

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>PETITION FOR DISSOLUTION OF MARRIAGE / CIVIL UNION</b> (DIVORCE WITH CHILDREN)	For Court Use Only
Instructions ▼	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>	_____ <b>Case Number</b>
Directly above, enter the county where you will file this case.		
Enter your name as Petitioner.		
Enter the name of your spouse as Respondent.		
The Circuit Clerk will add a Case Number.		

**1. I am Petitioner in this case.**

**2. I am providing the following information about where I live and where Respondent (*my spouse*) lives:**

- a. I live in Illinois  
 Yes, since: \_\_\_\_\_  No  
*Date*
- b. Respondent lives in Illinois  
 Yes, since: \_\_\_\_\_  No  Do not know  
*Date*

**3. I am providing the following information about myself:**

- a. Age: \_\_\_\_\_
- b. I am employed (*check all that apply*):  
 Yes  No  I receive Social Security benefits  
 I am employed as: \_\_\_\_\_  
*Job Title*  
 I am employed by: \_\_\_\_\_  
*Employer Name*
- c. I would like to go back to a maiden or a former married name:  
 Yes  No  
 Former name: \_\_\_\_\_  
*First* *Middle* *Last*

**4. I am providing the following information about Respondent (*my spouse*):**

- a. Age: \_\_\_\_\_
- b. I know Respondent's current address:  Yes  No  
 Address: \_\_\_\_\_  
*Street, Apt #* *City* *State* *ZIP*
- c. Phone Number: \_\_\_\_\_

In <b>2a</b> , if you check "Yes," enter the date you started living in Illinois.
In <b>2b</b> , if you check "Yes," enter the date Respondent started living in Illinois.
In <b>3a</b> , enter your age.
In <b>3b</b> , check all boxes that apply to you. If you are employed, enter your job title and the name of your employer.
In <b>3c</b> , if you want to go back to a former name, check "Yes" and enter that name.

In <b>4a</b> , enter Respondent's age.
In <b>4b</b> , check the box that applies. Enter Respondent's current complete address if known.
In <b>4c</b> , enter Respondent's current phone number.

In **4d**, check all boxes that apply to Respondent.  
If Respondent is employed, enter their job title and the name of their employer.

In **4e**, check the box that applies.  
If Respondent is on active duty with the military, you cannot use this form unless Respondent files an appearance.

- d. Respondent is employed:  
 Yes    No    Do not know  
 Respondent receives Social Security benefits  
 Respondent is employed as: \_\_\_\_\_  
*Job Title*  
 Respondent is employed by: \_\_\_\_\_  
*Employer Name*
- e. Respondent is currently on active duty as a member of the Armed Forces of the United States of America:  
 Yes    No    Do not know

In **5**, check whether it is a marriage or civil union.

In **5a**, enter the date you were married/ united.

In **5b**, enter the county, state, and country where the marriage/ civil union happened.

In **5c**, check "Yes" if this is the first time you or Respondent have filed for divorce from each other.

In **5d**, enter the date you separated.

In **6a**, first check "Yes" if you are pregnant. Then say if the child is Respondent's.

In **6b**, first check "Yes" if Respondent is pregnant. Then say if the child is yours.

- 5. I am providing the following information about the**    **Marriage**    **Civil Union:**
- a. We were married/united on: \_\_\_\_\_  
*Date*
- b. We were married/united in: \_\_\_\_\_  
*County*                                  *State*                                  *Country*
- c. This is the first time that either Respondent or I have filed for dissolution of marriage or civil union in Illinois or any other state:  
 Yes    No
- d. We have been separated since: \_\_\_\_\_  
*Date*
- e. Irreconcilable differences have caused the irretrievable breakdown of the marriage or civil union.

- 6. I am providing the following information about children:**
- a. I am pregnant.  
 Yes    No  
 Respondent is the parent of the unborn child:  
 Yes    No    Do not know
- b. Respondent is pregnant.  
 Yes    No    Do not know  
 I am the parent of the unborn child:  
 Yes    No    Do not know
- c. The minor children (*under the age of 18*) born to or adopted together by me and Respondent before or during our marriage/civil union are:  
 None (*if you check this box, do not complete Sections 6 (d-g) or Section 7*)

	Name	Date of Birth
1.		
2.		
3.		

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

In **6d**, check the box that applies to the children listed in **6c**.  
If one or more of the children live with someone else, enter the first and last name of the non-parent, and the names of the children who live with the non-parent.

- d. The minor children currently live:
- Primarily with me.
  - Primarily with Respondent.
  - With both of us.
  - Not with either parent, but with someone else:

	Name of Non-Parent	Names of Children Living with the Non-Parent
1.		
2.		
3.		

Other places the minor children have lived in the last 5 years:

	City	State
1.		
2.		
3.		

In the past 5 years the children have lived with someone else and not with either parent:

- Yes     No

	Name of Non-Parent	City	State
1.			
2.			
3.			

In **6e**, check "Yes" if the children listed in 6c have lived in Illinois for at least 6 months.

- e. The minor children listed in Section 6c have lived in Illinois for the last 6 months:  
 Yes     No

In **6f**, check "None" if you have no children with Respondent who are 18 or older. Otherwise, list the name and age of each child 18 or older.

- f. The adult children (*age 18 or older*) born to or adopted together by me and the Respondent before or during our marriage/civil union are:  
 None

	Name	Age	Disabled		In School	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have listed additional adult children on the attached *Additional Adult Children* form.

In **6g**, check "None" if the only children you had during the marriage/civil union are listed in **6c** and **6f**.  
If you or Respondent separately had or adopted other children during the marriage/civil union, list their names and birthdates here.  
Check the box to say whether the child belongs to you or Respondent.

- g. The **other** children born to or adopted by either me or Respondent, but not both of us, during this marriage/civil union are:  
 None

	Name	Date of Birth	Born to or Adopted by	
1.			<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent
2.			<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent
3.			<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent

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

In **7a**, check the box that applies to the children listed in **6c**.  
Check "Yes" only if there is a court order giving someone else rights to the children or if there is a current court case in which someone else is asking for rights to the children.

In **7b**, check the box that applies to the children listed in **6c**.  
If there is or was another court case, enter the county and state where it is or was and whether the case is still going on.  
If the case is still going on, enter the next court date.

In **7c**, check the first box if you are attaching the *Parenting Plan* form. Check the second box if you will file it within 120 days of the date you file this *Petition*.

In **8a**, check "Yes" if you or Respondent have unpaid debts from after the date of the marriage/civil union. Check "No" only if you are sure there are no unpaid debts.

In **8b**, check "Yes" only if you and Respondent have agreed on who will pay which debts.

In **9a**, check "Yes" if either of you got any personal property after the date of the marriage/civil union. Check "No" only if you are sure there is no personal property.

In **9b**, check "Yes" only if you and Respondent have already divided all the personal property.

**7. I am providing the following information about the care of the children:**

a. There is another person, that is not Respondent or me, who claims to have an allocation of parental responsibility or parenting time (*custody/visitation rights*):

Yes  No

Information about the person claiming allocation of parental responsibility or parenting time:

Name \_\_\_\_\_  
*First Last*

Address: \_\_\_\_\_  
*Street, Apt # City State ZIP*

b. I know of other court cases about the allocation of parental responsibility or parenting time:

Yes  No

Information about the other court cases:

Case Name: \_\_\_\_\_  
*Petitioner v. Respondent*

Case Location: \_\_\_\_\_  
*County State*

Case Number: \_\_\_\_\_

This case is still ongoing:  Yes  No

The next court date is: \_\_\_\_\_  
*Date*

c. Allocation of parental responsibility:

I have attached my *Parenting Plan* form to this *Petition*

I will file my *Parenting Plan* form within 120 days of the date I file this *Petition*

**8. I am providing the following information about all of the debts that Respondent and I have after the date we got married/united (both individually and as a couple):**

a. Respondent and I have debts from the time of the marriage/civil union that are still owed (*either together or individually*):

Yes  No

b. Respondent and I have already divided the debts from the time of the marriage/civil union that are still owed:

Yes  No

**9. I am providing the following information about all of the personal property including bank accounts that Respondent and I own (both individually and as a couple):**

a. Respondent and I own personal property and/or bank accounts obtained during the marriage/civil union.

Yes  No

b. Respondent and I have already divided the personal property and/or bank accounts obtained during the marriage/civil union.

Yes  No

In <b>10a</b> , check "Yes" if together you and Respondent own a home, have a mortgage, or have a contract for deed.
In <b>10b</b> , check "Yes" if you own a home, have a mortgage, or have a contract for deed.
In <b>10c</b> , check "Yes" if Respondent owns a home, has a mortgage, or has a contract for deed.
In <b>11a</b> , check the box that applies to you.
In <b>11b</b> , check the box that applies to Respondent.
In <b>12</b> , check "Yes" if you have any claims that you are owed for money damages or injuries, whether you have filed the case or not.
In <b>13a</b> , check "Yes" if you can support yourself. Check "No" if you need support from Respondent.
In <b>13b</b> , check "Yes" if Respondent can support himself/herself.

