

4217 - Continuance - Allowed
 4250 - Order, Plaintiff, Defendant or Witness to Appear - Allowed
 4253 - Produce Exhibits or Other Records or Documents or Person - Allowed
 4284 - Strike or Withdraw Motion or Petition - Allowed
 4312 - Finding of Delinquency - Allowed
 4324 - Child Support Order Above Statutory Guidelines - Allowed
 4325 - Child Support Order Below Statutory Guidelines - Allowed
 4386 - Order to Pay Fees - Allowed

4435 - Order on Motion to Provide Medical Insurance - Allowed
 4512 - Order Arrearage Set - (amount needed) - Allowed
 4567 - Order for Child Support - Allowed
 4568 - Order Temporary Maintenance - Allowed
 4600 - Order Support Payments Made Direct to Petitioner
 4601 - Order Support Payments Made Direct to C.C.C./S.D.U. - Allowed
 4604 - Order Support Payments Made Direct to Respondent - Allowed

(Rev. 10/02/15) CCDR N107 A

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

| | | | | |
|--|--|----------------------------------|--|---|
| Petitioner/ <input type="checkbox"/> Oblige <div style="text-align: center;">v.</div> | | <input type="checkbox"/> Obligor | | Docket No. _____ |
| | | <input type="checkbox"/> Obligor | | IV D-No. C _____ |
| Respondent/ <input type="checkbox"/> Oblige | | <input type="checkbox"/> Obligor | | Calendar No. _____ |
| | | | | <input type="checkbox"/> Healthcare and Family Services is, or has been, granted leave to intervene. |

UNIFORM ORDER FOR SUPPORT

Initial Order Modification Enforcement

Definitions: *Obligor* - An individual who owes a duty to make support payments pursuant to an order for support
Oblige - 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

THIS MATTER coming to be heard on Petition for Rule and/or Modification Support Judgment
 The Court Finds:

The Court has jurisdiction of the parties and the subject matter and that due notice was given by _____ on _____.

- a. The net income of the Obligor is \$_____ per _____.
- b. The amount of arrearage/judgment as of the date of this order is \$_____ for child support and \$_____ for maintenance or unallocated support as follows: \$_____ to Oblige, \$_____ to Healthcare and Family Services and/or \$_____ to the Petitioning State of _____.
- 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 of payment or amount.
- d. Retroactive child support is \$_____ from _____ to _____.

The Oblige Oblige's Attorney Obligor Obligor's Attorney Assistant State's Attorney, being present
 This matter being an Interstate Case, Voluntary Acknowledgment of Paternity was signed on _____.
 It is Ordered: After hearing By agreement of the parties By default that:

_____, Obligor, is to provide:
 MAINTENANCE (Do not complete this section if Unallocated Support is ordered.)

| | |
|------------------------------|--|
| <i>Payment Amount:</i> | <i>Payment Frequency:</i> |
| Current Maintenance: \$_____ | <input type="checkbox"/> every week <input type="checkbox"/> every other week <input type="checkbox"/> monthly |
| Arrearage Payment: \$_____ | <input type="checkbox"/> twice each month on _____ & _____ |
| Payments Begin: _____ (date) | <input type="checkbox"/> other _____ (date) |

CHILD SUPPORT OR UNALLOCATED SUPPORT

| | |
|--|--|
| <i>Payment Amount:</i> | <i>Payment Frequency:</i> |
| Current Child Support Payment or Unallocated Support Payment: \$_____ | <input type="checkbox"/> every week <input type="checkbox"/> every other week <input type="checkbox"/> monthly |
| Arrearage/Retroactive Payment: \$_____ | <input type="checkbox"/> twice each month on _____ & _____ |
| Other Payment: \$_____ | <input type="checkbox"/> other _____ (date) |
| Payments Begin: _____ (date) | |
| Judgment in the amount of \$_____ is entered against the Obligor on the arrears. | |
| Interest \$_____ | |

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

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 seven (7) days* of receipt of income subject to this percentage assessment, to the Obligee and Clerk of the Court.

