

Notice to Those Seeking Dissolution of Marriage:

Besides the attached entry of appearance and military service affidavit forms, you will also need to complete and file 1) a Petition for Dissolution of Marriage and 2) a Judgment for Dissolution of Marriage (original and two copies). To learn more about how to prepare a petition and judgment for dissolution of marriage, information is available from the law library in the basement of the courthouse.

For standard dissolutions of marriage, there is a \$216.00 filing fee paid to the Circuit Clerk's office when the case is filed, and a \$116 answer fee paid by the respondent.

For *joint simplified dissolutions* (that is, when both parties file jointly for dissolution and there are no children are involved), the filing fee is \$216 and no answer fee is required. For more information and eligibility for joint simplified dissolutions, click on "Divorce – Information and Forms" at the previous page.

If you have children under the age of 18, you must enroll in the Children First Program before your judgment can be entered. To sign up for the program, call 618-251-6214.

You may file your petition and all pleadings Monday through Friday, from 8:30 am to 4:30 pm, in the Circuit Clerk's office. When you file your petition, you will be advised when you will have to see the judge again.

***\*\*Circuit Clerk employees may answer general questions but are prohibited from assisting in preparation of documents\*\****

Dear Parents with Minor Children:

*Children First* is a program mandated by the Illinois Supreme Court and the Third Judicial Circuit (Madison and Bond counties) to benefit divorcing parents of children under the age of 18. (Scroll down to the next page for further information about *Children First*.)

All parties shall attend and complete the *Children First* program as soon as possible. The court may not enter a final custody order unless one or both parties have attended *Children First*.

The mission of *Children First* is to help you understand more about the impact of divorce on your children, and how to reduce damaging effects of divorce on them. The program helps you to help your children cope with the changes divorce brings to their lives.

The intention of *Children First* is to be sensitive to your problems and needs at a difficult time in your life, and to be as helpful and supportive as possible to you.

# ***CHILDREN FIRST***

## ***Parenting Education*** **For Divorcing Parents of Minors**

Children First Foundation, Inc.

### **About the Children First Parenting Education Program**

If you have children under the age of 18, you must enroll in the *Children First Parenting Education Program* before a divorce will be granted by the Third Judicial Circuit Courts (Madison and Bond counties). That is, a divorce judgment will not be entered until you enroll in and attend both sessions (two hours each, totaling four hours) of the *Children First Parenting Education Program*. A certificate will be presented to you at the end showing proof of completion.

The goals of the *Children First Parenting Education Program* are to increase participants' awareness of divorce on children's feelings and behaviors, and increase participants' knowledge in how to assist the children in coping and adjusting. Attending the four-hour class meets the court mandated parenting education requirement for divorcing parents in Illinois. **You will be reminded to put your "children first."**

### **How to Enroll**

To register for both sessions of the *Children First Parenting Education Program*, call 618-251-6214 between 9am and noon, Monday through Friday. If you call at another time you may get an answering service. If you do, please leave a message speaking slowly and clearly, stating your name and a phone number where you can be reached. **Mention that you need to register for the *Children First* class.** You will be called the next business day.

### **Schedule**

Monday evenings:	6-8 pm	Session I
Tuesday evenings:	6-8 pm	Session II

### **Location**

**Children First Foundation**  
(at Kids' Corner, Madison County Facility,  
*former Wood River Hospital, east side of  
building, enter door "B" off parking lot*)  
101 East Edwardsville Road  
Wood River, Illinois 62095  
Phone number: 618-251-6214

Optional location:  
**Children First Foundation**  
2600 West Main Street, Suite 200  
Belleville, IL 62226  
618-236-2099 (9:00 am to Noon)

### **Cost**

The price for the four-hour class is **\$50 (fifty dollars)**. The cash payment is due at the first session (Monday) before class. Checks are not accepted. Waivers by the Court are accepted for

individuals whose income qualifies them for a fee exception. The waivers must be presented at the first session (Monday) by the participant. For income eligibility information and Affidavit and Application To Sue or Defend as an Indigent Person form, which can be printed and presented to the Court, scroll down.