**10 I am providing the following information about real estate:**

- a. Respondent and I own or are buying real estate together:  
 Yes     No
- b. I own or am buying real estate separately:  
 Yes     No
- c. Respondent owns or is buying real estate separately:  
 Yes     No     Do not know

**11 I am providing the following information about pension/retirement accounts:**

- a. I have pension or retirement accounts (*including IRAs*):  
 Yes     No
- b. Respondent has pension or retirement accounts (*including IRAs*):  
 Yes     No     Do not know

**12. I have a claim for money for injuries or damages that I have suffered (*worker's compensation, personal injury, accident, etc.*):**

- Yes     No

**13. I am providing the following information about maintenance (*also known as alimony*):**

- a. I am able to support myself without maintenance:  
 Yes     No
- b. Respondent is able to support himself/herself without maintenance:  
 Yes     No     Do not know

**I ASK THE COURT TO ORDER:**

- A.** A Judgment of Dissolution of Marriage/Civil Union (*Divorce With Children*) for me and my spouse.
- B.** That the *Parenting Plan* for the minor children that I file be approved.
- C.** Child support for the care or education of the minor children:  
 Yes     No
- D.** Support for the care or education of the adult children:  
 Yes     No
- E.** That I get to keep all of my non-marital/non-civil union property.
- F.** That Respondent gets to keep all of their non-marital/non-civil union property.
- G.** A fair division of the marital/civil union property.
- H.** A fair division of the debts obtained during the marriage/civil union.

In <b>C</b> , check "Yes" if you want child support to be ordered.
In <b>D</b> , check "Yes" if you want support for an adult disabled child or for college expenses for an adult child.

In **I**, check "Me" if you want to get maintenance from Respondent. Check "Respondent" if you want to pay maintenance to Respondent. Check "Neither" if you do not want to get or pay maintenance.

**I.** That maintenance be awarded to:  
 Me     Respondent     Neither

In **J**, check "Yes" if you want to go back to using a former name.

**J.** That after the divorce I be allowed to return to using my former name:  
 Yes     No     Not applicable

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

**I certify that everything in the *Petition For Dissolution Of Marriage / Civil Union (Divorce with Children)* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

\_\_\_\_\_  
*/s/*  
*Your Signature*

\_\_\_\_\_  
*Street Address*

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.

\_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*City, State, ZIP*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Email*

Enter your complete address, telephone number, and email address if you have one. If you need to keep your addresses secret from your spouse because of domestic violence, you may use another address. Those addresses must be ones at which you can receive mail about the case.

\_\_\_\_\_  
*Attorney # (if any)*

**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.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>SUMMONS PETITION FOR DISSOLUTION OF MARRIAGE/CIVIL UNION</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter your name as Petitioner.  Enter the name of your spouse/partner as Respondent.  Enter the Case Number given by the Circuit Clerk.	_____ <b>Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Respondent</b> <i>(First, middle, last name)</i>  <input type="checkbox"/> <b>Alias Summons</b> <i>(Check this box if this is not the 1<sup>st</sup> Summons issued for this Respondent.)</i>	_____ <b>Case Number</b>

**IMPORTANT INFORMATION:**

There may be court fees to start or respond to a case. If you are unable to pay your court fees, you can apply for a fee waiver. You can find the fee waiver application at: [illinoiscourts.gov/documents-and-forms/approved-forms/](http://illinoiscourts.gov/documents-and-forms/approved-forms/).

E-filing is now mandatory with limited exemptions. To e-file, you must first create an account with an e-filing service provider. Visit [efile.illinoiscourts.gov/service-providers.htm](http://efile.illinoiscourts.gov/service-providers.htm) to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit [illinoiscourts.gov/faq/gethelp.asp](http://illinoiscourts.gov/faq/gethelp.asp) or talk with your local circuit clerk's office. If you cannot e-file, you may be able to get an exemption that allows you to file in-person or by mail. Ask your circuit clerk for more information or visit [illinoislegalaid.org](http://illinoislegalaid.org).

Call or text Illinois Court Help at 833-411-1121 for information about how to go to court including how to fill out and file forms. You can also get free legal information and legal referrals at [illinoislegalaid.org](http://illinoislegalaid.org).

In 1a, enter the name and address of Respondent.

**1. Respondent's address and service information**

a. Respondent's primary address/information for service:

Name *(First, Middle, Last)*: \_\_\_\_\_

Street Address, Unit #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

b. If you have more than one address where Respondent might be found, list that here:

Name *(First, Middle, Last)*: \_\_\_\_\_

Street Address, Unit #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

c. Method of service on Respondent

Sheriff  Sheriff outside Illinois \_\_\_\_\_  
*County & State*

Special process server  Licensed private detective

In 1b, enter a second address for Respondent, if you have one.

In 1c, check how you are sending your documents to Respondent.

**2. Contact information for the Petitioner:**

Name *(First, Middle, Last)*: \_\_\_\_\_

Street Address, Unit #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

In 2, Enter your name, address, phone number and email address, if you have one. If you do not want your spouse to know your address because of domestic violence, you may use another address. That address must be one at which you can receive mail about the case.

**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.

**Important information for the person getting this form:** You have been sued. Read all of the documents attached to this *Summons*. To participate in the case, you must follow the instructions listed below. If you do not, the court may decide the case without hearing from you and you could lose the case. *Appearance* and *Answer/Response* forms can be found at: [illinoiscourts.gov/documents-and-forms/approved-forms/](http://illinoiscourts.gov/documents-and-forms/approved-forms/).

In 3a, fill out the address of the court building where the Respondent may file or e-file their *Appearance* and *Answer/Response*.

**3. Instructions for person receiving this *Summons* (Respondent):**

a. To respond to this *Summons*, you must file *Appearance* and *Answer/Response* forms with the court within 30 days after you have been served (*not counting the day of service*) by e-filing or at:  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

b. A DISSOLUTION ACTION STAY IS IN FULL FORCE AND EFFECT UPON SERVICE OF THIS SUMMONS. THE CONDITIONS OF THE STAY ARE SET FORTH ON THE BOTTOM OF THIS PAGE. ANY PERSON WHO FAILS TO OBEY THE DISSOLUTION ACTION STAY MAY BE SUBJECT TO PUNISHMENT FOR CONTEMPT.

c. You may be able to attend court by phone or video conference. This is called a "Remote Appearance."  
Call the Circuit Clerk at: \_\_\_\_\_ or visit their website  
*Circuit Clerk's phone number*  
at: \_\_\_\_\_ to find out more about how to do this.  
*Website*

In 3c, fill out the clerk's phone number and website. All of this information is available from the Circuit Clerk. Find their phone number at [illinoiscourts.gov/courts/circuit-court/circuit-court-clerks/](http://illinoiscourts.gov/courts/circuit-court/circuit-court-clerks/).

**STOP!**  
The Circuit Clerk will fill in this section.

**Witness this Date:** \_\_\_\_\_

*Seal of Court*

**Clerk of the Court:** \_\_\_\_\_

**This *Summons* must be served within 30 days of the witness date.**

**STOP!**  
The officer or process server will fill in the Date of Service.

Date of Service: \_\_\_\_\_

*(Date to be entered by an officer or process server on the copy of this *Summons* left with the Defendant or other person.)*

**CONDITIONS OF DISSOLUTION ACTION STAY**  
**750 ILCS 5/501.1**

- (a) Upon service of a summons and petition or praecipe filed under the Illinois Marriage and Dissolution of Marriage Act or upon the filing of the respondent's appearance in the proceeding, whichever first occurs, a dissolution action stay shall be in effect against both parties, without bond or further notice, until a final judgement is entered, the proceeding is dismissed, or until further order of the court:
  - (1) restraining both parties from physically abusing, harassing, intimidating, striking, or interfering with the personal liberty of the other party or the minor children of either party; and
  - (2) restraining both parties from concealing a minor child of either party from the child's other parent. The restraint provided in this subsection (a) does not operate to make unavailable any of the remedies provided in the Illinois Domestic Violence Act of 1986.
- (b) (Blank).
- (c) (Blank).
- (d) (Blank).
- (e) In a proceeding filed under this Act, the summons shall provide notice of the entry of the automatic dissolution action stay in a form as required by applicable rules.



<p><b>STATE OF ILLINOIS, CIRCUIT COURT</b></p> <p>_____ COUNTY</p>	<p><b>PROOF OF SERVICE OF SUMMONS AND PETITION FOR DISSOLUTION OF MARRIAGE/CIVIL UNION</b></p>	<p><i>For Court Use Only</i></p>
<p><b>Instructions</b></p> <p>Enter above the county name where the case was filed.</p> <p>Enter your name as Petitioner.</p> <p>Enter the name of your spouse/partner as Respondent.</p> <p>Enter the Case Number given by the Circuit Clerk.</p>	<p>_____</p> <p><b>Petitioner</b> (<i>First, middle, last name</i>)</p> <p>V.</p> <p>_____</p> <p><b>Respondent</b> (<i>First, middle, last name</i>)</p> <p><input type="checkbox"/> <b>Alias Summons</b> (<i>Check this box if this is not the 1<sup>st</sup> Summons issued for this Respondent.</i>)</p>	<p>_____</p> <p><b>Case Number</b></p>

**\*\*Stop. Do not complete the form. The sheriff or special process server will fill in the form.\*\***

**My name is** \_\_\_\_\_ **and I state**  
*First, Middle, Last*

**that I served the *Summons and Petition for Dissolution of Marriage/Civil Union* on the Respondent**  
 \_\_\_\_\_ **as follows:**  
*First, Middle, Last*

**Personally on the Respondent:**  
 Male  Female  Non-Binary  Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_  
 On this date: \_\_\_\_\_ at this time: \_\_\_\_\_  a.m.  p.m.  
 Address, Unit #: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_

**On someone else at the Respondent's home who is at least 13 years old and is a family member or lives there:**  
 On this date: \_\_\_\_\_ at this time: \_\_\_\_\_  a.m.  p.m.  
 Address, Unit #: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 And left it with: \_\_\_\_\_

*First, Middle, Last*

Male  Female  Non-Binary  Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_  
 and by sending a copy to Respondent in a postage-paid, sealed envelope to the  
 above address on \_\_\_\_\_, 20 \_\_\_\_\_.

