

Getting Started

Order for Support

IMPORTANT: This getting started guide and the instructions are not legal advice. They are only meant to help you learn how to get an order for child support or maintenance. Your use of the forms does not guarantee you will be successful in court.

To learn how to fill out the forms and file them with the court, read the *HOW TO GET AN ORDER FOR SUPPORT* instruction sheet and the instructions on the forms.

Name of the forms:	<ul style="list-style-type: none"> • <i>Order for Support</i> • <i>Support Information Sheet</i> • <i>Income Withholding for Support</i> • <i>Letter to Employer</i> (if needed)
Purpose of the forms:	To get an order for payment of support and enforce that order by having the support withheld from the wages of the person ordered to pay.
Types of cases the forms CAN be used for:	Any case in which there is a child support or maintenance order (also known as alimony).
Types of cases the forms CANNOT be used for:	The <i>Income Withholding for Support</i> form cannot be used in cases involving maintenance only.
Special information or papers needed to complete the forms:	<ol style="list-style-type: none"> 1. The social security numbers of you and the other parent/party (if available); 2. The names and birth dates of any children that will be covered by the <i>Order of Support</i>; 3. Your name, address, telephone number, email and fax number (if you have one); 4. The name, address, telephone number, email and fax number (if they have one) of the other parent/party; 5. The name, address, and phone number of your employer; 6. The name, address, and phone number of the other party; 7. The amount of child support to be paid (this will be on the <i>Order for Support</i>); 8. The amount of maintenance to be paid (this will be on the <i>Order for Support</i>); 9. The Remittance ID for the county in which the support order was entered (these are available on the instructions for completing the <i>Income Withholding for Support</i>); AND 10. The number of your court case (this will be on the <i>Order for Support</i>).
Statutes covering the forms:	(750 ILCS 5/) Illinois Marriage and Dissolution of Marriage Act
For more information:	Read the <i>HOW TO GET AN ORDER FOR SUPPORT</i> instructions that come with the form. You may also find more information and resources at the courthouse or by going to illinoislegalaid.org .

HOW TO GET AN ORDER FOR SUPPORT

NOTE: If there are any words or terms used in these instructions that you do not understand, please visit Illinois Legal Aid Online at illinoislegalaid.org/lexicon/glossary. For more information about going to court including how to fill out and file forms, call or text Illinois Court Help at 833-411-1121 or go to ilcourthelp.gov.

These instructions apply to:

- Divorces/Dissolution of civil unions that involve child support and/or maintenance (also known as alimony);
- Paternity cases that involve child support only;
- Allocation of parental responsibility (custody and visitation – no marriage) that involve child support only; AND
- Child support (if paternity and custody are not issues).

These instructions assume that you filed one of these cases already or plan to do so. They do not provide instructions about filing one of these cases.

NOTE: You may be able to get help with getting a child support order from the Illinois Department of Healthcare and Family Services. They can help with paternity testing, getting a support order, and enforcing the support order. To apply visit: illinois.gov/hfs/ChildSupport/parents/Pages/Apply.aspx If you cannot use a computer or do not have internet access, you may call 1-800-447-4278. If you have a TTY device, you may call 1-800-526-5812.

The Department does not help with maintenance.

What forms do I need to get a support order?

In addition to the forms, you will need to file one of the cases listed above, you will need some or all of these forms:

- **Order for Support:** this is used by the judge to set the amount of support and how often it is to be paid; it can be used for cases that involve child support only, maintenance only, or cases that involve both.
- **Support Information Sheet:** this is used by the Circuit Clerk to maintain records of contact and other information for parties in cases involving support.
- **Income Withholding for Support:** this is used to require the employer of the person ordered to pay support to withhold support payments from wages; after the support is withheld, it is sent to the State Disbursement Unit. This form cannot be used for maintenance only cases.
- **Letter to Employer:** this is used by you to send the *Income Withholding for Support* to the employer.
- **Note:** The email address (if you have one) and mailing address you put on these forms is where important legal documents will be sent to you. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may

miss important information, notice of court dates, or documents from other parties.

What information will help me fill out the forms?

- The social security numbers of you and the other parent (if available);
 - **NOTE:** if you cannot provide the social security number of the person who will be paying support, the employer is not required to withhold.
- The names and birth dates of any children that will be covered by the *Order for Support*;
- Your name, address, telephone number, email, and fax number (if you have one);
 - **NOTE:** if your contact information cannot be revealed due to domestic violence, use safe contact information (like that of a friend or relative) instead of your own.
- The name, address, telephone number, email, and fax number (if they have one) of the other parent;
- The name, address, and phone number of your employer;
- The name, address, and phone number of the other parent;
- The amount of child support to be paid (this will be on the *Order for Support*);
- The amount of maintenance to be paid (this will be on the *Order for Support*);
- The Remittance ID for the county in which the support order was entered (this is available on the instructions for completing the *Income Withholding for Support*); AND
- The number of your court case (this will be on the *Order for Support*).

STEP 1: COMPLETE THE FORMS

- **Order for Support:** complete the parts of this form that you can before going to your court hearing. If you and the other parent have an agreement on support, add the terms of that agreement to the *Order for Support*. Both you and the other parent must also initial each page of the *Order* if there is an agreement.
- **Support Information Sheet:** complete this form before going to your court hearing. File it with the Circuit Clerk if the judge orders support. If the judge does not order support, do not file it with the Circuit Clerk.

STEP 2: PREPARING FOR THE COURT HEARING

You will need to bring to court information that will help the judge decide how much the support will be.

You can get help calculating the correct amount of child support.

- Use the Illinois Department of Healthcare and Family Services online child support estimator located here: cscwebext.hfs.illinois.gov/CscWebEx/app/estimator?execution=e1s1.