ADDITIONAL CONDITIONS OR FINDINGS

Child Support payment amount deviates from the amount required by statutory minimum guidelines. The amount of support that would have been required under the guidelines is \$_____.

Reasons for deviation: _____

Child Support is based on the needs of the child.

The Child/ren covered by this Order is/are:

_____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____

PAYMENT ARRANGEMENTS

C
H
E
C
K

O
N
L
Y

O
N
E

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

A Notice to Withhold Income shall be issued immediately and shall be served on the employer at the address listed in this Order. Payments shall be made payable to the State Disbursement Unit and sent to the State Disbursement Unit at P. O. Box 5400, Carol Stream, Illinois 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.

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 of support. Payments shall be made 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.

4386 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 Cook County and *not* to the State Disbursement Unit. Please mail payment to: Clerk of the Circuit Court of Cook County, Child Support Division, , Richard J. Daley Center, 50 West Washington Street, Room LL-01, Chicago, Illinois 60602,

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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 delinquent child support per the payment frequency ordered above for child support, and (b) \$ _____ for delinquent maintenance or unallocated support per the payment frequency ordered above until the delinquency is paid in full. (This additional amount, the total of (a) and (b), shall not be less than 20% of the total of the current support amount and the amount to be paid 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 thirty (30) days or more, shall accrue interest at the rate of 9% per annum.

TERMINATION

This obligation to pay child support terminates on _____ unless modified by written order of the Court or unless the child will not graduate from high school until after attaining the age of eighteen (18), then the termination date shall be the earlier of the child's high school graduation or the date on which the child will attain the age of nineteen (19). This termination date does not apply to any arrearage that may remain unpaid on that date.

ARREARAGE PAYMENT

If any arrears or past due support is owed upon termination, the amount being paid immediately preceding termination, including any current support payment, arrearage payment and/or any delinquency, will continue to be collected as an obligation, not as current support, but as a periodic payment toward satisfaction of the unpaid support. All past due support obligations are still subject to any other special collection methods available to Healthcare and Family Services (such as tax refund offsets and bank liens), as provided by law.

MEDICAL INSURANCE

The Obligor, Obligee, Obligor *and* Obligee, shall provide health insurance for the child(ren): as provided in a previous order entered on _____; 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. The Obligor shall provide to the Obligee a copy of the insurance policy and the insurance card within *forty-five (45) days*. The employer or labor union or trade union shall disclose information concerning dependent coverage plans whether or not a court order for medical support has been entered. 750 ILCS 5/505.2

The Obligor is liable for _____% of the medical expenses incurred by the minor child(ren) and not covered by insurance.

4284 The issue of medical insurance is withdrawn.

It is further ordered that (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:)

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 Healthcare and Family Services, within *seven (7) days*, of:

- any new residential mailing address or telephone numbers;
- the name, address and telephone 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 ten (10) days*. Obligor and Obligee shall advise each other of a change of residence *within five (5) days* except when the Court finds that

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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 seven (7) days*, of 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 five (5) business days* of such a change.

UNEMPLOYMENT

- Respondent is unemployed and is ordered to seek employment. The Respondent must report periodically to the court with a diary listing the name, address, telephone number and contact person of each employer with which s/he has sought employment.
- Respondent is ordered to report to the Department of Employment Security for job search services or to complete an application with the local Job Training Partnership Act provider for participation in job search, training or work programs.
- Respondent is unemployed and is ordered to put forth a diligent effort to obtain employment and to cooperate with all instructions of Healthcare and Family Services (HFS). The Respondent is ordered to report immediately to the Healthcare and Family Services' Non-Custodial Parent Services Unit, 36 South Wabash, Chicago, Illinois for assessment and assignment into the court monitored Job Search program or Earnfare program. Upon finding employment, the Respondent shall notify HFS in writing at 36 South Wabash, Chicago, Illinois 60603, *within seven (7) days*. The Respondent must submit the name and address of the employer, the start date, and the rate of pay to the HFS Non-Custodial Parent Services Unit. The Respondent's failure to comply with the requirements of this order may result in the State's Attorney seeking a contempt of court order. (Earnfare requires a \$50.00 minimum support order.)