### **Instructions**

- Divorcing parents will not be scheduled for the same sessions.*
- Do not bring children to the sessions. You will be asked to leave.*
- Do not bring unregistered adults to the sessions.*
- Both parents must attend classes and get their own certificates of completion.*

### **What to Expect from Sessions I and II**

Session I: Video and guided discussion by Master-degreed moderator dealing with topics such as:

1. Disagreements in front of children
2. Using children as leverage
3. Competition between parents
4. Negative comments about the other parent
5. Discipline and behavior changes
6. Substance use and abuse
7. New relationships and adult coping
8. New relationships and children coping
9. Creating quality time
10. Missed visitations
11. “Interrogating” the children
12. Change vs. loss for the children
13. Abandonment feelings

Guided discussion will investigate better alternatives for parents

Session II: Video, guided discussion by Master-degreed moderator, helpful brochures and handouts for future reference:

1. Normal child developmental stages
2. Awareness of how divorce affects children’s behaviors/feelings
3. Assisting children in coping and adjusting
4. Warning signs of serious problems in children
5. Risk and protective factors that impact children
6. How children react
7. Children discussing custody and divorce (“Kids Helping Kids”)
8. Asset development in children
9. Available area services
10. Mediation: process, video presentation and discussion

Conflicts between parents often continue well beyond court litigation. When conflict exists, it can cause long-term suffering for children. Given information and guidance from the *Children First Parenting Education* sessions, parents can move beyond their differences and put the best

interest of their “children first” by anticipating and avoiding potential for future problems.

Birthdays, holidays, vacations, school events, visitation and numerous co-parenting decisions must be anticipated and planned for. Children are often the silent victims in cases of divorce, visitation and custody dispute. These sessions recognize the importance of parent-child relationships, and promote continued healthy co-parenting skills.

AFFIDAVIT AS TO MILITARY SERVICE

\_\_\_\_\_  
(Petitioner)

vs

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

\_\_\_\_\_  
(Respondent)

AFFIDAVIT AS TO MILITARY SERVICE OF RESPONDENT

I, \_\_\_\_\_, make oath and say as follows:

1. My age is \_\_\_ years, my residence is at \_\_\_\_\_ and my occupation is \_\_\_\_\_.
2. I am the petitioner in the above-entitled action and as such have full knowledge of the facts relating thereto.

*(Check A., B. or C.)*

A. Said respondent is in the military service of the United States.

B. Said respondent is not in the military service of the United States.

C. I am not able to determine whether or not respondent is in such service.

D. I further state that \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(In D., set forth the fact upon which affidavit is based. The Soldiers and Sailors Civil Relief Act requires facts be stated showing respondent is not in the military service. Stating conclusion only is not sufficient. If respondent is in the military service, file date of induction, unit, and length of service, if known.)*

\_\_\_\_\_  
(Petitioner)

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
\_\_\_\_\_, A.D., 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

ENTRY OF APPEARANCE – WAIVER AND CONSENT

STATE OF ILLINOIS )  
 )  
COUNTY OF MADISON )

SS. IN THE CIRCUIT COURT

IN RE THE MARRIAGE OF:

\_\_\_\_\_

CASE NUMBER \_\_\_\_\_

PETITIONER

AND

\_\_\_\_\_

RESPONDENT

I HEREBY ENTER MY APPEARANCE IN THE ABOVE-ENTITLED CAUSE AS RESPONDENT HEREIN, AND EXPRESSLY WAIVE THE NECESSITY OF PROCESS OF SUMMONS AND CONSENT THAT THE SAME PROCEEDINGS MAY BE HAD HEREIN, AS FULLY AND WITH THE SAME FORCE AND EFFECT AS THOUGH I HAD BEEN DULY AND REGULARLY SERVED WITH PROCESS OF SUMMONS THEREIN IN THE STATE OF ILLINOIS, AT LEAST THIRTY DAYS PRIOR TO ANY RETURN DAY DESIGNATED BY THE PETITIONER HEREIN OR AS PROVIDED BY LAW.

I FURTHER CONSENT THAT IMMEDIATE DEFAULT MAY BE TAKEN AND ENTERED HEREIN AGAINST ME UPON THE FILING OF THIS APPEARANCE OR AT ANY TIME THEREAFTER AND THAT AN IMMEDIATE HEARING OF SAID CAUSE MAY BE HAD WITHOUT FURTHER NOTICE.

DATED AT \_\_\_\_\_, ILLINOIS THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D.,  
20\_\_\_\_.

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

STATE OF ILLINOIS )  
 )  
COUNTY OF MADISON )

SS.

I, \_\_\_\_\_ A NOTARY PUBLIC IN AND FOR SAID COUNTY IN THE STATE AFORESAID, DO HEREBY CERTIFY THAT \_\_\_\_\_ PERSONALLY KNOWN TO ME TO BE THE SAME PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT OF WRITING, APPEARED BEFORE ME THIS DAY IN PERSON, AND ACKNOWLEDGED THAT \_\_\_\_\_ SIGNED THE SAME AS \_\_\_\_\_ FREE AND VOLUNTARY ACT, FOR THE USES AND PURPOSES THEREIN SET FORTH.

