

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	SUPPORT INFORMATION SHEET (To Be Impounded by the Circuit Clerk to Protect Private Information)	<i>For Court Use Only</i>
Instructions ▼ Enter above the county name where you will file this case. Enter the full name of Petitioner, Respondent, and the case number as listed on the <i>Petition for Dissolution of Marriage/Civil Union (Divorce with Children)</i> . Enter the IV-D case number if you know it.	_____ Petitioner (<i>First, middle, last name</i>) v. _____ Respondent (<i>First, middle, last name</i>)	_____ IV-D Case Number <input type="checkbox"/> IL Department of Healthcare and Family Services is granted leave to intervene _____ Case Number

In 1, enter Petitioner's information.

1. I am providing the following information about Petitioner:

- a. Name: _____
 First *Middle* *Last*
- b. Address: _____
 Street, Apt # *City* *State* *ZIP*
- c. Date of Birth: _____
- d. Social Security Number: _____
- e. Phone Number: _____
- f. I am employed by: _____
 Employer Name
 Employer Address: _____
 Street, Apt # *City* *State* *ZIP*
 Employer Phone Number: _____
- g. I am also employed by: _____
 Employer Name
 Employer Address: _____
 Street, Apt # *City* *State* *ZIP*
 Employer Phone Number: _____

In 2, enter Respondent's information.

2. I am providing the following information about Respondent:

- a. Name: _____
 First *Middle* *Last*
- b. Address: _____
 Street, Apt # *City* *State* *ZIP*
- c. Date of Birth: _____
- d. Social Security Number: _____
- e. Phone Number: _____
- f. Respondent is employed by: _____
 Employer Name
 Employer Address: _____
 Street, Apt # *City* *State* *ZIP*
 Employer Phone Number: _____

Enter the Case Number given by the Circuit Clerk: _____

9. Respondent is also employed by: _____
Employer Name

Employer Address: _____
Street, Apt # City State ZIP

Employer Phone Number: _____

In 3, list the names and birthdates of the children for whom support was ordered. Leave blank if no child support was ordered.

3. I am providing the following information about the children for whom support was ordered:

	Name	Date of Birth
1.		
2.		
3.		
<input type="checkbox"/> I have listed additional minor children on the attached <i>Additional Minor Children</i>		

This form was prepared by:

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

/s/
Your Signature

Street Address

Your Name

City, State, ZIP

If you e-file this form, select "confidential" when uploading the form.

Telephone