This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	**ORDER FOR SUPPORT** ☐ Initial ☐ Modification ☐ Enforcement	*For Court Use Only*

Instructions ▼		
Directly above, enter the county where you filed this case.		
Enter the full name of Petitioner, Respondent, and the case number the Circuit Clerk gave this case.	_____ **Petitioner** *(First, middle, last name)* v. _____ **Respondent** *(First, middle, last name)*	_____ **IV-D Case Number** _____ **Case Number**
Enter the IV-D case number if you know it.		

NOTE:	• DO NOT fill out the rest of this form unless the judge tells you complete it. • You **MUST BRING** the social security numbers of both Petitioner and Respondent to the court hearing.

THE COURT FINDS:

☐ 1. ☐ Petitioner ☐ Respondent must pay support.
The person paying support is called "Obligor" in this *Order.* The Obligor is: _____
The person receiving support is called "Obligee" in this *Order*. The Obligee is: _____

☐ 2. The children covered by this *Order* are: _____

_____

_____

☐ 3. The combined gross income ☐ does ☐ does not exceed the uppermost levels of the schedule of basic support obligations.

☐ 4. The net income of Obligor is: $_____ per _____ calculated by
- ☐ the standardized tax amount.
- ☐ the individualized tax amount.
- ☐ the agreement of the parties.

☐ 5. The net income of Obligee is: $_____ per _____ calculated by
- ☐ the standardized tax amount.
- ☐ the individualized tax amount.
- ☐ the agreement of the parties.

☐ 6. The adjusted net income for Obligor is: $_____ per _____ .

☐ 7. The adjusted net income for Obligee is: $_____ per _____ .

☐ 8. The Basic Combined Support Obligation $_____ per _____ .

☐ 9. Obligor's income is at or below 75% of the Federal Poverty Guidelines for a family of 1 person. Child support is capped at $40 per month per child up to a maximum of $120 per month.

☐ 10. Obligor receives only means tested assistance or cannot work due to a medically proven disability, incarceration or institutionalization.

☐ 11. Shared physical care: Each parent exercises 146 or more overnights per year. Basic Child Support Obligation is: $_____ per _____ *(multiply amount in paragraph 8 x 1.5)*.

☐ 12. Split care: Each of the parents has physical care of at least one, but not all of the children.

☐ 13. The amount of child support arrearage is: $ _____ as of _____ (Date)
plus an interest amount of: $ _____

☐ 14. The amount of maintenance arrearage is: $ _____ as of _____ (Date)
plus an interest amount of: $ _____

☐ 15. The amount of retroactive child support is: $ _____ from _____ (Date) to _____ (Date)

☐ 16. The amount of retroactive maintenance is: $ _____ from _____ (Date) to _____ (Date)

☐ 17. The amount of child support cannot be stated only in a dollar amount because some or all of the net income of Obligor is uncertain as to source, time of payment, or amount.

IT IS ORDERED:

A. That Obligor will pay:

☐ 1. Maintenance ☐ Yes ☐ No

a. The current maintenance payment is: $ _____

b. The maintenance arrearage/retroactive payment is: $ _____

c. The total maintenance payment is: $ _____

d. Maintenance is to be paid:

☐ Once a week ☐ Once every other week

☐ Once a month ☐ Twice a month on: _____ (Date) and _____ (Date).

e. Maintenance payments begin _____ (Date).

f. This maintenance order ends on: _____ (Date).

☐ 2. Child Support ☐ Yes ☐ No

a. The current child support payment is: $ _____

b. The child support arrearage/retroactive payment is: $ _____

c. The total child support payment is: $ _____

d. Child support is to be paid:

☐ Once a week ☐ Once every other week

☐ Once a month ☐ Twice a month on: _____ (Date) and _____ (Date).

e. Child support payments begin on: _____ (Date).

f. Obligor must also pay: _____ % of their _____ (Type of Additional Income).

This must be paid as follows: _____

Obligor must also give ☐ Obligee and/or ☐ the Clerk of the Court proof of their _____ (Type of Additional Income) within 7 days of receiving the income.

☐ 3. Other Support Orders: _____

_____

_____

B. Payment of Maintenance and Child Support:

☐ 1. An *Income Withholding for Support* may immediately be served on Obligor's employer. Until the *Income Withholding for Support* takes effect Obligor is required to pay directly to the State Disbursement Unit.

- Payments by Obligor or the employer must be made payable to: STATE DISBURSEMENT UNIT and sent to: P.O. Box 5400, Carol Stream, IL 60197-5400.
- Payments must include: 1) the case number, 2) the name of the county of the Court issuing this *Order for Support*, and 3) Obligor's name and social security number.
- A new court *Order* is not necessary to serve an *Income Withholding for Support* on any future employer of Obligor.

