



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 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, IL 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, at 28 N. Clark St. Room 200, Chicago, IL 60602, and not to the State Disbursement Unit.

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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 for maintenance or unallocated support, until the delinquency is paid in full. (This additional amount, the total of (a) and (b), shall not be less than 20 percent 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 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 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 19. This termination date does not apply to any arrearage that may remain unpaid on that date.

ARREARS 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 the Illinois Department of Public Aid (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 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 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 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 the Department of Public Aid, *within 7 days*, of:

- any new residential, mailing address or telephone number;
- the name, address and phone 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 10 days*. Obligor and Obligee shall advise each other of a change of residence *within 5 days* 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. An Obligee receiving payments through income withholding shall notify the Clerk of the Court and the State Disbursement Unit *within 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 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 he or she has sought employment.

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- 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 the Illinois Department of Public Aid. The Respondent is ordered to report immediately to the Illinois Department of Public Aid's Non-Custodial Parent Services Unit, R. J. Daley Center, 50 W. Washington St., CL-24, Chicago, Illinois for assessment and assignment into the court monitored Job Search program or Earnfare program. *Upon finding employment, the Respondent shall notify IDPA in writing at R. J. Daley Center, 50 W. Washington St., CL-24, Chicago, Illinois 60602, within seven days.* The Respondent must submit the name and address of the employer, the start date, and the rate of pay to the IDPA 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. (Note: Earnfare requires a \$50.00 minimum support order.)
- GENETIC TEST REIMBURSEMENT:** Obligor shall pay \$ \_\_\_\_\_ to the Illinois Department of Public Aid (IDPA) for a genetic test reimbursement. Payments must be made in lump sum or installments by personal check or money order payable to Illinois Department of Public Aid and either mailed to: Illinois Department of Public Aid, Title IV-D Accounting Unit, P.O. Box 19138, Springfield, IL 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 the Illinois Department of Public Aid 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.**

**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.

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This order may be vacated or amended within 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 becomes due and remains unpaid for 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: \_\_\_\_\_

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

Plaintiff/Petitioner

v.

Defendant/Respondent

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

County: \_\_\_\_\_

Date: \_\_\_\_\_

CHILD SUPPORT DATA SHEET

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 (If other than above):		Complete Mailing Address (If other than above):	
Date of Birth:		Date of Birth:	
Driver's License No.:		Driver's License No.:	
Home Phone Number:		Home Phone Number:	
Employer(s) Name/Company:		Employer(s) Name/Company:	
Employer(s) Address:		Employer(s) Address:	
Employer(s) ID Number:		Employer(s) ID Number:	
Work Phone Number ( )		Work Phone Number ( )	
CHILD/CHILDREN 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.