- You will need the following information:
 - The number of children to be supported;
 - Which parent will have the majority of the parenting time;
 - The number of overnights you have with the children per year;
 - Your gross income (before taxes) and the other parent's gross income – this can be per year, per month, twice-monthly, weekly, or bi-weekly;
 - Whether either you or the other parent pays maintenance;
 - Whether you or the other parent receives maintenance;
 - Whether any of the children receive a Social Security payment because one of the parents is retired or disabled;
 - Whether either parent has a court order to pay child support for another child that is not part of your case;
 - Whether either parent has a child they are legally responsible for and they pay support for, but there is no court order for support;
 - Whether the children are covered by health insurance and the cost of the insurance;
 - Whether either parent pays for child care for the children; AND
 - Whether either parent pays for extraordinary school or extracurricular expenses for the children.
- After you calculate the support, click on the “view worksheet” button and then print out the worksheet.
- If you cannot calculate the support yourself, bring the same information to your court date and give it to the judge.

STEP 3: ATTENDING THE COURT HEARING

Follow the instructions for the type of case you filed.

- Get to the courthouse at least 30 minutes early.
- Go to the courtroom number listed on your court form. If your forms do not have a courtroom number look for a list of cases at the courthouse or ask the Circuit Clerk.
- Check in with the courtroom staff and wait for your name and case number to be called.
- When your case is called, walk to the judge and introduce yourself.
- If your court date is by phone or video:
 - Make sure to have the call-in or login information for your court date and make sure your technology is working.
 - Follow the instructions on the court notice you received. Call the Circuit Clerk or Circuit Court or visit their websites for specific technology instructions.

Make sure you know how you are to attend your court date.

Your court date can be in person, by phone or by video. If it is by phone or video it is called a “Remote Appearance.” Call the Circuit Clerk or visit their website for more information. To find the phone number for your Circuit Clerk, visit illinoiscourts.gov/courts/circuit-court/circuit-court-clerks/

- Follow these recommendations to appear by phone or video: illinoiscourts.gov/self-help/court-by-phone-or-video

STEP 4: AFTER THE COURT HEARING

- Get a file-stamped copy of the *Order for Support*.
- File the *Support Information Sheet* with the Circuit Clerk and get a file-stamped copy for your records.
 - You must electronically file (e-file) court documents unless (1) you are an inmate in a prison or jail and you do not have a lawyer, (2) you have a disability that keeps you from e-filing, or (3) you qualify for an exemption from e-filing.
 - You will qualify for an exemption if: (1) you do not have internet or computer access at home and it would be difficult for you to travel to a place where you could use a computer; (2) you have trouble reading or speaking in English, or (3) you tried to e-file your documents, but you were unable to complete the process because the equipment or assistance you need is not available.
 - If you qualify for an exemption, fill out a *Certification for Exemption from E-Filing* found here: illinoiscourts.gov/documents-and-forms/approved-forms.
 - File the original and 1 copy of your forms and the *Certification* with the trial court clerk's office in person or by mail.
- To e-file, create an account with an e-filing service provider.
 - Visit efile.illinoiscourts.gov/service-providers.htm to select a service provider. Some service

providers are free while others charge a processing fee. For instructions on how to e-file for free with Odyssey eFileIL, see the self-help user guides here: illinoiscourts.gov/self-help/how-to-e-file/.

- If you do not have access to a computer or if you need help e-filing, take your form to the Circuit Clerk's office where you can use a public computer terminal to e-file your forms.
 - You can bring your forms on paper or saved on a flash drive.
 - The terminal will have a scanner and computer that you can use to e-file your form.
- If you e-file the *Support Information Sheet*, select “Confidential” for the security type when uploading the document.
- Send a copy of the *Order for Support* to the other parent either by email, by hand, or by mail and file a *Proof of Delivery* with the Circuit Clerk. You can find the *Proof of Delivery* online at: illinoiscourts.gov/documents-and-forms/approved-forms

- Complete these forms for cases involving child support only or child support and maintenance. (Do not use for cases involving maintenance only):
 - ***Income Withholding for Support***: complete this form only after you have a signed *Order for Support*. Do not file this form with the Circuit Clerk. To complete this form you will need:
 - The name, address, and phone number of the employer of the person paying support;
 - The full name and social security number for the person paying support;
 - Your full name;
 - The full name and date of birth for all children covered by the *Order*;
 - Remittance ID number (this can be found on the instructions to the *Income Withholding for Support*), the amount of support to be paid and how often it is to be paid; AND
 - Your contact information— if this should not be public because of domestic violence, use alternate contact information.
 - ***Letter to Employer***: complete this form after you have completed the *Income Withholding for Support*.

STEP 5: SERVING THE INCOME WITHHOLDING FOR SUPPORT

- Option 1: Send the *Letter to Employer* along with a copy of the *Order for Support* and the *Income Withholding for Support* to the employer of the person who will be paying the support.
 - Send this letter by certified mail with a return receipt. You will get back a green postcard telling you the date the letter was delivered to the employer.
 - Keep this postcard in a safe place and the certified mail receipt in a safe place so that you have it in case it is necessary to show proof that the employer got the *Income Withholding for Support*.
- Option 2: If your case involves child support, contact the Illinois Department of Healthcare and Family Services and apply for assistance in serving the *Income Withholding for Support*.
 - Once your case is registered, the Department will make sure that the *Income Withholding for Support* is served on the employer. In addition, they will monitor your case and send a new *Income Withholding for Support* if the person paying child support changes employers.
 - They can also help you to enforce the child support order in court if necessary and in collecting unpaid child support. To apply visit: illinois.gov/hfs/ChildSupport/parents/Pages/Apply.aspx If you cannot use a computer or do not have internet access, you may call 1-800-447-4278. If you have a TTY device, you may call 1-800-526-5812.