**I was not able to serve the *Summons and Petition* on Respondent:**  
 \_\_\_\_\_

I made the following attempts to serve the *Summons and Petition* on the Respondent:

1. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_  a.m.  p.m.  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Other information about service attempt: \_\_\_\_\_

2. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_  a.m.  p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_

3. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_  a.m.  p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_

**DO NOT** complete this section. The sheriff or private process server will complete it.

**If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the *Proof of Service of Summons and Petition for Dissolution of Marriage/Civil Union* is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.**

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

**By:** \_\_\_\_\_  
*Signature by:*  Sheriff  
 Sheriff outside Illinois:  
\_\_\_\_\_  
*County and State*  
 Special process server  
 Licensed private detective

**FEES**  
Service and Return: \$ \_\_\_\_\_  
Miles \_\_\_\_\_ \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

\_\_\_\_\_  
*Print Name*

If *Summons* is served by licensed private detective or private detective agency:  
License Number: \_\_\_\_\_



Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

Employer address: \_\_\_\_\_  
Street Address

City State ZIP

Employer phone number: \_\_\_\_\_

For 1c, if you plan to move, review Section 10 (Relocation of Minor Children) to see if that Section applies to your move.

In 2, list the name and birth date for the minor children of the parties. This plan is only for children who are younger than 18.

- c. If a parent plans to move, they must give the other parent at least 60 days notice, or notice as soon as possible of (1) the intended move date; and (2) the new address unless the address is protected because of domestic violence or abuse.

2. This Parenting Plan is for the Following Children Born to or Adopted by the Parties:

	Name	Date of Birth
1.		
2.		
3.		

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

3. Rights and Responsibilities of Both Parents:

Each parent must:

- a. Make day-to-day decisions for the children when they have them, such as routine discipline, minor medical treatment, curfew, chores, and hygiene.
- b. Give the other parent the name, address, and telephone number of any health care provider for the children.
- c. Have access to the children's school records, child care information, extracurricular activity schedules, and medical, dental, and mental health records unless access is denied by the court.
- d. Notify the other parent as soon as possible of emergencies, health care, travel plans, or other significant child-related issues.

4. Significant Decision Making (check only one option for each category):

- a. Education decisions (includes choice of schools and tutors) will be made by:  
 Both parents  Petitioner  Respondent
- b. Health decisions (includes medical, dental, and psychological decisions) will be made by:  
 Both parents  Petitioner  Respondent
- c. Religious decisions will be made by:  
 Both parents  Petitioner  Respondent  Reserved
- d. Extracurricular/recreational activities decisions will be made by:  
 Both parents  Petitioner  Respondent

5. Parenting Time Schedule

(Instructions for this section):

Use the schedule below to show which parent has the child (or children) during each hour block shown. Overnight begins at 9:00 PM and ends at 8:00 AM the next day.

If the schedule will be the same every week, only fill in one schedule. If there will be two schedules that alternate every other week, fill in two schedules. If there will be more than two weekly schedules, fill in more schedules on the Additional Parenting Time form and Insert them after the next page.

Petitioner's initials: \_\_\_\_\_

Respondent's initials: \_\_\_\_\_

Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

Fill in the parents' names or initials in the chart below to show which parent has the child (or children) each day at each time listed.

Enter the parents' names and initials on the lines below:

Parent Name: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Write the date that you want the Week 1 parenting time schedule to start.

a. Week 1 Schedule: Week 1 begins on: \_\_\_\_\_  
*Date*

Enter the parents' names or initials in each box to show who will have the child at each time and day. **Do not** leave any boxes blank. If the child is scheduled to be somewhere else, for example, school or after school activities, you still must enter the name or initials of the parent responsible for the child at that time.

Start time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 AM							
9 AM							
10 AM							
11 AM							
Noon							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM - Overnight							

b. Week 2 Schedule:

Start time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 AM							
9 AM							
10 AM							
11 AM							
Noon							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM - Overnight							

Petitioner's initials: \_\_\_\_\_  
 Respondent's initials: \_\_\_\_\_

Make a schedule for parenting time during the holidays. First read both options 1 and 2 and pick either option 1 or 2. If you want holidays that are not listed, you can write the holidays you want to add on the blank line in 1 or in the "other" boxes in option 2. In option 2, enter the start and end time for each holiday and check which parent has the holiday in even years and which has it in odd years.

c. **Holiday Schedule** (*check only one*):

1.  The holidays shall be divided between the parents as follows:
  - In even-numbered years, Petitioner shall have the minor children on Group A holidays and Respondent shall have the minor children on Group B holidays.
  - In odd-numbered years, Petitioner shall have the minor children on Group B holidays and Respondent shall have the minor children on Group A holidays.

**Group A Holidays:**

- Thanksgiving Day
- Christmas Eve
- New Year's Eve
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Group B Holidays:**

- 4<sup>th</sup> of July
- Labor Day
- Christmas Day
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2.  The holidays shall be divided between the parents as follows:

Holiday	Time ( <i>include a.m./p.m.</i> )		Even Years	Odd Years
	Start Time	End Time		
New Year's Day			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Mother's Day			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Memorial Day			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Father's Day			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
July 4 <sup>th</sup>			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Labor Day			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Halloween			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Thanksgiving Day			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Christmas Eve			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Christmas Day			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
New Year's Eve			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Other:			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Other:			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Other:			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Other:			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.
Other:			<input type="checkbox"/> Pet. <input type="checkbox"/> Res.	<input type="checkbox"/> Pet. <input type="checkbox"/> Res.

d. **School Spring Break**

1.  No specific spring break schedule (*follow the regular parenting schedule*)
2.  In even-numbered years, Petitioner shall have the entire spring break. In odd-numbered years, Respondent shall have the entire spring break.
3.  Other: \_\_\_\_\_

e. **School Summer Break**

1.  No specific summer break schedule (*follow the regular parenting schedule*)
2.  Each parent shall have \_\_\_\_\_ weeks in the summer:
  - In even-numbered years, Petitioner shall have first choice of dates.
  - In odd-numbered years, Respondent shall have first choice of dates.
  - Each parent will notify the other in writing by May 1<sup>st</sup> each year of the weeks they wish to have summer parenting time.

In **5d**, choose 1, 2 or 3. If you choose 3, you must write in the schedule you want.

In **5e**, choose 1, 2 or 3. If you choose 3, you must write in the schedule you want.

Petitioner's initials: \_\_\_\_\_  
 Respondent's initials: \_\_\_\_\_

3.  Other: \_\_\_\_\_  
\_\_\_\_\_

In 5f, choose 1, 2 or 3. If you choose 3, you must write in the schedule you want.

f. School Winter Break

- 1.  No specific winter break schedule (*follow the regular parenting schedule*)
- 2.  Each parent shall have one-half of the winter break:
  - In even-numbered years, Petitioner shall have the first half and Respondent shall have the second half.
  - In odd-numbered years, Respondent shall have the first half and Petitioner shall have the second half.
- 3.  Other: \_\_\_\_\_  
\_\_\_\_\_

g. Conflict

If there is conflict, the priority will be:

- 1st Priority: Holiday
- 2nd Priority: School Break
- 3rd Priority: Regular Weekday/Weekend

For example, it is your weekend to have the children, but Saturday is July 4<sup>th</sup> and it is the other parent's turn to have July 4<sup>th</sup>. Because the Holiday schedule has 1st Priority, the other parent will get their time on July 4<sup>th</sup> even though it is your weekend.

I have listed additional parenting time information on the attached *Additional Parenting Time* form.

If you need more room to determine parenting time, check the box and fill out the *Additional Parenting Time* form and file it with this *Parenting Plan*.

6. Transportation of Children (*check only one*):

- a.  Petitioner  Respondent shall provide all transportation.
- b.  Each parent shall pick up the children at the start of their parenting time.
- c.  Each parent shall drop off the children at the end of their parenting time.

In 6, read all the options and choose which option for transportation works best. If you choose "a", check which parent will provide the transportation.

7. Exchange of Children:

- a.  Drop off and pick up of the children will be at Petitioner's and Respondent's homes unless both parties agree in advance to a different meeting place.
- b.  Drop off and pick up of the children shall take place at: \_\_\_\_\_  
\_\_\_\_\_

Choose option 7a or 7b. If you check 7b, you must list the address where the drop off and pick up of the children will be.

