

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
DU PAGE COUNTY, ILLINOIS**

IN RE ☐ THE MARRIAGE OF  
☐ CIVIL UNION OF  
☐ PARENTAGE

\_\_\_\_\_  
**CASE NUMBER**

\_\_\_\_\_  
Support Account Number

\_\_\_\_\_  
HFS Number

\_\_\_\_\_  
vs PETITIONER

\_\_\_\_\_  
RESPONDENT

File Stamp Here

☐ Illinois Health Care and Family Services (HFS) is or has been granted leave to intervene.

**ORDER FOR SUPPORT**

☐ Original Order

☐ Amended Order

**DEFINITIONS:**

**OBLIGOR:** An individual who owes a duty to make support payments pursuant to an order of support.

**OBLIGEE:** 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.

**THE COURT FINDS:**

- ☐ The net income of the obligor on the date of this order is \$ \_\_\_\_\_ per \_\_\_\_\_
- ☐ 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.

**IT IS HEREBY ORDERED THAT:**

\_\_\_\_\_ the **OBLIGOR**, is to provide:

☐ **CHILD SUPPORT**

☐ **MAINTENANCE**

☐ **UNALLOCATED SUPPORT**

☐ **PERCENTAGE AMOUNT OF CHILD SUPPORT**

**PAYMENT ARRANGEMENTS (CHECK ONE ONLY)**

- ☐ A Notice to Withhold Income shall be issued immediately and shall be served on the employer at the address listed in this Order. Any subsequent employer may be served with a Notice to Withhold Income without further order of the Court. Payments shall be made payable to STATE DISBURSEMENT UNIT and sent to P.O. Box 5400, Carol Stream, IL. 60197-5400. Payments must include CASE NUMBER and DuPage County which is the Issuing Court of this Order along with Obligor's name and social security number.

**DISTRIBUTION:** Original - Circuit Clerk Copies - Plaintiff - Respondent - Attorneys

CANDICE ADAMS, CLERK OF THE 18<sup>TH</sup> JUDICIAL CIRCUIT COURT  
WHEATON, ILLINOIS

PAYMENT ARRANGEMENTS (continued)

CASE # \_\_\_\_\_

- ☐ The parties have entered into a written agreement providing for an alternate 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 with payments through the SDU is to be prepared by the obligee or the obligee's legal representative and served only if the obligor becomes delinquent in paying the order for support. Payments shall be made in accordance with the written agreement of the parties attached hereto,**  
**AND**
- ☐ The **Obligor** shall, in addition to and separate from the amounts ordered to be paid as maintenance or child support, pay an annual fee of \$36.00 for the administration of this account as set forth in 705 ILCS 105/27.2 (bb4). This fee shall be due and payable upon receipt of an invoice from the Circuit Court Clerk. Payment of this invoice shall be made payable to the **Clerk of the Circuit Court**. The payment shall be clearly marked "Annual Fee for YEAR \_\_\_\_\_" and sent to the **Clerk of the Circuit Court, P.O. Box 707, Wheaton, IL 60187-0707.**

PAYMENT SCHEDULES

The Child Support payment terminates on \_\_\_\_\_ unless modified by a written order of court. Insert a date above no earlier than the date the youngest child reaches the age of 18. This termination date does not apply to any arrearage that may remain unpaid on that date.

PAYMENT AMOUNT

Current Payment   \$ \_\_\_\_\_

Arrearage Payment \$ \_\_\_\_\_

PAYMENTS TO BEGIN ON:

Date \_\_\_\_\_

DESCRIPTION	AMOUNT	FREQUENCY	START DATE	MANDATORY END DATE REQUIRED	BEGIN BALANCE IF APPLICABLE	AS OF DATE IF APPLICABLE
MAINTENANCE						
UNALLOCATED SUPPORT						
CHILD SUPPORT						
DAY CARE						
% AMOUNT OF CHILD SUPPORT						
MEDICAL INSURANCE						
ARREARAGE IS SET AT						
* PAYMENT IF FOR OTHER SPECIFY						
TOTAL AMOUNT DUE PER PAYMENT						

PAYMENT MUST BE IN U. S. DOLLARS AND CENTS

DELINQUENCY						
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"DELINQUENCY" PAYMENT AMOUNT MUST BE INCLUDED AND SHALL NOT BE LESS THAN 20% OF CURRENT SUPPORT AND ARREARAGE PAYMENTS COMBINED