STEP 6: FOLLOW-UP

- CHILD SUPPORT CASES AND CHILD SUPPORT AND MAINTENANCE CASES: if you have not received your first child support or child support and maintenance payment within 30 days after the date the employer received the *Income Withholding for Support*, you need to follow up.
 - First, contact the employer to see whether they have started the withholding and they have sent the support to the State Disbursement Unit. If they have not, ask if they intend to do that and when.
 - If they have, contact the State Disbursement Unit to see if they have received the payments from the employer and then sent them to you.
 - If they have, make sure that they have your correct address. If they do, you will need to check with your local post office to see if there is a problem there. Although in most cases there will not be a problem. If there is and you cannot resolve the problem easily by yourself, you will need to contact an attorney or the Division of Child Support Enforcement for help by calling: 1-800-447-4278.
- MAINTENANCE ONLY CASES: if your former spouse does not pay the maintenance as ordered. You will need to go back to court and ask the judge to take action to force your former spouse to make the payments. You can use the *Motion* forms found online: illinoiscourts.gov/documents-and-forms/approved-forms

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ORDER FOR SUPPORT <input type="checkbox"/> Initial <input type="checkbox"/> Modification <input type="checkbox"/> Enforcement	<i>For Court Use Only</i>
Instructions ▼ Directly above, enter the county where you filed this case. Enter the full name of Petitioner, Respondent, and the case number the Circuit Clerk gave this case. 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 _____ Case Number

NOTE:	<ul style="list-style-type: none"> DO NOT fill out the rest of this form <u>unless</u> the judge tell you complete it. You MUST BRING the social security numbers of both Petitioner and Respondent to the court hearing.
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THE COURT FINDS:

- 1. Petitioner Respondent must pay support.
 The person paying support is called "Obligor" in this *Order*. The Obligor is: _____
 The person receiving support is called "Obligee" in this *Order*. The Obligee is: _____
- 2. The children covered by this *Order* are: _____

- 3. The combined gross income does does not exceed the uppermost levels of the schedule of basic support obligations.
- 4. The net income of Obligor is \$ _____ per _____ calculated by
 the standardized tax amount.
 the individualized tax amount.
 the agreement of the parties.
- 5. The net income of Obligee is: \$ _____ per _____ calculated by
 the standardized tax amount.
 the individualized tax amount.
 the agreement of the parties.
- 6. The adjusted net income for Obligor is: \$ _____ per _____ .
- 7. The adjusted net income for Obligee is: \$ _____ per _____ .
- 8. The Basic Combined Support Obligation \$ _____ per _____ .
- 9. Obligor's income is at or below 75% of the Federal Poverty Guidelines for a family of 1 person. Child support is capped at \$40 per month per child up to a maximum of \$120 per month.
- 10. Obligor receives only means tested assistance or cannot work due to a medically proven disability, incarceration or institutionalization.
- 11. Shared physical care: Each parent exercises 146 or more overnights per year. Basic Child Support Obligation is: \$ _____ per _____ *(multiply amount in paragraph 8 x 1.5)*.
- 12. Split care: Each of the parents has physical care of at least one, but not all of the children.

- 13. The amount of child support arrearage is: \$ _____ as of _____
plus an interest amount of: \$ _____ *Date*
- 14. The amount of maintenance arrearage is: \$ _____ as of _____
plus an interest amount of: \$ _____ *Date*
- 15. The amount of retroactive child support is: \$ _____ from _____ to _____
Date Date
- 16. The amount of retroactive maintenance is: \$ _____ from _____ to _____
Date Date
- 17. The amount of child support cannot be stated only in a dollar amount because some or all of the net income of Obligor is uncertain as to source, time of payment, or amount.

IT IS ORDERED:

A. That Obligor will pay:

- 1. Maintenance Yes No
 - a. The current maintenance payment is: \$ _____
 - b. The maintenance arrearage/retroactive payment is: \$ _____
 - c. The total maintenance payment is: \$ _____
 - d. Maintenance is to be paid:
 - Once a week Once every other week
 - Once a month Twice a month on: _____ and _____
Date Date
 - e. Maintenance payments begin _____
Date
 - f. This maintenance order ends on: _____
Date

- 2. Child Support Yes No
 - a. The current child support payment is: \$ _____
 - b. The child support arrearage/retroactive payment is: \$ _____
 - c. The total child support payment is: \$ _____
 - d. Child support is to be paid:
 - Once a week Once every other week
 - Once a month Twice a month on: _____ and _____
Date Date
 - e. Child support payments begin on: _____
Date
 - f. Obligor must also pay: _____ % of their _____
Type of Additional Income

This must be paid as follows: _____

Obligor must also give Obligee and/or the Clerk of the Court proof of their _____ within 7 days of receiving the income.
Type of Additional Income

- 3. Other Support Orders: _____

B. Payment of Maintenance and Child Support:

- 1. An *Income Withholding for Support* may immediately be served on Obligor's employer. Until the *Income Withholding for Support* takes effect Obligor is required to pay directly to the State Disbursement Unit.

