

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

In Re the [ ] Marriage [ ] Civil Union [ ] Custody [ ] Support of:

Petitioner

and

Respondent

No. \_\_\_\_\_

Calendar: \_\_\_\_\_

FAMILY SUPPORT AFFIDAVIT

This completed form must be attached to any judgment, decree or order of court which contains an initial or modification of an order for the payment of child support and/or maintenance. Both parties may use one form or they may complete separate forms. If either party is not present, both Part I and Part II must be completed by the party who is present to the best of her/his information and belief.

PART I. To be completed by Custodial Parent

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License No. (Illinois) \_\_\_\_\_ Driver's License No. (other state) \_\_\_\_\_

Child(ren) covered by Order For Support:

Full Name(s) Sex Date of Birth Social Security No.

\_\_\_\_\_  
\_\_\_\_\_

Child(ren) receiving Public Assistance? (Yes or No): \_\_\_\_\_

If yes, give case number: \_\_\_\_\_

Title IV-D Program (Yes or No): \_\_\_\_\_

If yes, give case number: \_\_\_\_\_

PART II. To be completed by Non-Custodial Parent

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Complexion: \_\_\_\_\_

Race: \_\_\_\_\_ Birthplace (City, State) \_\_\_\_\_

Driver's License No. (Illinois) \_\_\_\_\_ Driver's License No. (other state) \_\_\_\_\_

Father's Name (last, first) \_\_\_\_\_

Military Service? \_\_\_\_\_ If yes, which Branch? \_\_\_\_\_ Retired? \_\_\_\_\_

\*A party shall report to the Clerk of the Circuit Court of Cook County changes information required to be disclosed pursuant to \*750 ILCS 5/505.3 within five (5) business days of the change.

**CERTIFICATION**

Under penalties provided by law pursuant to 735 ILCS 5/1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that he/she knows the statements set forth in this document are true and correct, except as to matters therein specifically stated to be on information and belief and as to those matters the undersigned certifies that he/she believes them to be true.

_____	_____	_____	_____
Custodial Parent	Date	Non-Custodial Parent	Date
	* * *	* *	

\_\_\_\_\_  
Attorney for Custodial Parent

\_\_\_\_\_  
Attorney for Non-Custodial Parent

Atty. No.: \_\_\_\_\_

Atty. Name: \_\_\_\_\_

Atty. for: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_