**DELINQUENCY**

CASE # \_\_\_\_\_

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 \$ \_\_\_\_\_ for child support and/or maintenance or unallocated support per the payment frequency ordered above until the delinquency is paid in full. This additional amount shall not be less than twenty percent (20%) of the total of the current support amount and the amount to be paid periodically 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 as of the end of each month, excluding the child support that was due for that month to the extent that it was not paid in that month, shall accrue simple interest as set forth in Section 12-109 of the code of civil procedure.** Interest due and owing as a result of unpaid support will be set forth under "Additional Conditions or Findings" in this Order for Support or in a separate Order.

**EMPLOYER: YOU DO NOT HAVE TO VARY YOUR PAY CYCLE TO BE IN COMPLIANCE WITH THE SUPPORT ORDER. IF YOUR PAY CYCLE DOES NOT MATCH THE ORDERED SUPPORT FREQUENCIES, USE THE FOLLOWING TO DETERMINE HOW MUCH TO WITHHOLD.**

\$	weekly pay period (52 or 53) times per year	\$	semi-monthly pay period (24) times per year
\$	bi-weekly pay period (26) times per year	\$	monthly pay period (12) times per year

**COMPLETE THIS SECTION ONLY IF PAYMENTS ARE TO BE MADE TO A PARTY OTHER THAN THE OBLIGEE SUCH AS PAYMENTS TO: HFS, INTERVENOR, GUARDIAN, ESCROW, ETC.**

NAME/AGENCY		ADDRESS		REFERENCE NO.
ELECTRONIC FUNDS TRANSFER	FIPS NUMBER	FAX-AREA CODE AND PHONE NO.	PHONE/AREA CODE AND PHONE NO.	INTERNET ADDRESS

**INSURANCE**

The ☐ Obligor ☐ Obligea ☐ Obligor and Obligea shall provide health insurance for the child/children either by ☐ enrolling them in the health insurance coverage through ☐ Obligor's ☐ Obligea's ☐ Obligor's and Obligea's employment, or through a labor or trade union, or ☐ securing a private health insurance policy, accepted by the obligor and obligee or as approved by the Court, which names the child/children as beneficiary. Both the obligor and obligee shall be provided with a copy of the insurance policy, the insurance card, the name of the health insurance provided and the number of the insurance policy regarding dependent benefits/coverage.

Name of Health Insurance Provider(s)

Policy Number(s)

Telephone Number(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IT IS FURTHER ORDERED THAT**

The Obligor must notify the Court (Clerk of the Circuit Court), the other party(obligee), and if a party is receiving child and spouse/partner support under Article X of the Illinois Public Aid Code, the HFS, **in writing, within seven (7) days:**

- the name, address and phone number of any new employer;
- any new residential, mailing address or telephone number; 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 10 days**. Obligor and obligee shall advise each other of a change of residence **within 5 days** except when the Court finds 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 in writing the Clerk of the Court and State Disbursement Unit **within 7 days**, of a 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 5 business days of such change.**

Case # \_\_\_\_\_

**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 \$ \_\_\_\_\_
- ☐ If there is an unpaid arrearage or delinquency equal to at least one month's child support obligation on the termination date, then the periodic amount required to be paid for current child support prior to the termination date shall automatically continue to be an obligation toward satisfaction of the unpaid arrearage or delinquency until paid in full. This payment shall be in addition to any periodic payment required for the satisfaction of the arrearage or delinquency which payments shall continue until such amount are paid in full.

Reasons for deviation: \_\_\_\_\_

☐ Other \_\_\_\_\_

The "Child Support Data Sheet" attached hereto, as EXHIBIT 1 is a part of this order and impounded except as to the parties, Attorneys of Record, Circuit Court Clerk Personnel or any other person deemed interested by the Court, until further Order of the Court.

\_\_\_\_\_  
Date\_\_\_\_\_  
Judge

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

Name: \_\_\_\_\_ ☐ Pro Se

DuPage Attorney Number: \_\_\_\_\_

Attorney for: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Reviewed and approved as to form

\_\_\_\_\_  
Deputy Clerk\_\_\_\_\_  
Date