- Payments by Obligor or the employer must be made payable to: STATE DISBURSEMENT UNIT and sent to: P.O. Box 5400, Carol Stream, IL 60197-5400.
- Payments must include: 1) the case number, 2) the name of the county of the Court issuing this *Order for Support*, and 3) Obligor's name and social security number.
- A new court *Order* is not necessary to serve an *Income Withholding for Support* on any future employer of

2. Obligor will make payments:
- Directly to the State Disbursement Unit according to the schedule in Section A. Payments by Obligor must be made payable to the STATE DISBURSEMENT UNIT and sent to: P.O. Box 5400, Carol Stream, IL 60197-5400.
 - Directly to Obligee as the parties have agreed according to the schedule in Section A. If Obligor falls behind in payments, an *Income Withholding for Support* may be prepared and served on Obligor's employer. Obligor will then have to make payments to the State Disbursement Unit as stated in Section B1.
3. Obligor must also pay a \$36 per year child support collection fee. This fee is not maintenance or child support and cannot be subtracted from the support to be paid. This fee must be paid directly to the Circuit Clerk of the county issuing this *Order for Support*.

C. Payment of Maintenance Only:

1. Obligor will make payments
- Directly to Obligee
 - Directly to the Circuit Clerk of this county
2. If payments are made to the Circuit Clerk, Obligor must also pay a \$36.00 per year support collection fee. This is not maintenance and cannot be subtracted from the support to be paid. This fee must be paid directly to the Circuit Clerk of the county issuing this order.

D. Delinquency (maintenance or child support):

1. Delinquency Payments
- If Obligor is delinquent in making a support payment after this *Order for Support* is entered, Obligor must
- a. Continue to make current maintenance and child support payments, **AND**
 - b. Pay the sum of:
\$ _____ for child support per payment period ordered in Section A2d, **PLUS**
\$ _____ for maintenance per payment period ordered in Section A1d, until the delinquent amount is paid in full.

A maintenance or child support payment, or part of a payment, that is due and remains unpaid for 30 days or more will accrue interest at the rate of 9% each year.

E. Child Support Termination:

1. This child support order ends on: _____ unless changed by a written order of the court.
Date
2. Unpaid Child Support at Termination
- If Obligor owes an arrearage or delinquency on the termination date that is equal to at least one month's support payment, Obligor must continue to make payments. The payment amount must be the same as the amount Obligor was ordered to pay in Section A2a.

F. Health Insurance:

1. Decision Reserved
2. a. Obligor Obligee will provide health insurance for the children by:
- Enrolling them in health insurance coverage available through their employer.
 - Providing other insurance dental orthodontic vision
 - prescription medication other: _____
 - Giving a copy of the insurance policy and the insurance card to the other parent within 45 days

of the date of this *Order*.

b. The cost of the insurance will be paid by:

Obligor: _____% Obligee: _____%

NOTE: Health insurance premiums are added to the Basic Support Obligation and then divided pro rata. If Obligor's paying the premium, the amount that is Obligee's responsibility must be subtracted from Obligor's support obligation. If Obligee is paying the premium, Obligor's support obligation shall be increased by Obligor's share of the premium.

c. The cost of healthcare expenses not covered by insurance will be paid by:

Obligor and Obligee equally
 Obligor: _____% Obligee: _____%

G. Child Care Expenses:

1. Decision Reserved

2. a. Child care expenses are reasonably necessary for Petitioner Respondent to be employed, attend educational or vocational training to improve employment opportunities, or to look for work.

b. The cost of child care expenses shall be paid by: Obligor _____%

Obligee _____%

c. Payment shall be made directly to: Obligee Child care provider

H. School and Extra-Curricular Expenses:

1. Decision Reserved

2. a. School and extra-curricular expenses covered by this *Order* _____

b. The cost of extra-curricular expenses shall be paid Obligor _____%

Obligee _____%

I. Other Orders:

The *Support Information Sheet* filed in this case shall be impounded by the Circuit Clerk in order to protect the confidential information contained in it.

1. Notice of Address Change

Each party must tell the other of any change in address within 5 days of the change.

This does not apply to the following parties Petitioner Respondent because the physical, mental or emotional health of that party and/or the minor children would be seriously endangered by disclosure of that party's address.

Obligor must give written notice of any change in home address or mailing address within 7 days of the change to:

- The Circuit Clerk of the county issuing this *Order for Support*, AND
- The Illinois Department of Healthcare and Family Services, BUT ONLY if a party is receiving child and spouse services under Article X of the Illinois Public Aid Code.

2. Notice of Change to Other Information

Obligor must give written notice of any change to personal contact information within 7 days of the change, including:

- New telephone number; AND
- If Obligor can get health insurance through the employer or other group coverage and if so list: the policy name, the policy number, and the names of persons covered under the policy.

Obligor must give the written notice to:

- The Circuit Clerk of the county issuing this *Order for Support*, AND
- The Illinois Department of Healthcare and Family Services, BUT ONLY if a party is receiving child and spouse services under Article X of the Illinois Public Aid Code.

3. Notice of Change to Employment

Obligor must give written notice of any employment change within 7 days of the change, including:

- If Obligor lost a job, OR
- If Obligor got a new job, AND
- The name, address and phone number of a new employer.

Obligor must give the written notice to:

- Obligee,
- The Circuit Clerk of the county issuing this *Order for Support*, AND
- The Illinois Department of Healthcare and Family Services, BUT ONLY if a party is receiving child and spouse services under Article X of the Illinois Public Aid Code.

4. Notice of Change to *Support Information Sheet*

Obligor and Obligee must give written notice of any change to the information on the *Support Information Sheet* filed with this case within 5 days of the change.

Obligor and Obligee must give the written notice to:

- The Circuit Clerk of the county issuing this *Order for Support*.

5. Proof of Continuing Insurance Coverage

If Obligor has received an adjustment to their support obligation because of the payment of insurance premiums, Obligor must annually submit proof of continuing insurance coverage of the children to the Division of Child Support Enforcement of the Department of Human Services and to Obligee.