GENETIC TEST REIMBURSEMENT

- Obligor shall pay \$ _____ to Healthcare and Family Services (HFS) for a genetic test reimbursement. Payments must be made in lump sum or installments by personal check or money order payable to Healthcare and Family Services and either mailed to: Healthcare and Family Services, Title IV-D Accounting Unit, P. O. Box 19138, Springfield, Illinois 62705-9138, or conveyed as otherwise directed by the Court. Payment must include IV-D number as shown on this order.

This Order does not preclude Healthcare and Family Services from collecting any arrearage established by or which may accrue under this Order for Support by use of the offset provisions of Section 6402(c) of the Internal Revenue Code of 1954, and 15 ILCS 405/10.05(a) as amended. such arrearage shall be considered as "past due" or "due and payable" within the meaning of said statutory provisions. This order does not preclude the placing of a lien on real and personal assets or initiating a proceeding for garnishment, attachment of sequestration pursuant to law and the Code of Civil Procedure.

This order of support supercedes any and all prior orders of support under this case number.

Other: _____

This cause is continued for _____ to _____, at _____ m.

without further notice without further notice to Petitioner without further notice to Respondent

FAILURE TO APPEAR MAY RESULT IN ENTRY OF A DEFAULT JUDGMENT.

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DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

FOR EXPEDITED CHILD SUPPORT CASES ONLY:

NOTICE OF RIGHT TO REQUEST A JUDICIAL HEARING: You have a right to request a Judicial Hearing. If either party does not agree to the recommended Order or any part thereof, this case will be transferred for an immediate Judicial Hearing.

The Order may be vacated or amended within thirty (30) days of its entry. This Order is not valid until signed by a judge.

So recommended to this Court by the Hearing Officer this _____ day of _____.

Hearing Officer's Signature

Petitioner/Obligee's Signature

Respondent/Obligor's Signature

Petitioner/Obligee's Attorney's Signature

Respondent/Obligor's Attorney's Signature

The support obligation herein required under this order, or any portion of the obligation, which become due and remains unpaid for thirty (30) days or more shall accrue simple interest at the rate of 9% per anum.

FAILURE TO OBEY ANY OF THE PROVISIONS OF THIS ORDER MAY RESULT IN A FINDING OF CONTEMPT OF COURT.

Date

Judge

Judge's No.

Prepared by:

Atty. Code No: _____

Name: _____

Atty. for: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

Docket No. _____

IVD-No. _____

| | | |
|----------------------|--|----------------|
| Plaintiff/Petitioner | | Case No. _____ |
| v. | | County: _____ |
| Defendant/Respondent | | Date: _____ |

CHILD SUPPORT DATA SHEET

| OBLIGOR INFORMATION | OBLIGEE INFORMATION |
|---|---|
| Last Name: _____ | Last Name: _____ |
| First Name: _____ M.I. _____ | First Name: _____ M.I. _____ |
| Complete Residential Address: | Complete Residential Address: |
| Complete Mailing Address (If other than above): | Complete Mailing Address (If other than above): |
| Date of Birth: | Date of Birth: |
| Driver's License No. (Last 4 digits): | Driver's License No. (Last 4 digits): |
| Home Telephone Number: () | Home Telephone Number: () |
| Employer(s) Name/Company: | Employer(s) Name/Company: |
| Employer(s) Address: | Employer(s) Address: |
| Employer(s) ID Number: | Employer(s) ID Number: |
| Work Telephone Number: () | Work Telephone Number: () |

CHILD(REN) INFORMATION

| | Last | First | Middle Initial | Date of Birth |
|----|-------|-------|----------------|---------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

(If more space is needed, attach an additional sheet.)

*If Obligor is not a US citizen, so indicate and provide the Obligor's alien registration number, passport number and home country's social security or national health number.

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DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS