

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS**

Plaintiff
vs.

CASE NO: _____

☐ Illinois Department of Healthcare & Family Services is or has been,
granted leave to intervene

IDHFS NO: _____

Defendant

ORDER FOR SUPPORT

THE COURT FINDS AS FOLLOWS:

1. This order of support covers the following minor child(ren):

<u>Child(ren)'s Initial(s):</u>	<u>Year of Birth</u>	<u>Child(ren)'s Initial(s):</u>	<u>Year of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. The net income of the obligor as of the date of this order is \$_____ per _____.

3. The obligor shall pay as indicated below:

☐ **MAINTENANCE:** or

☐ **UNALLOCATED SUPPORT:**

Current Maintenance Amount: \$_____

Current Unallocated Support Amount: \$_____

Arrearage Payment: \$_____

Is in arrears greater than or less than 12 weeks

Total Payment Due: _____

First Payment Due: _____
(date)

Payment Frequency:

☐ every week

☐ every other week

☐ monthly

☐ twice each month on _____ & _____ (date)

☐ every year

☐ other: _____

Termination Date: _____
(date)

☐ **DOLLAR AMOUNT OF CHILD SUPPORT:**

(Do not complete this section if Unallocated Support is ordered)

Current Support Payment: \$_____

☐ Please check if percentage is also ordered

Arrearage Payment: \$_____

Is in arrears ☐ greater than or ☐ less than 12 weeks

Total Payment Due: _____

First Payment Due: _____
(date)

Payment Frequency:

☐ every week

☐ every other week

☐ monthly

☐ twice each month on _____ & _____ (date)

☐ every year

☐ other: _____

Termination Date: _____

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

☐ Original – Court ☐ Copy – Plaintiff ☐ Copy – Defendant

☐ PERCENTAGE AMOUNT OF CHILD SUPPORT:

(Complete this section only if the Court has ordered a dollar amount plus a percentage order of support.)

- ☐ In addition to the specific dollar amount of support set forth above, the obligor shall also pay _____
Other: _____ of _____ net income in excess of _____ from
all sources as an additional obligation of support. Said obligation shall be paid on a _____ basis. The
obligor is further ordered to provide income statements sufficient to enforce this percentage order of child support and he/
she will provide said documentation within 7 days of receipt of income subject to this percentage assessment. Obligor
shall provide said documentation to the _____

☐ ADDITIONAL CONDITIONS OR FINDINGS:

- ☐ The amount of Child Support obligation ordered above deviates from the amount required by statutory
minimum guidelines. The amount of support that would have been required under the Statutory
Guidelines is \$ _____ per _____.

This Court finds the following reasons for deviation: _____

☐ ARREARAGES:

As of _____, the Court finds that the Obligor owes an arrearage of \$ _____, for
other: _____
and said arrearage finding includes an unpaid portion of \$ _____ plus statutory interest of
\$ _____. The Obligor shall pay said arrearages as set forth in page 1 of this order until such time as
the arrears are paid in full or further order of this Court (This additional amount shall not be less than 20% of the
total of the current support amount).

Pursuant to 750 ILCS 5/505, 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. Section 12-109 states, every judgment arising by operation of law for a child support order shall bear
interest by calculating one-twelfth of the current statutory interest rate of 9% per annum to the unpaid child
support balance as of the end of each calendar month. The balance at the end of the month is the total amount of
child support ordered less all payments received and applied. The accrued interest shall not be included in the
unpaid child support balance when calculating interest at the end of the month. All payments on child support
balance as of the end of each month shall be determined by calculating the current monthly child support
obligation and applying all payments received for that month, except federal income tax refund intercepts, first to
the current monthly child support obligation and then applying any payments in excess of the current monthly
child support obligation to the unpaid child support balance owed from previous months. Interest on child support
obligations may be collected by any means available under federal and State laws, rules, and regulations that
provide for the collection of child support arrearages.

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

☒ **PAYMENT ARRANGEMENTS:**

Check Only One

- ☐ All payments shall be made payable to the Will County Circuit Clerk Office, located at 14 W. Jefferson Street, Room 212, Joliet, IL 60432 on behalf of the obligee in the above entitled cause. When making payments, include the CASE TITLE and CASE/DOCKET NUMBER so that proper payment credit can be given.
- ☐ All payments shall be made payable to the Illinois State Disbursement Unit at P.O. Box 5400, Carol Stream, IL 60197 on behalf of the obligee in the above entitled cause. When making payments, include the CASE TITLE and CASE/DOCKET NUMBER so that proper payment credit can be given.

☒ **COSTS TO THE CLERK OF COURT:**

In addition to any amounts ordered in this form, the Obligor shall also pay a **\$36 per year** Maintenance and Child Support Collection Fee pursuant to Will County Resolution #99-450. Said fee must be paid directly to the Will County Circuit Clerk at 14 W. Jefferson Street, Room 212, Joliet, Illinois 60432 and the same shall be due no later than the annual anniversary date of the original order entered in this cause.

☐ **INSURANCE:**

The ☐ obligor, ☐ obligee, ☐ obligor and obligee, shall provide health insurance for the child(ren) either by ☐ 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. Both the obligor and the obligee shall be provided a copy of the policy and insurance card. The name of the health insurance provider and the number of the insurance policy regarding dependent benefits/coverage on the date of this order as follows:

Name of Health Insurance Provider(s):

Last Four (4) digits of Policy Number(s):

☒ **IT IS FURTHER ORDERED THAT:**

The obligor shall give written notice to

- ☒ Clerk of the Court
- ☐ Department of Health and Human Services (if receiving child/spouse services under Illinois Public Aid Code)
- ☐ Will County State's Attorney Office (if receiving child support enforcement services)

of any changes in the following information:

- Within seven (7) days of any changes in residential mailing address or telephone number
- Within seven (7) days of the name, address and phone number of any new employer
- Within seven (7) days the policy name/identification number(s) of health insurance coverage available
- Within ten (10) days of termination of employment or starting of new employment along with name, address, and phone numbers of any new employer

The Obligor and Obligee shall advise each other of any change of residence **within 5 days** except when the Court finds that the physical, mental or emotional health of a party or minor child(ren), or both, would be seriously endangered by disclosure of the party's address.

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

☐ Other:

☒ The "Child Support Data Sheet" attached hereto is a part of this Order. It is ordered the Clerk of the Court impound Child Support Data Sheet until further order of this Court.

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

Dated: _____

Enter: _____

Judge

Obligor's Signature: _____

Attorney Name: _____

ARDC#: _____

Firm Name: _____

Attorney for: _____

Address: _____

City and Zip: _____

Telephone: _____

E-mail: _____

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

☐ Original – Court ☐ Copy – Plaintiff ☐ Copy – Defendant

CASE NO: _____

PLAINTIFF/PETITIONER

COUNTY: _____

vs.

DATE: _____

DEFENDANT/RESPONDENT

CHILD SUPPORT DATA SHEET

(THIS DATA SHEET MUST BE IMPOUNDED PER ORDER OF THE COURT BY THE CLERK OF THE COURT)

OBLIGOR INFORMATION:		OBLIGEE INFORMATION:		
Last name:		Last name:		
First Name:	Middle In.:	First name:	Middle In.:	
Complete <u>Residential</u> Address:		Complete <u>Residential</u> Address:		
Complete Mailing Address (<i>If other than above</i>):		Complete Mailing Address (<i>If other than above</i>):		
Date of Birth:		Date of Birth:		
Driver's License No.:		Driver's License No.:		
*Full Social Security No.:		Full Social Security No.:		
Home Phone Number:		Home Phone Number:		
<u>CHILD/CHILDREN INFORMATION:</u>				
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.

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

☐ Original – Court ☐ Copy – Plaintiff ☐ Copy – Defendant