

How to request a visitation order in Illinois -- Supplement©

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

Entry of Appearance, Waiver, and Consent

Entry of Appearance, Waiver, and Consent -- Military

Petition For Visitation

Order For Visitation

Certificate of Mailing of Order For Visitation

Notice of Hearing

Certificate of Mailing of Notice of Hearing

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 at the time you
	)	file)
)	
(custodial 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

- Introduction:** Your name
- Paragraph 1:** Your address, include street and city.
- Paragraph 2:** The amount and source of your income, for example, \$339.00 per month in AFDC, 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:** Should be the same as 2, unless you expect your income to go up or down, in either case you should list what you expect your income to be.
- 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 "Plaintiff" and print your name below each signature.

FORM: Petition For Visitation

- 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 blank:** Names and birthdates of minor children whom you want to visit.

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: Order For Visitation

FILL OUT ONLY THE CAPTION

LEAVE THE REST OF THE FORM BLANK FOR THE JUDGE TO COMPLETE

FORM: Certificate of Mailing of Order For Visitation

First blank: Your name.

Second blank: Name of city in which you mailed a copy of the Order For Visitation to the other parent

Third blank: Date you mailed a copy of the Order For Visitation 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: The other party's name.

Third blank: The address of the other party.

Fourth blank: Name of city in which you mailed a copy of the Notice Of Hearing to the other parent.

Fifth 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: Entry of Appearance, Waiver, and Consent

(Use only if your spouse is willing to sign this form and waive service)

First blank: The custodial parent's name.

LEAVE THE REST OF THE FORM BLANK FOR THE CUSTODIAL PARENT AND THE NOTARY PUBLIC TO COMPLETE.

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

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 VISITATION

I, _____, without the assistance of an attorney, ask this Court to enter an order giving me visitation with my minor child/ren. 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 custodial parent's name is _____, he/she is ____ years old; his/her address is: _____.

4. That I am a parent of the following minor child(ren) (list the names and birthdates of the children): _____
_____.

5. That the custodial parent has not allowed me reasonable visitation with my child(ren).

6. That there is no existing court order concerning my visitation with the minor child(ren).

WHEREFORE, I request: that after considering the circumstances of the parties, the Court set a reasonable visitation schedule for me to visit with my child/ren.

_____,

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.

_____,

_____, pro se

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT

_____ COUNTY

_____))
))
Plaintiff,))
))
and	)	No. _____
))
_____))
))
Defendant.))

ORDER FOR VISITATION

The Court, having considered the Petition for Visitation filed herein by Plaintiff, heard the evidence, and being otherwise fully advised in the premises, finds that it should be granted.

IT IS HEREBY ORDERED that _____ shall be awarded visitation with the minor child/ren: _____

_____ as follows:

DATE: _____

ENTER: _____

JUDGE

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 Visitation 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 ORDER FOR VISITATION

I, _____, hereby certify that I mailed a copy of the Order For Visitation 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