J. Additional Conditions or Findings:

1. The child support payment amount is different than the amount required by child support guidelines because:
- a. extraordinary medical expenditures necessary to preserve the life or health of a party or a child of either or both of the parties.
 - b. additional expenses incurred for a child covered by this support order who has special medical, physical or developmental needs.
 - c. the amount required by child support guidelines is: \$ _____
 - d. Other: _____
2. Other: _____
3. A child support calculation prepared by using the Illinois Department of Healthcare and Family Services estimator is attached: Yes No
4. The child support calculation was prepared by Petitioner Respondent Judge

K. Other: _____

ENTERED:

DO NOT complete this section. The judge will complete it.

Judge Date

A JUDGE CAN FIND YOU IN CONTEMPT OF COURT IF YOU FAIL TO OBEY ANY PART OF THIS ORDER.

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 (First, middle, last name) v. _____ Respondent (First, middle, last name)	_____ 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. Petitioner is the person:
 - paying support (Obligor)
 - receiving support (Obligee)
- b. Name: _____

First
Middle
Last
- c. Address: _____

Street, Apt #
City
State
ZIP
- d. Date of Birth: _____
- e. Social Security Number: _____
- f. Phone Number: _____
- g. I am employed by: _____

Employer Name

 Employer Address: _____

Street, Apt #
City
State
ZIP

 Employer Phone Number: _____
- h. 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. Respondent is the person:
 - paying support (Obligor)
 - receiving support (Obligee)
- b. Name: _____

First
Middle
Last
- c. Address: _____

Street, Apt #
City
State
ZIP
- d. Date of Birth: _____

Enter the Case Number given by the Circuit Clerk: _____

- e. Social Security Number: _____
- f. Phone Number: _____
- g. Respondent is employed by: _____
Employer Name

Employer Address: _____
Street, Apt # City State ZIP

Employer Phone Number: _____

- h. 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.		
4.		
5.		
6.		
7.		
8.		

I have listed additional minor children on the attached *Additional Minor Children* form.

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

Email Address

Telephone

Attorney # (if any)

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

Enter your complete address, telephone number, and email address, if you have one.

GETTING COURT DOCUMENTS BY EMAIL: You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

HOW TO FILL OUT THE INCOME WITHHOLDING FOR SUPPORT FORM (DO NOT USE FOR CASES INVOLVING MAINTENANCE ONLY)

Instructions for filling out page 1 of the *Income Withholding for Support* form.

1. Check the:
 - 1st box if this is the first *Income Withholding for Support* you are sending.
 - 2nd box if you have sent a *Income Withholding for Support* before, but you are sending a new one because the support payment amount has changed or a payment for past due support has been added. 3rd box if the support order is for a lump sum of money that is going to be paid in installments.
 - 4th box if withholding should end.
Enter the date.

2. Enter the county where your *Order for Support* was entered.

3. Enter your full name.

4. Look at page 5 for a list of Remittance ID codes. Find the county where your *Order for Support* was entered and enter the code number for that county followed by the case number on your *Order for Support*.

5. Enter the case number from your *Order for Support* (the same case number you put in the *Remittance ID*).

6. If the state child support enforcement agency is involved, enter the number assigned to your case. It will begin with "IV".

INCOME WITHHOLDING FOR SUPPORT	
1	<input type="checkbox"/> ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) <input type="checkbox"/> AMENDED IWO OR ENFORCEMENT IWO <input type="checkbox"/> ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT <input type="checkbox"/> TERMINATION OF IWO
Date: _____	
<input type="checkbox"/> Child Support Enforcement (CSE) Agency <input type="checkbox"/> Court <input type="checkbox"/> Attorney <input type="checkbox"/> Private Individual/Entity (Check One)	
NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying order must be attached.	
State/Tribe/Territory <u>ILLINOIS</u>	Remittance ID (include w/payment) <u>4</u>
City/County/Dist./Tribe <u>2</u>	Order ID <u>5</u>
Private Individual/Entity <u>3</u>	CSE Agency Case ID <u>6</u>
7	9
Employer/Income Withholder's Name _____	RE: Employee/Obligor's Name (Last, First, Middle) _____
8	10
Employer/Income Withholder's Address _____	Employee/Obligor's Social Security Number _____
_____	11
_____	Custodial Party/Obligee's Name (Last, First, Middle) _____

Employer/Income Withholder's FEIN <u>12</u>	
Child(ren)'s Name(s) (Last, First, Middle) _____	Child(ren)'s Birth Date(s) _____
13	

7. Enter the name of the employer of the person paying support.

8. Call the employer's payroll or human resources department and ask for the address where they want you to send the Notice of Income Withholding. Enter the employer address here.

9. Enter the full name of the person paying support.

10. Enter the Social Security number of the person paying support.

11. Enter your name.

12. Enter the employer FEIN number if you have it.

13. Enter the full name and date of birth of each child who is receiving support.

14. Transfer the information from your *Order of Support* and enter it here. What is called maintenance on the *Order of Support* is called spousal support here. Do not use this form if only maintenance was ordered.

14 **III. Order Information: (Completed by the Sender)**
 This document is based on the support order from _____ (State/Tribe).
 You are required by law to deduct these amounts from the employee/obligor's income until further notice.
 \$ _____ Per _____ current child support
 \$ _____ Per _____ past-due child support - Arrears greater than 12 weeks? Yes No
 \$ _____ Per _____ current cash medical support
 \$ _____ Per _____ past-due cash medical support
 \$ _____ Per _____ current spousal support
 \$ _____ Per _____ past-due spousal support
 \$ _____ Per _____ other (must specify) _____
 for a **Total Amount to Withhold** of \$ _____ per _____

15. Transfer the Total Amount to Withhold from Box 14 and put it next to the pay cycle that matches how often the support is to be paid.