8. First Refusal for Childcare:

- a.  There is no right of first refusal.
- b.  Each parent must offer the other a first right of refusal as follows:
  - If a parent needs childcare for a period of 24 hours or more during their time with the children, they must give the other parent the option to care for the children before finding other childcare.
  - As soon as the need for childcare is known, the other parent must be immediately notified.
  - The parent offered the right to care for the children must accept the offer within 2 hours, otherwise the parent needing childcare may use another caregiver.
  - Transportation of the children is the same as for other parenting time.

In 8, check 8a if there will be no right of first refusal. Check 8b if there will be a right of first refusal.

Petitioner's initials: \_\_\_\_\_

Respondent's initials: \_\_\_\_\_

In 9, state when the children can communicate with the other parent. In 9a, you must choose one of the 3 options. If you check **Other**, you must list when the parent is able to communicate with the children.

Relocation is when a parent seeks to move with children for distances of over 25 or 50 miles (depending on county where they live).

**10a** explains that the parent who has majority or equal parenting and wants to move with children must obtain the permission of the other parent or the court.

**10b** sets out the information that must be in the notice and when the notice must be given.

**10c1** explains what to do if the parents agree on the move and no change to the *Parenting Plan* is needed.

**10c2** explains what to do when the parents agree to the move and need to make changes to the *Parenting Plan*.

**10d** explains what to do if the parents agree with the move but can't agree about the changes to the parenting time schedule.

**9. Communication:**

- a. The parent who does not have the children in their care may have electronic communication with the children (*check only one*):
  - Anytime
  - Every day between \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_  a.m.  p.m.
  - Other: \_\_\_\_\_
- b. Electronic communication includes telephone, e-mail, text, video, etc.
- c. Electronic communication between the children and the other parent must not be unreasonably monitored or interrupted.

**10. Relocation of Minor Children:**

- a. If a parent with the majority of the parenting time or equal parenting time wishes to move with the children, they must have the agreement of the other parent or permission from the court when:
  1. The children's primary residence is in Cook, DuPage, Kane, Lake, McHenry, or Will county and the move is within Illinois but more than 25 miles away from their current residence; OR
  2. The children's primary residence is in any other county in Illinois and the move is within Illinois but more than 50 miles away from their current residence; OR
  3. The move is outside of Illinois and more than 25 miles from the children's primary residence.
- b. The parent asking to move with the children must provide written notice to the other parent. The notice must:
  1. Be given at least 60 days before the move unless that is impossible. If impossible, the notice must be given at the earliest date possible; AND
  2. State the date the parent plans to move; AND
  3. State whether the move is permanent or for a specific time period; AND
  4. State the new address, if known, unless the address is protected because of domestic violence or abuse.
- c. Agreement
  1. If the parents agree on the move and no change is needed to the parenting time schedule, both parties shall sign the notices provided about the move and file it with the court. No court appearance is needed.
  2. If the other parent agrees with the move but changes need to be made to parenting time schedule, and the parents are in agreement about the changes to the parenting time schedule, the moving parent must:
    - Have the other parent sign the notice provided about the move;
    - File the signed notice with the court; AND
    - File an updated parenting plan with the court. The court does not need to approve the move but the court must approve the changes to the *Parenting Plan*.
- d. Partial Agreement
 

If the other parent agrees with the move, but both parents cannot agree on changes to the *Parenting Plan*, the moving parent must:

  - Have the other parent sign the notice provided about the move;
  - File the signed notice with the court;

Petitioner's initials: \_\_\_\_\_

Respondent's initials: \_\_\_\_\_



- Follow the Resolving Disagreements process set out below to try to reach an agreement with the other parent about changes to the parenting time schedule; AND

If no agreement can be reached after completing the Resolving Disagreements process, file a petition to modify the parenting time schedule with the court.

e. No Agreement

If the other parent does not agree with the move, the parent relocating must:

- Follow the Resolving Disagreements process set out below to try to reach an agreement with the other parent; AND
- If no agreement can be reached after completing the Resolving Disagreements process, file a petition with the court asking for permission to move.

**10e** explains what to do when the other parent does not agree with the move.

Some state or federal laws require picking a custodian for the children. In **11a**, choose the parent with the majority of the parenting time. If there is equal parenting time, check the parent that will be receiving Federal and State benefits for the children, like SNAP or TANF.

In **11b**, choose the parent that has the majority of the parenting time with the children. If there is equal parenting time, check the parent whose address will be given to the school as the children's home address.

**11. Designation of Children’s Custody and Residence for Other Purposes:**

a. Designation of Custodian for Other Statutes

Petitioner       Respondent      is the parent who has the majority of the parenting time with the children. This designation shall not affect parents' rights and responsibilities under the *Parenting Plan*.

b. Children's Residential Address

Petitioner’s       Respondent’s      home is the children's residential address for school enrollment purposes only.

**12. Changing the *Parenting Plan*:**

If a parent wants to change this *Parenting Plan*, they should talk and try to reach an agreement on their own.

Follow the steps in “a” if there is an agreement. Follow the steps in “b” if there is not.

a. Agreement

- Temporary changes may be made without filing a written agreement with the court.
- Permanent changes should be made by filing a new *Parenting Plan* with the court.

b. No agreement

- Follow the Resolving Disagreements process set out below to try to reach an agreement about changes to the *Parenting Plan*. If an agreement is reached, follow the steps in **13a**.
- If no agreement can be reached after completing the Resolving Disagreements process, file a petition with the court asking for changes to be made to this *Parenting Plan*.
- This *Parenting Plan* must be followed until the parents complete the Resolving Disagreements process and agree to a new plan or a new *Parenting Plan* is approved by the court.

Petitioner's initials: \_\_\_\_\_  
Respondent's initials: \_\_\_\_\_

Check **13a** or **b**. If you check **b**, check the reason mediation is not required.

**13. Resolving Disagreements (mediation):**

If a parent wishes to change this *Parenting Plan* or feels the other parent is not following this *Parenting Plan*, the parents should talk and try to come to an agreement on their own.

If an agreement cannot be reached, parents must follow the steps below:

- a.  Mediation is required on all issues.

Parents must first try to come to an agreement through mediation.

- Both parents must cooperate in scheduling and participating in mediation.
- Both parents must split the cost of mediation equally unless otherwise ordered by the court.

If mediation is unsuccessful, a parent must file a petition to modify this *Parenting Plan* or a petition to enforce this *Parenting Plan* with the court.

Emergencies: In an emergency situation, a parent may file a petition with the court to get an immediate resolution without first going through mediation.

- b.  Mediation is not required because:

One parent has all significant decision making responsibility.

There is a history of domestic violence between the parties.

Other reason: \_\_\_\_\_

\_\_\_\_\_  
A parent must file a petition to modify this *Parenting Plan* or a petition to enforce this *Parenting Plan* with the court.

Petitioner's initials: \_\_\_\_\_

Respondent's initials: \_\_\_\_\_

If this is your plan, sign it. If both parents agree, both parents must sign the plan.

**DO NOT** complete this section. The judge will sign and date here.

\_\_\_\_\_  
*Petitioner*

\_\_\_\_\_  
*Respondent*

**APPROVED:**

\_\_\_\_\_  
*Judge*

\_\_\_\_\_  
*Date*

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>JUDGMENT OF DISSOLUTION OF MARRIAGE / CIVIL UNION</b> (DIVORCE WITH CHILDREN)	<i>For Court Use Only</i>
<b>Instructions ▼</b> Directly above, enter the county where you filed 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> .	_____ <b>Petitioner</b> ( <i>First, middle, last name</i> )  v.  _____ <b>Respondent</b> ( <i>First, middle, last name</i> )	_____ <b>Case Number</b>

**DO NOT** complete this section.

A court date was held on the *Petition for Dissolution of Marriage/Civil Union (Divorce with Children)* filed by the Petitioner. The court heard the testimony of  Petitioner  Respondent and considered all of the evidence and relevant parts of the Illinois Marriage and Dissolution of Marriage Act (750 ILCS 5/101 *et seq.*).

**The Court makes the following findings of fact:**

**DO NOT** complete 1a and 1b.

**DO NOT** complete 2a, 2b, or 2d.

In 2c, check the box that applies to the Respondent. If the Respondent is on active duty, you cannot get a divorce unless the Respondent files an appearance.

In 3a, check the box that applies to you.

In 3b, check the box that applies to the Respondent.

In 4, check whether it is a marriage or civil union.

In 4a, enter the date you were married/united.

In 4b, enter the place the marriage/civil union took place.

If this is an agreement, enter initials on each page.

**1. Present in Court:**

- a. Petitioner present:  Yes  No  
 represented by Lawyer: \_\_\_\_\_
- b. Respondent present:  Yes  No  
 represented by Lawyer: \_\_\_\_\_

**2. Jurisdiction:**

- a. This court has jurisdiction of the subject matter and  Petitioner  Respondent
- b. Respondent is in default:  Yes  No
- c. Respondent is currently on active duty as a member of the Armed Forces of the United States of America:  Yes  No  Unknown
- d. This Court has jurisdiction under the Uniform Child-Custody Jurisdiction and Enforcement Act:  Yes  No

**3. Residency Requirement:**

- a. Petitioner has been living in Illinois at least 90 days immediately before the filing of the *Petition* or immediately before the time of this hearing:  
 Yes  No
- b. Respondent has been living in Illinois at least 90 days immediately before the filing of the *Petition* or immediately before the time of this hearing:  
 Yes  No

**4. Information about the  Marriage  Civil Union:**

- a. Parties were married/united on: \_\_\_\_\_  
*Date*
- b. Parties were married/united in: \_\_\_\_\_  
*County State Country*

Petitioner's initials: \_\_\_\_\_

Respondent's initials: \_\_\_\_\_

**5. Grounds for Dissolution:**

Irreconcilable differences have caused the irretrievable breakdown of the marriage or civil union and efforts at reconciliation have failed or future attempts at reconciliation would be impracticable and not in the best interests of the family.