☐ 2. Obligor will make payments:

☐ Directly to the State Disbursement Unit according to the schedule in Section A. Payments by Obligor must be made payable to the STATE DISBURSEMENT UNIT and sent to: P.O. Box 5400, Carol Stream, IL 60197-5400.

☐ Directly to Obligee as the parties have agreed according to the schedule in Section A. If Obligor falls behind in payments, an *Income Withholding for Support* may be prepared and served on Obligor's employer. Obligor will then have to make payments to the State Disbursement Unit as stated in Section B1.

☐ 3. Obligor must also pay a $36 per year child support collection fee. This fee is not maintenance or child support and cannot be subtracted from the support to be paid. This fee must be paid directly to the Circuit Clerk of the county issuing this *Order for Support*.

C. Payment of Maintenance Only:

☐ 1. Obligor will make payments

☐ Directly to Obligee

☐ Directly to the Circuit Clerk of this county

☐ 2. If payments are made to the Circuit Clerk, Obligor must also pay a $36.00 per year support collection fee. This is not maintenance and cannot be subtracted from the support to be paid. This fee must be paid directly to the Circuit Clerk of the county issuing this order.

D. Delinquency *(maintenance or child support)*:

☐ 1. Delinquency Payments

If Obligor is delinquent in making a support payment after this *Order for Support* is entered, Obligor must

a. Continue to make current maintenance and child support payments, **AND**

b. Pay the sum of:

$_____ for child support per payment period ordered in Section A2d, **PLUS**

$_____ for maintenance per payment period ordered in Section A1d, until the delinquent amount is paid in full.

A maintenance or child support payment, or part of a payment, that is due and remains unpaid for 30 days or more will accrue interest at the rate of 9% each year.

E. Child Support Termination:

1. This child support order ends on: _____ unless changed by a written order of the court.
Date

2. Unpaid Child Support at Termination

If Obligor owes an arrearage or delinquency on the termination date that is equal to at least one month's support payment, Obligor must continue to make payments. The payment amount must be the same as the amount Obligor was ordered to pay in Section A2a.

F. Health Insurance:

☐ 1. Decision Reserved

☐ 2. a. ☐ Obligor ☐ Obligee will provide health insurance for the children by:

☐ Enrolling them in health insurance coverage available through their employer.

☐ Providing other insurance ☐ dental ☐ orthodontic ☐ vision

☐ prescription medication ☐ other: _____ .

☐ Giving a copy of the insurance policy and the insurance card to the other parent within 45 days of the date of this *Order*.

b. The cost of the insurance will be paid by:

☐ Obligor: _____ % ☐ Obligee: _____ %

NOTE: Health insurance premiums are added to the Basic Support Obligation and then divided pro rata. If Obligor's paying the premium, the amount that is Obligee's responsibility must be subtracted from Obligor's support obligation. If Obligee is paying the premium, Obligor's support obligation shall be increased by Obligor's share of the premium.

c. The cost of healthcare expenses not covered by insurance will be paid by:

☐ Obligor and Obligee equally

☐ Obligor: _____ % ☐ Obligee: _____ %

G. Child Care Expenses:

☐ 1. Decision Reserved

☐ 2. a. ☐ Child care expenses are reasonably necessary for ☐ Petitioner ☐ Respondent to be employed, attend educational or vocational training to improve employment opportunities, or to look for work.

b. ☐ The cost of child care expenses shall be paid by: ☐ Obligor _____ %

☐ Obligee _____ %

c. ☐ Payment shall be made directly to: ☐ Obligee ☐ Child care provider

H. School and Extra-Curricular Expenses:

☐ 1. Decision Reserved

☐ 2. a. ☐ School and extra-curricular expenses covered by this *Order* _____

_____

b. ☐ The cost of extra-curricular expenses shall be paid ☐ Obligor _____ %

Obligee _____ %

I. Other Orders:

The *Support Information Sheet* filed in this case shall be impounded by the Circuit Clerk in order to protect the confidential information contained in it.

1. Notice of Address Change

Each party must tell the other of any change in address within 5 days of the change.

This does not apply to the following parties ☐ Petitioner ☐ Respondent because the physical, mental or emotional health of that party and/or the minor children would be seriously endangered by disclosure of that party's address.

Obligor must give written notice of any change in home address or mailing address within 7 days of the change to:

- The Circuit Clerk of the county issuing this *Order for Support*, AND
- The Illinois Department of Healthcare and Family Services, BUT ONLY if a party is receiving child and spouse services under Article X of the Illinois Public Aid Code.

2. Notice of Change to Other Information

Obligor must give written notice of any change to personal contact information within 7 days of the change, including:

- New telephone number; AND
- If Obligor can get health insurance through the employer or other group coverage and if so list: the policy name, the policy number, and the names of persons covered under the policy.