15 **IV. Amounts to Withhold: (Completed by the Sender)**
 You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:
 \$ _____ per weekly pay period \$ _____ per semimonthly pay period (twice a month)
 \$ _____ per biweekly pay period (every two weeks) \$ _____ per monthly pay period

Instructions for filling out page 2 and the top of page 3.

16. Enter the same information you entered on page 1.

16
 Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____
 - Employee/Obligor's Name: _____ SSN: _____
 Case ID: _____ Order ID: _____

17. Remittance Information Provided.

17

V. Remittance Information: (Completed by the Sender except for the "Return to Sender" check box.)

If the employee/obligor's principal place of employment is Illinois (State/Tribe), you must begin withholding no later than the first pay period that occurs 14 days after the date of mailing of the order/notice. Send payment within 7 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold 65 % of disposable income for all orders. If the employee/obligor's principal place of employment is not Illinois (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or www.bia.gov/tribalmmap/DataDotGovSamples/tld_map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

18. Enter the following for SDU/Tribal Payee Address: Illinois State Disbursement Unit (SDU), PO Box 5400, Carol Stream, IL 60197-5400.

18

Remit payment to _____ (SDU/Tribal Order Payee) at _____ (SDU/Tribal Payee Address) Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee _____ on the payment. To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-efit-contacts-and-program-requirements.

19. Do NOT check this box.

19

Return to Sender (Completed by Employer/Income Withholder). Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

20. Do NOT enter information in this section.

20

If Required by State or Tribal Law: Signature of Judge/Issuing Official: _____ Print Name of Judge/Issuing Official: Illinois Does Not Require Judicial Approval Title of Judge/Issuing Official: _____ Date of Signature: _____

21. Do NOT check this box.

21

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Instructions for filling out the rest of page 3 and the top of page 4.

22. Enter the same information you entered on page 1, including:
o employer's name and FEIN number if you have it;
o name and SSN of the person paying support;
o agency case number; AND
o order ID number.

22

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____ Employee/Obligor's Name: _____ SSN: _____ Case ID: _____ Order ID: _____

23. Do NOT complete this section.

23

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure. _____

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. _____

24 Supplemental Information:

Instructions for filling out the rest of pages 4-5.

25. Enter the same information you entered on page 1, including:
- employer's name and FEIN number if you have it;
- name and SSN of the person paying support;
- agency case number;
AND
-order ID number.

25

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

- Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

26. Do NOT complete this section. The employer will provide this information if the person paying support does not work there or stops working there.

26

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the **Contact Information** section below or using OCSE's Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

This person has never worked for this employer nor received periodic income.

This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's or income withholder's name: _____

New employer's or income withholder's address: _____

27. Enter your name, address, phone, fax, and email if you have it.

Do NOT enter your information if it should be kept private from the person paying support because of an order of protection or other order. Instead enter a safe address, phone, fax, and email that do not belong to you, but where you can get information. For example, the address of a friend or relative.

27 CONTACT INFORMATION:

To Employer/Income Withholder: If you have questions, contact _____ (issuer name)

by phone: _____, by fax: _____, by e-mail or website: _____.

Send termination/income status notice and other correspondence to: _____ (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (issuer name)

by phone: _____, by fax: _____, by e-mail or website: _____.

Remittance ID Codes

1700100 - Adams	1705100 - Fayette	1710300 - Lee	1715500 - Putnam
1700300 - Alexander	1705300 - Ford	1710500 - Livingston	1715700 - Randolph
1700500 - Bond	1705500 - Franklin	1710700 - Logan	1715900 - Richland
1700700 - Boone	1705700 - Fulton	1710900 - McDonough	1716100 - Rock Island
1700900 - Brown	1705900 - Gallatin	1711100 - McHenry	1716300 - St. Clair
1701100 - Bureau	1706100 - Greene	1711300 - McLean	1716500 - Saline
1701300 - Calhoun	1706300 - Grundy	1711500 - Macon	1716700 - Sangamon
1701500 - Carroll	1706500 - Hamilton	1711700 - Macoupin	1716900 - Schuyler
1701700 - Cass	1706700 - Hancock	1711900 - Madison	1717100 - Scott
1701900 - Champaign	1706900 - Hardin	1712100 - Marion	1717300 - Shelby
1702100 - Christian	1707100 - Henderson	1712300 - Marshall	1717500 - Stark
1702300 - Clark	1707300 - Henry	1712500 - Mason	1717700 - Stephenson
1702500 - Clay	1707500 - Iroquois	1712700 - Massac	1717900 - Tazewell
1702700 - Clinton	1707700 - Jackson	1712900 - Menard	1718100 - Union
1702900 - Coles	1707900 - Jasper	1713100 - Mercer	1718300 - Vermilion
1703100 - Cook	1708100 - Jefferson	1713300 - Monroe	1718500 - Wabash
1703300 - Crawford	1708300 - Jersey	1713500 - Montgomery	1718700 - Warren
1703500 - Cumberland	1708500 - JoDaviess	1713700 - Morgan	1718900 - Washington
1703700 - DeKalb	1708700 - Johnson	1713900 - Moultrie	1719100 - Wayne
1703900 - DeWitt	1708900 - Kane	1714100 - Ogle	1719300 - White
1704100 - Douglas	1709100 - Kankakee	1714300 - Peoria	1719500 - Whiteside
1704300 - DuPage	1709300 - Kendall	1714500 - Perry	1719700 - Will
1704500 - Edgar	1709500 - Knox	1714700 - Piatt	1719900 - Williamson
1704700 - Edwards	1709700 - Lake	1714900 - Pike	1720100 - Winnebago
1704900 - Effingham	1709900 - LaSalle	1715100 - Pope	1720300 - Woodford
	1710100 - Lawrence	1715300 - Pulaski	

INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154
Expiration Date: 09/30/2023

I. Sender Information: (Completed by the Sender)

Date: _____

INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

AMENDED IWO OR ENFORCEMENT IWO

ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

TERMINATION OF IWO

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory Illinois Remittance ID (include w/payment) _____

City/County/Dist./Tribe _____ Order ID _____

Private Individual Entity _____ Case ID _____

II. Employer and Case Information: (Completed by the Sender)

Employer/Income Withholder's Name RE: _____
Employee/Obligor's Name (Last, First, Middle)

Employer/Income Withholder's Address _____
Employee/Obligor's Social Security Number

Employee/Obligor's Date of Birth

Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN _____	Child(ren)'s Birth Date(s) _____	
Child(ren)'s Name(s) (Last, First, Middle) _____	_____	
_____	_____	
_____	_____	
_____	_____	

III. Order Information: (Completed by the Sender)

This document is based on the support order from _____ (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____ Per _____ current child support

\$ _____ Per _____ past-due child support - Arrears greater than 12 weeks? Yes No

\$ _____ Per _____ current cash medical support

\$ _____ Per _____ past-due cash medical support

\$ _____ Per _____ current spousal support

\$ _____ Per _____ past-due spousal support

\$ _____ Per _____ other (must specify) _____

for a **Total Amount to Withhold** of \$ _____ per _____.

IV. Amounts to Withhold: (Completed by the Sender)

You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____ per weekly pay period \$ _____ per semimonthly pay period (twice a month)

\$ _____ per biweekly pay period (every two weeks) \$ _____ per monthly pay period

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the Employer Services Team by email at employerservices@acf.hhs.gov.

Document Tracking ID: _____

V. Remittance Information: (Completed by the Sender except for the "Return to Sender" check box.)

If the employee/obligor's principal place of employment is Illinois (State/Tribe), you must begin withholding no later than the first pay period that occurs 14 days after the date of mailing of the order/notice. Send payment within 7 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold 65 % of disposable income for all orders. If the employee/obligor's principal place of employment is not Illinois (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or www.bia.gov/tribalmmap/DataDotGovSamples/tld_map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Remit payment to _____ (SDU/Tribal Order Payee)
at _____ (SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee _____ on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

Return to Sender (Completed by Employer/Income Withholder). Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

If Required by State or Tribal Law:

Signature of Judge/Issuing Official: _____

Print Name of Judge/Issuing Official: Illinois Does Not Require Judicial Approval

Title of Judge/Issuing Official: _____

Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Payments: You must send child support payments payable by income withholding to the appropriate State Disbursement Unit or to a tribal CSE agency within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Enforcement (OCSE) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use OCSE's Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSE Child Support Portal.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure. _____

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

Supplemental Information: _____

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the **Contact Information** section below or using OCSE's Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's or income withholder's name: _____

New employer's or income withholder's address: _____

VIII. Contact Information: (Completed by the Sender)

To Employer/Income Withholder: If you have questions, contact _____ (sender name) by telephone: _____, by fax: _____, by email or website: _____.

Send termination/income status notice and other correspondence to: _____ (sender address).

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

To Employee/Obligor: If the employee/obligor has questions, contact _____ (sender name)

by telephone: _____, by fax: _____, by email or website: _____

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

Duties of, and Fines and Penalties Applicable to, the Payor Under Illinois Law are contained in the Income Withholding for Support Act (750 ILCS 28/), including:

- 1) **The payor shall deduct the amount designated in the income withholding notice, as supplemented by any notice provided pursuant to section 45 (f) of the Income Withholding for Support Act, beginning no later than the next payment of income which is payable or creditable to the obligor that occurs 14 days following the date the income withholding notice was mailed, sent by facsimile or other electronic means, or placed for personal delivery to or service on the payor. The payor may combine all amounts withheld for the benefit of an obligee or public office into a single payment and transmit the payment with a listing of obligors from whom withholding has been effected. The payor must pay the amount withheld to the State Disbursement Unit within 7 business days after the date the amount would (but for the duty to withhold income) have been paid or credited to the obligor. If the payor knowingly fails to withhold the amount designated in the Income Withholding Notice or to pay the amount withheld to the State Disbursement Unit within 7 business days after the date the amount would have been paid or credited to the obligor, the payor shall pay a penalty of \$100 for each day that the amount designated in the income withholding notice (whether or not withheld by the payor) is not paid to the State Disbursement Unit after the period of 7 business days has expired. The total penalty for a payor's failure, on one occasion, to withhold or pay to the State Disbursement Unit an amount designated in the income withholding notice may not exceed \$10,000. This penalty may be collected in a civil action which may be brought against the payor in favor of the obligee or public office. An action to collect the penalty may not be brought more than one year after the date of the payor's alleged failure to withhold or pay income. For each withholding, the payor shall provide the State Disbursement Unit, at the time of transmittal, with the date the amount would (but for the duty to withhold income) have been paid or credited to the obligor. For withholding of income, the payor shall be entitled to receive a fee not to exceed \$5 per month to be taken from the income to be paid to the obligor. Whenever the obligor is no longer receiving income from the payor, the payor shall return a copy of the income withholding notice to the obligee or public office and shall provide information for the purpose of enforcing the Income Withholding for Support Act. Withholding of income shall be made without regard to any prior or subsequent garnishments, attachments, wage assignments, or any other claims of creditors. The income withholding notice is binding upon the payor until service on the payor of an order of the court or notice from either the Department or Clerk of the Circuit Court to cease the withholding.**
- 2) **If any unpaid arrearage or delinquency equal to at least one month's support obligation exists on the termination date stated in the order for support or, if there is no termination date stated in the order, on the date the child attains the age of majority or is otherwise emancipated, then the periodic amount required to be paid for current support of that child immediately prior to that date shall automatically continue to be an obligation, not as current support but as periodic payment toward satisfaction of the unpaid arrearage or delinquency. That periodic payment shall be in addition to any periodic payment previously required for satisfaction of the arrearage or delinquency. The total periodic amount to be paid toward satisfaction of the arrearage or delinquency may be enforced and collected by any method provided by law for the enforcement and collection of child support, including but not limited to income withholding under the Income Withholding for Support Act.**
- 3) **Income available for withholding shall be applied first to the current support obligation, then to any premium required for employer, labor union, or trade union related health insurance coverage ordered under the order for support, and then to payments required on past-due support obligations. If there is insufficient available income remaining to pay the full amount of the required health insurance premium after withholding of income for the current support obligation, then the remaining available income shall be applied to payments required on past-due support obligations. If the payor has been served with more than one income withholding notice pertaining to the same obligor, the payor shall allocate income available for withholding on a proportionate share basis, giving priority to current support payments. No payor shall discharge, discipline, refuse to hire or otherwise penalize an obligor because of the duty to withhold income. Where a payor willfully fails to withhold or pay over income pursuant to a properly served income withholding notice, or willfully discharges, disciplines, refuses to hire or otherwise penalizes an obligor, or otherwise fails to comply with any duties imposed by the Income Withholding for Support Act, the obligee, public office or obligor, as appropriate, may file a complaint with the court against the payor. Upon a finding in favor of the complaining party, the court shall enter judgment and direct the enforcement thereof for the total amount that the payor willfully failed to withhold or pay over; and may order employment or reinstatement of or restitution to the obligor, or both, where the obligor has been discharged, disciplined, denied employment or otherwise penalized by the payor and may impose a fine upon the payor not to exceed \$200.**