**6. Children of the Marriage/Civil Union:**

a. Petitioner is pregnant:

- Yes  No  
 The unborn child is Respondent's:  
 Yes  No  Unknown

b. Respondent is pregnant:

- Yes  No  Unknown  
 The unborn child is Petitioner's:  
 Yes  No  Unknown

c. The minor children (*under the age of 18*) born to or adopted together by the parties before or during the marriage/civil union are:

None

	Name	Date of Birth
1.		
2.		
3.		

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

d. The adult children (*age 18 or older*) born to or adopted together by the parties before or during the marriage/civil union are:

None

	Name	Age	Disabled	In School
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have listed additional adult children on the attached *Additional Adult Children* form.

e. The **other** children born to or adopted by either Plaintiff or Respondent, but not both, this marriage/civil union are:

None

	Name	Date of Birth	Born To or Adopted By	
1.			<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent
2.			<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent
3.			<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent

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

**7. Allocation of Parental Responsibility:**

- a.  No minor children.  
 b.  It is in the best interests of the minor children that the *Parenting Plan* of  
 Petitioner  Respondent  Both Parties (*agreement*)  
 be approved by the court.  
 c.  It is in the best interests of the minor children that the court enter its own *Parenting Plan*.

In **6a**, part one, check "Yes" if you are pregnant.

In **6a**, part two, check "Yes" if the child is Respondent's.

In **6b**, part one, check "Yes" if the Respondent is pregnant.

In **6b**, part two, check "Yes" if the child is yours.

In **6c**, check "None" if you have no children with the Respondent who are under the age of 18. Otherwise, list the names and birthdates of the children.

In **6d**, check "None" if you have no children with the Respondent who are 18 or older. Otherwise, list the names and birthdates of the children and select "Yes" or "No" for whether each child is disabled or enrolled in school.

In **6e**, check "None" if the only children you had during the marriage/civil union are listed in 7c and 7d. If you or the Respondent separately had or adopted other children during the marriage/civil union, list their names and birthdates here.

**DO NOT** complete 7.

Petitioner's initials: \_\_\_\_\_

Respondent's initials: \_\_\_\_\_

Complete sections **8a**, **8b** and **8c** if you and your spouse have an agreement, otherwise, **DO NOT** complete these sections.

In **8d**, check "Yes" if either of you owned real estate before you were married/united. Complete and attach the *Non-Marital Real Estate* form.

Complete sections **9a**, **9b**, and **9c** if you and your spouse have an agreement, otherwise, **DO NOT** complete these sections.

If you and your spouse have an agreement, check the first box and the box for "Both Parties", otherwise, **DO NOT** complete **B**.

If you have a Support Order in another case enter the information in **C2**.

If you and your spouse have an agreement, complete **D**, otherwise, **DO NOT** complete **D**.

Petitioner's initials: \_\_\_\_\_

Respondent's initials: \_\_\_\_\_

**8. Real Estate:**

a. Parties have an interest in real estate, which is an asset of the marriage/civil union:

Yes  No

b. The address of the real estate is:

\_\_\_\_\_  
*Street, Apt #* *City* *State* *ZIP*

c. A legal description of the real estate is attached to this *Judgment*:

Yes  No

d. Petitioner or Respondent has an interest in non-marital real estate:  Yes  No

The non-marital real estate is listed on the attached *Non-Marital Real Estate* form.

**9. Maintenance (also known as alimony):**

a. These parties have waived the right to maintenance:

Petitioner  Respondent  Neither party

b. This party is entitled to maintenance:

Petitioner  Respondent  Neither party  Other:

c. The amount awarded is \$ \_\_\_\_\_  based on guidelines; OR

deviation from guidelines based upon these findings:

**THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED AS FOLLOWS:**

**A. The parties are awarded a *Judgment of Dissolution of Marriage/Civil Union* and the bonds of matrimony/civil union existing between Petitioner and Respondent are hereby dissolved.**

**B. Allocation of Parental Responsibility:**

1.  That the *Parenting Plan* of the following party is approved and made a part of this court order:

Petitioner  Respondent  Both Parties (*agreement*)

2.  That the Court has entered its own *Parenting Plan*, which is made a part of this order.

3.  Other orders: \_\_\_\_\_

**C. Support for Minor Children:**

1.  An *Order for Support* shall be entered.

2.  Support shall continue as ordered in court case: \_\_\_\_\_  
*Court case number*

located in: \_\_\_\_\_  
*County* *State*

3.  Child support is reserved (*no child support is ordered at this time*).

**D. Claiming Children as Dependents on State and Federal Tax Returns:**

1. The right to claim children as dependants on state and federal tax returns belongs to:

- Petitioner  Respondent for all tax years
- Petitioner  Respondent for even-numbered tax years
- Petitioner  Respondent for odd-numbered tax years

Each party shall have the right to claim one-half of the children each tax year. If there is an odd-number of children, Petitioner shall claim the additional child in

even  odd-numbered years and Respondent shall claim the additional child in  even  odd-numbered years.

2. This order does not address the right to claim the children as household residents for the purpose of applying for earned income credit.
3. If a party has a duty to pay child support for the minor children and is awarded the right to claim one or more of the minor children as dependents for tax purposes, that right may only be exercised if that party is current in their child support obligation by January 15 of the year following the relevant tax year.

If you and your spouse have an agreement, complete **E**, otherwise, **DO NOT** complete **E**.

**E. Support for Adult Children (for education or disabled child):**

1.  Support is ordered as follows:
  - Petitioner  Respondent
 will pay: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2.  Support for adult children is reserved (no support is ordered at this time).

In **F1**, **DO** fill in the name of creditor and amount owed for debts after the date of marriage/civil union in the chart. If you and your spouse have an agreement, check who is to pay the debts, otherwise, **DO NOT** check who is to pay the debt.

**F. Debts and Liabilities:**

1. These debts shall be paid by parties as follows:

	Debt (Name of Creditor)	Amount Owed	To be paid by:		
			Petitioner	Respondent	Both Equally
1.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have listed additional debts on the *Additional Debts and Liabilities* form.

2. Debts not included in the chart above shall be paid by the parties as follows:
  - Each party will be responsible for 50% of each joint debt.
  - Each party will pay all of the debts in their own name.
3. Parties shall indemnify and hold the other party harmless for the debts they are assigned.

If you and your spouse have an agreement, complete **F2**, otherwise, **DO NOT** complete **F2**.

**G. Pension and Retirement Accounts:**

1.  Each party is awarded the pension and retirement accounts in their own name.
2.  Petitioner is awarded \_\_\_\_\_% of the marital/civil union portion of Respondent's pension/retirement accounts.
3.  Respondent is awarded \_\_\_\_\_% of the marital/civil union portion of Petitioner's pension/retirement accounts.
4.   Petitioner  Respondent shall prepare a *Qualified Domestic Relations Order*.
5.  Other orders: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you and your spouse have an agreement, complete **G**, otherwise, **DO NOT** complete **G**.

Petitioner's initials: \_\_\_\_\_

Respondent's initials: \_\_\_\_\_

If you and your spouse have an agreement, complete **H**, otherwise, **DO NOT** complete **H**.

“Marital real estate” is an interest in real estate obtained during the marriage or civil union.

**H. Real Estate:**

1.   Petitioner  Respondent is awarded the marital real estate and shall pay the other party \$\_\_\_\_\_ for their interest in the real estate.
2.  The marital real estate shall be sold.  
The net proceeds of the sale (*sale price minus costs of sale*) shall be divided with Petitioner to receive \_\_\_\_\_% Respondent to receive \_\_\_\_\_%
3.  Until the marital real estate is sold, mortgage payments will be paid by  Petitioner \_\_\_\_\_%  Respondent \_\_\_\_\_%
4.  Until the marital real estate is sold, real estate taxes will be paid by  Petitioner \_\_\_\_\_%  Respondent \_\_\_\_\_%
5.  Until the marital real estate is sold, insurance will be paid by  Petitioner \_\_\_\_\_%  Respondent \_\_\_\_\_%
6.  Until the marital real estate is sold, cost of maintaining the property will be paid by  Petitioner \_\_\_\_\_%  Respondent \_\_\_\_\_%
7.   Petitioner  Respondent is entitled to claim mortgage payments for federal and state tax purposes.
8.   Petitioner  Respondent is entitled to claim property tax payments for federal and state tax purposes.
9.   Petitioner  Respondent will refinance the debt on the real estate to remove the other party from the obligation by: \_\_\_\_\_  
*Date*
10.   Petitioner  Respondent will sign a quitclaim deed transferring their interest to the other party by: \_\_\_\_\_  
*Date*
11.  Other orders: \_\_\_\_\_

If you and your spouse have an agreement, complete **I**, otherwise, **DO NOT** complete **I**.

