

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

GENERAL ORDER: 02 D 11

SUBJECT: FORM FOR UNIFORM ORDER FOR SUPPORT (Revised)

IT IS HEREBY ORDERED THAT:

Effective January 1, 2003, the following form for Uniform Order for Support shall replace the forms authorized in General Order 01-D-6 and 99 - D - 3, for use in the Domestic Relations Division and shall be furnished by the Clerk of the Circuit Court to the Bar and the general public in limited amounts. Any word-processor form consistent with and in the form of the Uniform Order for Support is acceptable. To facilitate compliance with Federal and State mandates for use of the Uniform Order for Support, a copy of the Uniform Order for Support issued by the Court shall accompany the Notice to Withhold Income for Support served on the payor.

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

UNIFORM ORDER FOR SUPPORT

Initial Order **Modification** **Enforcement**

Petitioner / Obligea Obligor

vs.

Respondent / Obligea Obligor

Docket N^o _____

IV-D N^o C _____

Calendar N^o _____

Illinois Dept. of Public Aid is, or has been,
granted leave to intervene.

Definitions: *Obligor* – An individual who owes a duty to make support payments pursuant to an order for support.
Obligea – 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.

THIS MATTER coming to be heard on Petition for: **Rule and/or** **Modification** **Support** **Judgment**
The Court Finds:

The Court has jurisdiction of the parties and the subject matter and that due notice was given by _____
on _____.

- a) The net income of the obligor is \$ _____ per _____.
- b) The amount of arrearage/judgment as of the date of this order is \$ _____ for child support and
\$ _____ for maintenance or unallocated support as follows: \$ _____ to Obligea,
\$ _____ to the Illinois Department of Public Aid, and/or \$ _____ to the
Petitioning State of _____.
- c) 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.
- d) Retroactive child support is \$ _____ from _____ to _____.

The Obligea Obligea's Attorney Obligor Obligor's Attorney Assistant State's Attorney, being present
 This matter being an Interstate Case, Voluntary Acknowledgment of Paternity was signed on _____.

It is Ordered **After hearing** **By agreement of the parties** **By default that :**
_____, Obligor, is to provide:

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

<i>Payment Amount:</i>		<i>Payment Frequency:</i>
Current Maintenance: \$ _____		[] every week [] every other week
Arrearage Payment: \$ _____		[] monthly
		[] twice each month on _____ & _____
Payments Begin: _____ (date)		[] other _____ (date)

CHILD SUPPORT OR **UNALLOCATED SUPPORT**

<i>Payment Amount:</i>		<i>Payment Frequency:</i>
Current Child Support Payment or Unallocated Support Payment: \$ _____		[] every week
Arrearage/Retroactive Payment: \$ _____		[] every other week
Other Payment \$ _____		[] monthly
Payments Begin: _____ (date)		[] twice each month on _____ & _____
Judgment in the amount of \$ _____		[] other _____ (date)

is entered against the obligor on the arrears.

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: _____ Social Security N^o _____

Date of Birth: _____ Social Security N^o _____

Date of Birth: _____ Social Security N^o _____

Date of Birth: _____ Social Security N^o _____

Date of Birth: _____ Social Security N^o _____

Date of Birth: _____ Social Security N^o _____

PAYMENT ARRANGEMENTS

C
H
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C
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E

(Payments must be sent to the STATE DISBURSEMENT UNIT if this box is checked.)

A Notice to Withhold Income shall issue 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 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.

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.

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. This termination date does not apply to any arrearage that may remain unpaid on that date.

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.

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 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 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.

Respondent is ordered report to the Department of Employment Security for job search services or to make 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, 32 W. Randolph St., 14th Floor, for assessment and assignment into the court monitored Job Search Program or Earnfare program. **Upon finding employment, the Respondent shall notify in writing IDPA at 32 W. Randolph St., 9th Floor, Chicago, IL 60601 within seven days.** The Respondent must provide IDPA Non-Custodial Parent Services Unit with the name and address of the employer, the start date, and the rate of pay. 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.

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

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

Date

Judge

Judge's N^o

Prepared by: _____

Attorney for: _____

Address: _____

Telephone: _____

Attorney No.: _____

PLAINTIFF/PETITIONER

CASE NO. _____

VS.

COUNTY _____

CHILD SUPPORT DATA SHEET

DATE _____

DEFENDANT/RESPONDENT

OBLIGOR INFORMATION		OBLIGEE INFORMATION		
Last name:		Last name:		
First name:	Middle In.:	First name:	Middle In.:	
Complete Residential Address:		Complete Residential 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.:		
*Social Security No.:		Social Security 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	SOCIAL SECURITY NUMBER
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

Dated the 1st day of November, 2002. Effective January 1, 2003. This Order supersedes General Order 01-D-6 and 99 - D - 3. This Order shall be spread upon the records of this court and published.

ENTERED:

~~MOSHE JACOBUS~~
~~PRESIDING JUDGE~~
~~DOMESTIC RELATIONS DIVISION~~