- 4) **If an obligee who is receiving income withholding payments under the Income Withholding For Support Act does not receive a payment required under the income withholding notice, he or she must give written notice of the non-receipt to the payor. The notice must include the date on which the obligee believes the payment was to have been made and the amount of the payment. The obligee must send the notice to the payor by certified mail, return receipt requested. After receiving a written notice of non-receipt of payment under section 45 (j) of the Income Withholding for Support Act, a payor must, within 14 days thereafter, either (i) notify the obligee of the reason for the non-receipt of payment or (ii) make the required payment, together with interest at the rate of 9% calculated from the date on which the payment of income should have been made. A payor who fails to comply with section 45 (j) of the Income Withholding for Support Act is subject to the \$100 per day penalty provided pursuant to subsection (a) of Section 35 of the Income Withholding for Support Act.**

Rights, Remedies and Duties of the Obligor Under Illinois Law:

- 1) An employer cannot discharge, discipline, refuse to hire, or otherwise penalize the obligor because of the duty to withhold. If the employer does so, the employer may be ordered to reinstate or provide restitution to the obligor, or both, and may be fined up to \$200, pursuant to a complaint filed by the obligor in the circuit court. The obligor is required by law to notify the Department/Clerk of the Circuit Court of any new address or employer within 7 days of the change. At any time after the initial service of the income withholding notice, the Department may serve any employer with the same income withholding notice without further notice to the obligor. New service of an income withholding notice is not required in order to resume withholding of income in the case of an obligor with respect to whom an income withholding notice was previously served on the payor if withholding of income was terminated because of an interruption in the obligor's employment of less than 180 days.
- 2) If any unpaid arrearage or delinquency equal to at least one month's support obligation exists on the termination date stated in the order for support or, if there is no termination date stated in the order, on the date the child attains the age of majority or is otherwise emancipated, then the periodic amount required to be paid for current support of that child immediately prior to that date shall automatically continue to be an obligation, not as current support but as periodic payment toward satisfaction of the unpaid arrearage or delinquency. That periodic payment shall be in addition to any periodic payment previously required for satisfaction of the arrearage or delinquency. The total periodic amount to be paid toward satisfaction of the arrearage or delinquency may be enforced and collected by any method provided by law for the enforcement and collection of child support, including but not limited to income withholding under the Income Withholding for Support Act.
- 3) The obligor may contest initiated income withholding under Section 30 of the Income Withholding for Support Act, or the obligor may contest income withholding after accrual of delinquency under Section 25 of the Act, by filing a petition to contest withholding with Clerk of the Circuit Court if the order was issued by the court, or petitioning the Department if the order for support was issued administratively by the Department. The obligor must file the petition within 20 days after service of a copy of the income withholding notice. However, as required by law, the grounds for the request to contest the initiated income withholding shall be limited to whether the parties' written agreement providing an alternative arrangement to immediate withholding continues to ensure payment of support, or misidentification of the obligor. As required by law, the grounds for the petition to contest withholding after accrual of delinquency shall be limited to a dispute concerning the existence or amount of the delinquency, or misidentification of the obligor. The obligor may, at any time, file with the Circuit Clerk or Department a petition to correct a term contained in an income withholding notice to conform to the terms stated in the underlying order for support for the amount of current support, the amount of the arrearage, the periodic amount for payment of the arrearage, or the periodic amount for payment of the delinquency, or to modify, suspend or terminate the income withholding notice because of a modification, suspension or termination of the underlying order for support; or, suspend the income withholding because of inability to deliver income withheld to the obligee due to the obligee's failure to provide a mailing address or other means of delivery. Any obligee, public office or obligor who willfully initiates a false proceeding under the Income Withholding for Support Act may be punished as in cases of contempt of court.