**Chart: DO** list the personal property obtained during the marriage/civil union in the chart. If you and your spouse have an agreement, check who gets the property, otherwise, **DO NOT** check who gets the property.

**I. Personal Property and Bank Accounts:**

1.  Parties shall keep the property and bank accounts in their own name or possession.
2.  Personal property of the marriage/civil union shall be divided as follows:

Personal Property and Bank Accounts <i>(Be specific in your description of each piece of property)</i>		Property goes to:	
		Petitioner	Respondent
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I have attached an <i>Additional Personal Property &amp; Bank Accounts</i> form.			

3.  Any personal property exchange required by this order shall take place within 30 days of the date of this *Judgment*.
4.  Other orders (*including pets*): \_\_\_\_\_

Petitioner's initials: \_\_\_\_\_

Respondent's initials: \_\_\_\_\_

If you and your spouse have an agreement, complete **J**, otherwise, **DO NOT** complete **J**.

**J. Maintenance:**

- 1.  Parties are forever barred from claiming maintenance from the other.
- 2.  An *Order for Support* shall be entered.
- 4.  Other orders: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In **K**, if you or the Respondent want to go back to a former name, check the box and enter the former last name.

**K. Former Name:**

- 1.  Petitioner is permitted to resume using the former last name of:  
 \_\_\_\_\_  
*Former Last Name*
- 2.  Respondent is permitted to resume using the former last name of:  
 \_\_\_\_\_  
*Former Last Name*

If you and your spouse have an agreement, complete **L**, otherwise, **DO NOT** complete **L**.

**L. Other Relief:**

- 1.  None
- 2.  Relief as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**M. This court reserves jurisdiction over the parties and the subject matter for purposes of enforcing this *Judgment*.**

Petitioner's initials: \_\_\_\_\_

Respondent's initials: \_\_\_\_\_

**DO NOT** complete this section. The judge will sign and date here.

**ENTERED:**

\_\_\_\_\_  
*Judge*

\_\_\_\_\_  
*Date*



<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ <b>COUNTY</b>	<b>ORDER FOR SUPPORT</b>  <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.	_____ <b>Petitioner</b> ( <i>First, middle, last name</i> )  v.  _____ <b>Respondent</b> ( <i>First, middle, last name</i> )	_____ <b>IV-D Case Number</b>  _____ <b>Case Number</b>

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

**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.**

**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](http://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 Name(s) (Last, First, Middle) \_\_\_\_\_ Child(ren)'s Birth Date(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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](mailto: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](http://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](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [www.bia.gov/tribalmmap/DataDotGovSamples/tld\\_map.html](http://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](http://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](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements).

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

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ <b>COUNTY</b>	<b>ENTRY OF APPEARANCE</b> (PETITION FOR DISSOLUTION OF MARRIAGE/CIVIL UNION)	<i>For Court Use Only</i>
<b>Instructions ▼</b>		
Directly above, enter the county where this case was filed.	<b>Petitioner</b> (First, middle, last name) _____	
Enter the name of the person who filed this case as Petitioner.	v.	
Enter the name of the Respondent.		
Enter the Case Number given by the Circuit Clerk.	<b>Respondent</b> (First, middle, last name) _____	<b>Case Number</b> _____

- |   |  |
|---|--|
| In 1, enter your full name.   | 1. I, _____, am the Respondent and enter my appearance in this case.<br><i>First Middle Last</i>   |
|   | 2. I want notice of any court dates in this case to be sent to me at the address below.  |
| In 3, check "Yes" if you are currently on active duty in the military or were released or terminated from active duty in the last 90 days or "No" if you are not. | 3. I am currently on active duty in the U.S. military or I was released or terminated from active duty within the last 90 days:<br><input type="checkbox"/> Yes* <input type="checkbox"/> No |

**IMPORTANT:**

If you are currently on active duty with the U.S. Military you have important rights that you may be giving up by signing this document. See [50 USC §§ 3931 to 3938a](#) for more information or contact the Illinois Armed Forces Legal Aid Network at 855-452-3526 to speak to an attorney.

Under the Code of Civil Procedure, <a href="#">735 ILCS 5/1-109</a> , making a statement on this form that you know to be false is perjury, a Class 3 Felony.	<b>I certify that everything in the <i>Entry Of Appearance</i> is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under <a href="#">735 ILCS 5/1-109</a>.</b>	
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.	_____ <i>/s/</i> <i>Your Signature</i>	_____ <i>Street Address</i>
	_____ <i>Print Your Name</i>	_____ <i>City, State, ZIP</i>
Enter your complete address, telephone number, and email address if you have one.	_____ <i>Email Address</i>	_____ <i>Telephone</i>
	_____ <i>Attorney # (if any)</i>	

**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.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>		<b>FINANCIAL AFFIDAVIT (FAMILY &amp; DIVORCE CASES)</b>		<i>For Court Use Only</i>
_____ COUNTY		<input type="checkbox"/> Pre-Judgment	<input type="checkbox"/> Post-Judgment	
<b>Instructions ▼</b>		_____ <b>Petitioner</b> ( <i>First, middle, last name</i> )  v.  _____ <b>Respondent</b> ( <i>First, middle, last name</i> )		_____ <b>Case Number</b>
Enter above the county name where the case was filed.				
Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.				
Enter the Case Number given by the Circuit Clerk.				

**IMPORTANT:** (1) If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees; (2) If you need more room for a section, complete and attach the *Additional Information* form for that section. *Do not file this document and the enclosures with the Circuit Clerk unless a local rule or court order requires you to do so.* Ask the Circuit Clerk where to find these rules.

**NOTE:** Do not include in this affidavit any Social Security or individual taxpayer-identification numbers, driver's license numbers, financial account numbers, or debit or credit card numbers. If any of these items are included on documents you are going to attach to this affidavit, hide them by covering them with black ink or otherwise removing.

In **3a-d**, check the boxes of the documents you are attaching to this form as evidence of your income, assets, and debts. If you select **3d**, enter the names of the additional documents you are attaching.

In **4**, do not complete **4b** and **4c** if your contact information is protected pursuant to court order because of domestic violence or abuse.

1. I am the  Petitioner  Respondent in this case.
2. I swear or affirm the information in this *Financial Affidavit* and all attached statements are true and correct as of \_\_\_\_\_ .  
Date
3. I attached the most recent copies of the following documents (*Check all that apply. You must attach these documents if you have or can get them.*)
  - a.  pay stubs or other proof of income
  - b.  income tax returns (*including K-1, W-2, 1099, and all schedules.*)
  - c.  bank statements
  - d.  other documents in verifying your debts in 14 and your assets in 15:  
\_\_\_\_\_  
\_\_\_\_\_
4. Information about myself
  - a. Name \_\_\_\_\_  
First Middle Last
  - b. Phone Number \_\_\_\_\_
  - c. Home Address \_\_\_\_\_  
Street Address, Apt.  
\_\_\_\_\_  
City State ZIP
  - d. Date of Birth \_\_\_\_\_
5. Information about other household members  
I live with another adult who helps me pay my expenses. This person is not the Petitioner or Respondent in this case.  Yes  No

In **6**, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. Provide all the requested information about any business you own or operate and the business income.

If you have more than one job or business, fill out and attach the *Additional My Employment/Business* forms.

In **6b**, enter your total gross income from this employer from January 1 of this year through the date you complete this form.

In **6c**, check the box that best describes your self-employment, and/or the box that describes the type of business you have. List the name and address of the business, and the gross receipts for last year and this year.

**6. My Employment/Business**

- a. I am  unemployed
- b. I am  employed by someone else

Employer name \_\_\_\_\_

Employer address \_\_\_\_\_  
*Street Address, Apt.*

\_\_\_\_\_  
*City State ZIP*

- Number of paychecks per year:  12 (*monthly*)  24 (*two times a month*)  
 26 (*every two weeks*)  52 (*weekly*)  
 I am paid in cash

Gross income (*pay before taxes and deductions*) so far this year \$ \_\_\_\_\_  
as of \_\_\_\_\_  
*Date*

c. Self-Employment or Other Business Income:

- own a business as a sole proprietorship.
- as an independent contractor.
- as a member of a partnership.
- as a member of a limited liability company (LLC) not treated as a corporation.
- closely held corporation.
- other flow-through business entity.

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_  
*Street Address, Apt.*

\_\_\_\_\_  
*City State ZIP*

Gross business receipts for last year \$ \_\_\_\_\_ and so far this year \$ \_\_\_\_\_

Ordinary and necessary expenses required to carry on the business for this year \$ \_\_\_\_\_ and last year \$ \_\_\_\_\_

Do you receive any of the following from the business (*check all that apply*):

- Reimbursed meals
- Company car
- Free housing or housing allowance
- Other: \_\_\_\_\_

(You must attach complete federal and state business tax returns for the most recent tax year.)

I have attached one or more *Additional My Employment/Business* forms.

In **7a**, check only one.

In **7a-c**, enter the information you submitted on last year's IRS tax return. If you did not file a tax return for last year, check **Did not file** in **7a**, leave **7b-d** blank, but still complete **7e**.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit (Family & Divorce Cases)*.

