

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, DOMESTIC RELATIONS DIVISION**

IN RE: Marriage Civil Union Legal Separation Allocation of Parental Responsibilities
 Visitation (Non-Parent) Support Parentage of:

Petitioner

and

Respondent

No.: _____

Calendar: _____

Pre-Judgment

Post-Judgment

COOK COUNTY DEPARTMENT OF ADOPTION AND FAMILY SUPPORTIVE SERVICES

IT IS HEREBY ORDERED that the matter is referred as follows:

A. Cook County Department of Adoption and Family Supportive Services; G. W. Dunne Building, 69 W. Washington, Suit 818, Chicago, IL 60602; Telephone (312) 603-0550 Fax: (312) 603-9909 for Petitioner Respondent

B. For the following:

Home visit

in Cook County

out of Cook County

School Records (please provide name and address of school) _____

Emergency _____

Monitoring (not to exceed one visit per month during a six (6) month period)

C. Identification of Children, Parties, Attorneys and Child Representatives:

Children's Full Name(s)

D.O.B.

Party with Whom Child(ren) Resides

Petitioner:

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
Telephone (H): _____
Telephone (W): _____

Petitioner's Attorney:

Atty. No.: _____
Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Fax: _____

Respondent:

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
Telephone (H): _____
Telephone (W): _____

Respondent's Attorney:

Atty. No.: _____
Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Fax: _____

Child(ren)'s Representative/Guardian ad Litem/Attorney for Child:

Atty. No.: _____
Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Fax: _____

D. This matter is set for status on _____, at _____ a.m/p.m. in Room _____
(Status date should not be set prior to 67 days from the date of this Order.)

** The Court must fax this Order to the Cook County Department of Adoption & Family Supportive Services (312) 603-9909.

Atty. No.: _____
Name: _____
Atty. for: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Primary Email: _____
Secondary Email: _____
Tertiary Email: _____

ENTERED:

Dated: _____

Judge

Judge's No.