Obligor must give the written notice to:

- The Circuit Clerk of the county issuing this *Order for Support*, AND
- The Illinois Department of Healthcare and Family Services, BUT ONLY if a party is receiving child and spouse services under Article X of the Illinois Public Aid Code.

3. Notice of Change to Employment

Obligor must give written notice of any employment change within 7 days of the change, including:

- If Obligor lost a job, OR
- If Obligor got a new job, AND
- The name, address, and phone number of a new employer.

Obligor must give the written notice to:

- Obligee,
- The Circuit Clerk of the county issuing this *Order for Support*, AND
- The Illinois Department of Healthcare and Family Services, BUT ONLY if a party is receiving child and spouse services under Article X of the Illinois Public Aid Code.

4. Notice of Change to *Support Information Sheet*

Obligor and Obligee must give written notice of any change to the information on the *Support Information Sheet* filed with this case within 5 days of the change. Obligor and Obligee must give the written notice to the Circuit Clerk of the county issuing this Order for Support.

5. Proof of Continuing Insurance Coverage

If Obligor has received an adjustment to their support obligation because of the payment of insurance premiums, Obligor must annually submit proof of continuing insurance coverage of the children to the Division of Child Support Enforcement of the Department of Human Services and to Obligee.

J. Additional Conditions or Findings:

☐ 1. The child support payment amount is different than the amount required by child support guidelines because:

a. ☐ extraordinary medical expenditures necessary to preserve the life or health of a party or a child of either or both of the parties.

b. ☐ additional expenses incurred for a child covered by this support order who has special medical, physical or developmental needs.

c. ☐ the amount required by child support guidelines is: $_____

d. ☐ Other: _____

_____

☐ 2. ☐ Other: _____

_____

_____

_____

_____

☐ 3. A child support calculation prepared by using the Illinois Department of Healthcare and Family Services estimator is attached: ☐ Yes ☐ No

☐ 4. The child support calculation was prepared by ☐ Petitioner ☐ Respondent ☐ Judge

K. Other: _____

_____

_____

ENTERED:

DO NOT complete this section. The judge will complete it.

_____ _____

Judge *Date*

A JUDGE CAN FIND YOU IN CONTEMPT OF COURT IF YOU FAIL TO OBEY ANY PART OF THIS *ORDER.*

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This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois courts.

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	**SUPPORT INFORMATION SHEET** **(To Be Impounded by the Circuit Clerk to Protect Private Information)**	*For Court Use Only*

Instructions ▼		
Enter above the county name where you will file this case.		
Enter the full name of Petitioner, Respondent, and the case number as listed on the *Petition for Dissolution of Marriage/Civil Union (Divorce with Children).*	_____ **Petitioner** *(First, middle, last name)* v. _____ **Respondent** *(First, middle, last name)*	_____ **IV-D Case Number** ☐ IL Department of Healthcare and Family Services is granted leave to intervene _____ **Case Number**
Enter the IV-D case number if you know it.		

In **1**, enter Petitioner's information.

1. I am providing the following information about Petitioner:

a. Petitioner is the person:
- ☐ paying support (Obligor)
- ☐ receiving support (Obligee)

b. Name: _____
First *Middle* *Last*

c. Address: _____
Street, Apt # *City* *State* *ZIP*

d. Date of Birth: _____

e. Social Security Number: _____

f. Phone Number: _____

g. I am employed by: _____
Employer Name
Employer Address: _____
Street, Apt # *City* *State* *ZIP*
Employer Phone Number: _____

h. I am also employed by: _____
Employer Name
Employer Address: _____
Street, Apt # *City* *State* *ZIP*
Employer Phone Number: _____

In **2**, enter Respondent's information.

2. I am providing the following information about Respondent:

a. Respondent is the person:
- ☐ paying support (Obligor)
- ☐ receiving support (Obligee)

b. Name: _____
First *Middle* *Last*

c. Address: _____
Street, Apt # *City* *State* *ZIP*

d. Date of Birth: _____

e. Social Security Number: _____

f. Phone Number: _____

g. Respondent is employed by: _____
Employer Name

Employer Address: _____
Street, Apt # *City* *State* *ZIP*

Employer Phone Number: _____

h. Respondent is also employed by: _____
Employer Name

Employer Address: _____
Street, Apt # *City* *State* *ZIP*

Employer Phone Number: _____

In **3**, list the names and birthdates of the children for whom support was ordered.

Leave blank if no child support was ordered.

3. I am providing the following information about the children for whom support was ordered:

	Name	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

☐ I have listed additional minor children on the attached *Additional Minor Children* form.

This form was prepared by:

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

If you e-file this form, select "confidential" when uploading the form.

Enter your complete address, telephone number, and email address, if you have one.

/s/
Your Signature

Your Name

Email Address

Attorney # (if any)

Street Address

City, State, ZIP

Telephone

GETTING COURT DOCUMENTS BY EMAIL: You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

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