In **8**, **Regular employment earnings** mean the monthly gross income you receive on a regular basis from employment.

**7. My gross income and taxes from last year**

- a. Tax filing status  Married (*Joint*)  Married (*Separate*)  Single  
 Head of Household  Did not file
- b. Number of dependent exemptions claimed \_\_\_\_\_
- c. Total number of exemptions claimed \_\_\_\_\_
- d. I claim on my federal tax return  
 the standardized deduction  
 itemized deductions
- e. Gross income (*before taxes and deductions*) last year \$ \_\_\_\_\_

**8. My monthly gross income from all sources**

Regular employment/self-employment earnings from all jobs ( <i>salary, wages, base pay, etc</i> ).....	\$ _____
Overtime.....	\$ _____
Commission.....	\$ _____
Tips.....	\$ _____
Bonus.....	\$ _____
Pension.....	\$ _____
Annuity.....	\$ _____
Interest income.....	\$ _____
Dividend income.....	\$ _____
Trust income.....	\$ _____
Social Security Retirement .....	\$ _____
Social Security Disability.....	\$ _____
Social Security Income (SSI) ( <i>not included as income for child support purposes</i> ).....	\$ _____
Unemployment.....	\$ _____
Disability payment ( <i>not Social Security</i> ).....	\$ _____
Workers' Compensation.....	\$ _____
TANF and SNAP ( <i>not included as income for child support purposes</i> ).....	\$ _____
Military allowances.....	\$ _____
Investment income.....	\$ _____
Rental income.....	\$ _____
Partnership income.....	\$ _____
Distributions and draws.....	\$ _____
Royalty income.....	\$ _____
Maintenance received under an order entered in this case or another case that you must report as income on your tax return .....	\$ _____
Maintenance received under an order entered in this case or another case that you do not have to report as income on your tax return.....	\$ _____
Child support for children of this relationship ( <i>if this support is paid by the other parent, it does not affect the support calculation</i> ).....	\$ _____
Social Security payment made to the children of this relationship based on your disability or retirement.....	\$ _____
Gifts of money.....	\$ _____
Other: _____	\$ _____

**Total Gross Monthly Income** \$  

If you have other income not listed in **8**, describe the source of the income in **Other** and enter the monthly amount.

In **Total Gross Monthly Income**, add the amounts in **8** together and enter the total.



In **9**, use information from your paystubs, tax records, and other sources to identify the deductions being taken from your income. List money deducted for health insurance below in Section **13**.

In **Total Monthly Deductions**, add the amounts from **9** together and enter the total.

In **10**, list any maintenance payments you are making. If you are not sure about whether your payments are tax-deductible, speak to your attorney or tax-preparer. Generally, maintenance payments court ordered after January 1, 2019 are not tax deductible.

For **11**, attach a copy of the support order and proof that you are making the payments, e.g. cancelled checks, court records.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit*.

In **12a**, enter the amount your household spends on each item each month.

If you have other living expenses not listed in **12a**, describe the expense in **Other** and enter the monthly amount.

**9. My monthly payroll deductions**

Federal tax..... \$ \_\_\_\_\_  
 State tax..... \$ \_\_\_\_\_  
 FICA (or Social Security equivalent, for example, Self-employment) tax)..... \$ \_\_\_\_\_  
 Medicare tax..... \$ \_\_\_\_\_  
 Mandatory retirement contributions (by law or condition of employment, but only if no FICA or Social Security equivalent)..... \$ \_\_\_\_\_

**Total Monthly Deductions** \$

**10. Monthly maintenance payments**

Maintenance being paid or payable to the other party by you under a court order in this case..... \$ \_\_\_\_\_  
 Maintenance being paid under a court order to a former spouse by you, which is tax deductible to you..... \$ \_\_\_\_\_  
 Maintenance being paid under a court order to a former spouse by you, which is not tax deductible to you..... \$ \_\_\_\_\_

**Total Maintenance Payments** \$

**11. Monthly child Support payments**

Child support being paid for the children of this relationship under a court order in this case or a different case..... \$ \_\_\_\_\_  
 Child support being paid under a court order for children not shared with the other party and who are not part of this case..... \$ \_\_\_\_\_  
 Child support being paid, but there is no court order, for children not shared with the other party and who are not part of this case and (1) that are presumed to be yours, (2) for whom there is a voluntary acknowledgment of paternity (VAP) signed by you and the other parent, **OR** (3) for whom there is a court order naming you as a parent, but there is no support order..... \$ \_\_\_\_\_

**Total Child Support Payments** \$

**12. My monthly Living Expenses**

a. Household Expenses  
 Mortgage or rent..... \$ \_\_\_\_\_  
 Home equity (HELOC) and second mortgage..... \$ \_\_\_\_\_  
 Real estate taxes..... \$ \_\_\_\_\_  
 Homeowners or condo association dues and assessments..... \$ \_\_\_\_\_  
 Homeowners or renters insurance..... \$ \_\_\_\_\_  
 Gas..... \$ \_\_\_\_\_  
 Electric..... \$ \_\_\_\_\_  
 Telephone..... \$ \_\_\_\_\_  
 Cable or satellite TV..... \$ \_\_\_\_\_  
 Internet..... \$ \_\_\_\_\_  
 Water and sewer..... \$ \_\_\_\_\_  
 Garbage removal..... \$ \_\_\_\_\_  
 Laundry and dry cleaning..... \$ \_\_\_\_\_

In **Subtotal Monthly Household Expenses**, add the amounts in **12a** together and enter the total.

House cleaning service.....	\$
Necessary repairs and maintenance to my property.....	\$
Pet care.....	\$
Groceries, household supplies, and toiletries.....	\$
Other: _____	\$
<b>Subtotal Monthly Household Expenses</b>	\$

In **12b**, enter the amount you spend monthly on each type of transportation expense.

If you have other transportation expenses not listed in **12b**, describe the expense in **Other** and enter the monthly amount.

<b>b. Transportation Expenses</b>	
Car payment.....	\$
Repairs and maintenance.....	\$
Insurance, license, registration and city sticker.....	\$
Gasoline.....	\$
Taxi, ride-share, bus, and train.....	\$
Parking.....	\$
Other: _____	\$
<b>Subtotal Monthly Transportation Expenses</b>	\$

In **Subtotal Monthly Transportation Expenses**, add the amounts in **12b** together and enter the total.

In **12c**, enter the amount you spend monthly **only for yourself** on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.

<b>c. Personal Expenses</b>	
Medical ( <i>out-of-pocket expenses</i> )	
Doctor visits.....	\$
Therapy and counseling.....	\$
Dental and orthodontia.....	\$
Optical.....	\$
Medicine.....	\$
Life insurance	
Life ( <i>term</i> ).....	\$
Life ( <i>whole or annuity</i> ).....	\$
Clothing.....	\$
Grooming ( <i>hair, nails, spa, etc.</i> ).....	\$
Gym & Club membership Dues.....	\$
Entertainment, dining out, and hobbies.....	\$
Newspapers, magazines, and subscriptions.....	\$
Gifts.....	\$
Donations ( <i>political, religious, charity, etc.</i> ).....	\$
Vacations.....	\$
Mandatory or voluntary union, trade or professional association dues.....	\$
Professional fees ( <i>accountants, tax preparers, attorneys</i> ).....	\$
Other: _____	\$
<b>Subtotal Monthly Personal Expenses</b>	\$

If you have other personal expenses not listed in **12c**, describe the expense in **Other** and enter the monthly amount.

In **Subtotal Monthly Personal Expenses**, add the amounts in **12c** together and enter the total.

In **12d**, enter the amount spent monthly for the minor and dependent children of this relationship only.

<b>d. Minor and Dependent Children Expenses</b>	
Clothing.....	\$
Grooming ( <i>hair, nails, spa, etc.</i> ).....	\$
Education	
Tuition.....	\$
Books, fees, and supplies.....	\$
School lunch.....	\$
Transportation.....	\$

Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

School-sponsored trips and special events..... \$  
Uniforms..... \$  
Before and after-school care..... \$  
Tutoring and summer school..... \$

In **Medical**, do not include expenses you are reimbursed for through insurance or your employer.

Medical (*out-of-pocket expenses*)  
Doctor visits..... \$  
Therapy and counseling ..... \$  
Dental and orthodontia ..... \$  
Optical..... \$  
Medicine..... \$

Allowance..... \$  
Childcare and sitters..... \$  
Extracurricular activities and sports (*including equipment, uniforms, etc.*)..... \$  
Summer and school-break camps..... \$  
Vacations (*children only*)..... \$  
Entertainment, dining out, and hobbies (*children only*)..... \$  
Gifts children give to others..... \$

If there are other child-related expenses not listed in **12d**, describe the expense in **Other** and enter the amount.

Other: \_\_\_\_\_ \$  
**Subtotal Monthly Minor and Dependent Children Expenses** \$

In **Subtotal Monthly Minor and Dependent Children Expenses**, add the amounts in **12d** together and enter the total.

**Total Monthly Living Expenses** (*add the subtotals from 12a-d above*) \$

In **13**, enter information about the primary health insurance you have for yourself and your family.

