. In support of this Application, the Petitioner states that:

1. I am employed as _____

Monthly salary \$ _____

Employer: _____
(Name of employer)

(Street address)

(City, state, ZIP)

2. I am unemployed as of _____
(Date of unemployment)

Last employer: _____
(Name of last employer)

(Street address)

(City, state, ZIP)

3. I began receiving unemployment compensation on _____ ,
20____ in the amount of \$_____ per month.

4. My spouse is employed as: _____

Spouse monthly salary: \$ _____

Spouse's employer: _____
(Name of employer)

(Street address)

(City, state, ZIP)

5. My spouse is unemployed as of: _____
(Date of unemployment)

Spouse's last employer: _____
(Name of last employer)

(Street address)

(City, state, ZIP)

6. My spouse began receiving unemployment compensation on _____
20 ____ in the amount of \$_____ per month.

7. My other sources of income are:

___ Public Aid

___ Supplemental Security Income (SSI)

___ Child Support

___ Family Assistance

___ Foster Care

___ Aid to the Aged, Blind and Disabled (AABD)

___ General Assistance

___ Temporary Assistance - Needy Families (TANF)

___ State Transitional Assistance

___ State Children and Family Assistance

___ Food Stamps

___ Other (specify) _____

Total other income each month: \$ _____

8. The value of property I own:

Real estate (home) – present value \$ _____

Address: _____

Mortgage: _____

Cash, bank accounts: \$ _____

Clothing, jewelry: \$ _____

Furniture, appliances, household goods: \$ _____

Automobile - Value of vehicle: \$ _____

model/make: _____

year: _____

9. Names and ages of persons dependent upon me for support:

_____/_____
(Name) (Age) _____/_____
(Name) (Age)

_____/_____
(Name) (Age) _____/_____
(Name) (Age)

_____/_____
(Name) (Age) _____/_____
(Name) (Age)

10. I am (paying) (receiving) child support: \$ _____ per month.

11. I am (paying) (receiving) spousal support: \$ _____ per month.

12. My living expenses are: \$ _____ per month.

_____ I am unable to pay the costs of this case and to do so would cause a substantial hardship to me and my family.

_____ I am eligible to receive civil legal services as defined in 735 ILCS 5/5-105.5.

_____ In good faith, I believe that I have a meritorious (claim) (defense).

WHEREFORE, the Petitioner prays that this court will waive filing fees.

Petitioner

VERIFICATION BY CERTIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Illinois 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, as to such matters the undersigned certifies as aforesaid he/she verily believes the same to be true.

Date: _____
_____ Petitioner

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

ORDER

Having reviewed the Application to Waive Filing Fees, the Court now enters its Order:

_____ Application **ALLOWED**. Applicant is allowed to sue or defend as a poor person without payment of fees, costs or charges. Applicant may be ordered to pay any portion of the waived fees or costs out of a settlement or judgment resulting from this action.

_____ Application **ALLOWED** to the extent that filing fees are reduced. The petitioner is to pay \$_____ for the filing fees in this case.

_____ Application **DENIED** for the following reason(s): _____

ENTERED: _____

JUDGE

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.

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.

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,)	
)	
vs.	)	No. ____ - ____ - ____
)	
_____)	
)	
Defendant.)	

NOTICE OF HEARING

To: _____

YOU ARE HEREBY NOTIFIED that a hearing on the Petition for Child Support filed by _____ is set for _____, at _____ .m. at the _____ County Courthouse, _____, Illinois. You may be present if you wish.

_____Plaintiff

_____, pro se

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
_____ COUNTY

_____)	
)	
Plaintiff,)	
)	
vs.	)	No. _____
)	
_____)	
)	
Defendant.)	

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 : _____
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

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. **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,)	
)	
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. _____
)	
_____ , 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.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

] **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: (630) 221-2312

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. 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.

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

(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: _____