**13. Health Insurance**

I have health insurance:  Yes  No  
The insurance company is: \_\_\_\_\_  
The type of insurance is:  Medical  Dental  Optical  
Deductible: Per individual \$ \_\_\_\_\_ Per family \$ \_\_\_\_\_  
It covers:  Me  My spouse/partner  My dependents  
Type of Policy:  HMO  PPO  Other  
Provided by:  Employer  Private Policy  Other Group  Medicaid/All Kids  
Monthly cost is paid by:  Me  My spouse  Other  
Total number of people covered by this policy: \_\_\_\_\_

If you have more than one **Health Insurance** carrier, then list other health insurance company in the *Additional Health Insurance* forms and attach it.

The amount I pay monthly for insurance for children of this relationship: \$ \_\_\_\_\_

The amount I pay monthly for deductibles, co-insurance, and co-payments for the children of this relationship: \$ \_\_\_\_\_

**Total Monthly Health Insurance Cost** \$ \_\_\_\_\_

I have attached one or more *Additional Health Insurance* forms.

In **14**, enter your debts including credit cards and past due bills. Do not include debt payments previously listed in **12** and **13** above, such as your mortgage or car payment.

**14. My Debts (do not list expenses included in section 12)**

	Creditor Name	Describe Nature of Debt (parking tickets, household goods, attorney's fees, etc.)	Amount Owed	Monthly Payment Being Made
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$

If you have more than 4 creditors, list them on *Additional My Debts* forms and attach them.

In **Total Monthly Debt Payments**, add the Monthly Payment amounts from **14** together and enter the total. Include any debts listed on any *Additional My Debts* forms.

I have attached one or more *Additional My Debts* forms.

Amount from *Additional My Debts* (if any) \$

**Total Monthly Debt Payments** \$

**Note:** Fair Market Value (FMV) is generally defined as a selling price for an item to which an unrelated buyer and seller can agree. For more information on FMV, read *How to Complete a Financial Affidavit (Family & Divorce Case)* available at <https://www.illinoiscourts.gov/documents-and-forms/approved-forms/>.

In **15a**, enter your cash and cash equivalents. Do not list account numbers.

**15. My Assets**

a. Cash and Cash Equivalents (list balance as of the date of this affidavit)

Checking, Savings, Money Market, and Other Bank or Credit Union Accounts

	Name of Bank or Institution	Name on Account	Account Type	Balance
1.				\$
2.				\$
3.				\$
4.				\$

If you have more than 4 **Checking, Savings, Money Market or Other Bank or Credit Union Accounts**, list them in *Additional Cash and Cash Equivalents* forms and attach them.

I have attached one or more *Additional Cash and Cash Equivalents* forms.

Certificates of Deposit (list balance as of the date of this affidavit)

	Name of Bank or Institution	Name on Account	Balance
1.			\$
2.			\$
3.			\$

If you have more than 3 **Certificates of Deposit**, list them in *Additional Certificates of Deposit* forms and attach them.

I have attached one or more *Additional Certificates of Deposit* forms.

Cash and Prepaid Debit Cards (list balance as of the date of this affidavit)

	Location of Cash/Card	Held By	Balance
1.			\$
2.			\$
3.			\$

A **Prepaid Debit Card** is a card that can be used to make purchases much as you would use cash. Many prepaid cards carry the brand of a card network, like MasterCard, Visa, or American Express.

If you have more than 3 **Cash or Prepaid Debit Cards** or locations for your cash, list them in *Additional Cash and Prepaid Debit Card* forms and attach them.

I have attached one or more *Additional Cash and Prepaid Debit Card* forms.

In **15b**, enter information for your investments and securities.

If you have more than 3 Investment Accounts and Securities, list them in *Additional Investment Accounts and Securities* forms and attach them.

If you have more than 3 **Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes**, list them in *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms and attach them.

In **15c**, enter information for your real estate, including your home if you own it.

If you have more than 3 pieces of **Real Estate**, list them in *Additional Real Estate* forms and attach them.

In **15c** and **15d**, in **Balance Due**, enter the total amount remaining on your loan.

In **15d**, enter information about your motor vehicles.

If you have more than 4 **Motor Vehicles**, list them in *Additional Motor Vehicles* forms and attach them.

In **15e**, enter information about your business interests. In **Type of Business**, enter whether the business is a corporation, S Corp, or LLC, etc.

If you have more than 3 **Business Interests**, list them in *Additional Business Interests* forms and attach them.

b. Investment Accounts and Securities *(list FMV or balance as of the date of this affidavit)*

Stocks, Bonds, Options, Employee Stock Ownership Plans

	Company Name	# Shares	Type	Owner	FMV
1.					\$
2.					\$
3.					\$

I have attached one or more *Additional Investment Accounts and Securities* forms.

Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes *(list balance as of the date of this affidavit)*

	Description of Asset	Owner	Balance
1.			\$
2.			\$
3.			\$

I have attached one or more *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms.

c. Real Estate *(list FMV and balance due as of the date of this affidavit)*

	Address	Name on Title	FMV	Balance Due
1.			\$	\$
2.			\$	\$
3.			\$	\$

I have attached one or more *Additional Real Estate* forms.

d. Motor Vehicles *(cars, boats, trailers, motorcycles, aircrafts, etc.) (list FMV and balance due as of the date of this affidavit)*

	Year, Make, and Model	Name on Title	FMV	Balance Due
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$

I have attached one or more *Additional Motor Vehicles* forms.

e. Business Interests *(list FMV as of the date of this affidavit)*

	Name of Business	Type of Business	% of Ownership	FMV
1.				\$
2.				\$
3.				\$

I have attached one or more *Additional Business Interests* forms.

In **15f**, enter information about each life insurance policy you have for yourself, the other party, or your children.

If you have more than 3 **Life Insurance Policies**, list them in *Additional Life Insurance Policies* forms and attach them.

In **15g**, enter information about retirement benefits (vested and non-vested).

If you have more than 4 **Retirement Benefits and Deferred Compensation** plans, list them in *Additional Retirement Benefits and Deferred Compensation* forms and attach them.

In **15h**, enter information for valuable collectible items.

If you have more than 2 **Valuable Collectibles**, list them in *Additional Valuable Collectibles* forms and attach them.

In **15i**, enter information for other personal property with fair market value over \$500.

If you have more than 2 items of **Personal Property Valued Over \$500**, list them in *Additional Other Personal Property Valued over \$500* forms and attach them.

In **15j**, enter information for assets or property you transferred or sold in the last 2 years with FMV of at least \$1,000. Do not include income items listed above in **8**.

If you have sold or transferred more than 2 **Assets or Properties Within the Last 2 Years With a FMV of at Least \$1,000**, list them in *Additional Transfer or Sale of Assets or Property Within the Last 2 Years with a FMV of at least \$1,000* forms and attach them.

f. Life Insurance Policies (*list cash balance as of the date of this affidavit*)

	Name of Insurance Company	Type of Policy	Death Benefit	Cash Value
1.			\$	\$
2.			\$	\$
3.			\$	\$

I have attached one or more *Additional Life Insurance Policies* forms.

g. Retirement Benefits and Deferred Compensation (*pension plan, annuity, IRA, 401(k), 403(b), SEP*) (*list FMV and or account balance as of the date of this affidavit*)

	Name of Plan	Type of Plan	FMV or Account Balance
1.			\$
2.			\$
3.			\$
4.			\$

I have attached one or more *Additional Retirement Benefits and Deferred Compensation* forms.

h. Valuable Collectibles (*coins, stamps, art, antiques, etc.*)

	Description	FMV
1.		\$
2.		\$

I have attached one or more *Additional Valuable Collectibles* forms.

i. Other Personal Property Valued Over \$500

	Description	FMV
1.		\$
2.		\$

I have attached one or more *Additional Other Personal Property Valued over \$500* forms.

j. Transfer or Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000

	Description	Transferred or Sold to	Date of Transfer	Amount
1.				\$
2.				\$

I have attached one or more *Additional Transfer of Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000* forms.

In **16**, enter information about lawsuits and claims you have filed or have been filed against you. If you did not recover anything, enter \$0. If your case is still pending or has not yet been filed, enter unknown.

If you have more than 3 **Lawsuits and Claims**, list them in *Additional Lawsuits and Claims* forms and attach them.

In **17**, enter information about your federal and state tax returns for the last 2 years. Check **Refund** if you received money or a check, or **Amount Owed** if you owed additional taxes.

**16. Lawsuits and Claims (workers' compensation, disability, etc.)**

	Case Number	Date Lawsuit or Claim Filed	Amount Recovered
1.			\$
2.			\$
3.			\$

I have attached one or more *Additional Lawsuits and Claims* forms.

**17. Income Tax Refunds or Amounts Owed for the Last 2 Years (federal and state)**

	Tax year	Federal		State	
1.		<input type="checkbox"/> Refund	\$	<input type="checkbox"/> Refund	\$
		<input type="checkbox"/> Amount Owed	\$	<input type="checkbox"/> Amount Owed	\$
2.		<input type="checkbox"/> Refund	\$	<input type="checkbox"/> Refund	\$
		<input type="checkbox"/> Amount Owed	\$	<input type="checkbox"/> Amount Owed	\$

**IMPORTANT:** If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

**I certify that everything in the *Financial Affidavit* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date

After you finish this form, sign and print your name and date it.