GIVEN UNDER MY HAND AND NOTARIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D.,  
20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT**

Original  Amended  Termination

County of Madison, State of Illinois

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

\_\_\_\_\_  
Employer's/Withholder's Name

\_\_\_\_\_  
Employer's/Withholder's Address

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

Child(ren)'s Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Employer/Withholder's Federal EIN Number (if known)

RE: \_\_\_\_\_

\_\_\_\_\_  
Employee's/Obligor's Name: (Last, First, MI)  
XXX-XXX-

\_\_\_\_\_  
Employee's/Obligor's **Last 4 Digits**, Social Security Number

\_\_\_\_\_  
Employee's/Obligor's Case Identifier

\_\_\_\_\_  
Obligee Name (Last, First, MI)

If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee's/obligor's through his/her employment.

**ORDER INFORMATION:** This Order/Notice is based on the support order from \_\_\_\_\_ Illinois \_\_\_\_\_. You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ \_\_\_\_\_ per \_\_\_\_\_ current child support

\$ \_\_\_\_\_ per \_\_\_\_\_ past-due child support - Arrears 12 weeks or greater?  yes  no

\$ \_\_\_\_\_ per \_\_\_\_\_ current medical support

\$ \_\_\_\_\_ per \_\_\_\_\_ past-due medical support

\$ \_\_\_\_\_ per \_\_\_\_\_ spousal support

\$ \_\_\_\_\_ per \_\_\_\_\_ other (specify) \_\_\_\_\_

for a total of \$ \_\_\_\_\_ per \_\_\_\_\_ to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. 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 bi-weekly pay period (every 2 weeks) \$ \_\_\_\_\_ per monthly pay period.

**REMITTANCE INFORMATION:** When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is \_\_\_\_\_, begin withholding no later than the first pay period occurring \_\_\_\_\_ days after the date of \_\_\_\_\_. Send payment within \_\_\_\_\_ working days of the pay date/date of withholding. The total withheld amount, including your fee, cannot exceed \_\_\_\_ % of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not \_\_\_\_\_, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

If remitting by EFT/EDI, call \_\_\_\_\_ before first submission. Use this FIPS code: 17119 ;  
Bank routing code: \_\_\_\_\_ ; Bank account number: \_\_\_\_\_.

Make checks payable to: \_\_\_\_\_ State Disbursement Unit  
Case #: \_\_\_\_\_ Send check to: PO Box 5400  
Payee and Case identifier \_\_\_\_\_ Carol Stream, IL 60197

Authorized by \_\_\_\_\_ Date: \_\_\_\_\_

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

Print Name and Title \_\_\_\_\_  
of Authorized Official(s) \_\_\_\_\_

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



## ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

If checked, you are required to provide a copy of this form to your employee. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee even if the box is not checked.

1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally owned businesses, and Indian-owned businesses located on a reservation that choose to withhold in accordance with this notice.
2. **Priority:** Withholding under this Order/Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect, please contact the State Child Support Enforcement Agency or party listed in number 12 below.
3. **Combining Payments:** You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
4. **Reporting the Pay date/Date of Withholding:** You must report the payday/date of withholding when sending the payment. The pay date/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order/Notice to Withhold Income for Child Support against this employee/obligor and you are unable to honor all support Order/Notices due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all Order/Notices to the greatest extent possible. (See #10 below).
6. **Termination Notification:** You must promptly notify the Child Support Enforcement Agency or payee when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this order/notice to the Child Support Enforcement Agency or payee.

**EMPLOYEE'S/OBLIGOR'S NAME:** \_\_\_\_\_ **CASE IDENTIFIER:** \_\_\_\_\_  
**DATE OF SEPARATION FROM EMPLOYMENT:** \_\_\_\_\_  
**LAST KNOWN HOME ADDRESS:** \_\_\_\_\_  
**NEW EMPLOYER/ADDRESS:** \_\_\_\_\_

7. **Lump Sum Payments:** You may be required to report and withhold from lump-sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump-sum payments, contact the person or authority below.
8. **Liability:** If have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by State law.

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

9. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of child support withholding.

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

10. **Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amount allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions, and Medicare taxes.

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **Submitted by:** \_\_\_\_\_  
\_\_\_\_\_

12. If you or your employee/obligor have any questions, contact: Child Support Section, Madison County Circuit Clerk, 155 N Main St, Edwardsville, IL 62025, by telephone (618) 692-6250 or by FAX (618) 692-8904.

**ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT**

Original  Amended  Termination **1a**

County of Madison, State of Illinois **1b/c**

Case Number: \_\_\_\_\_ **1d**

# SAMPLE WORKSHEET

*Numbers at each entry correlate to  
numbered instructions on attached page*

\_\_\_\_\_  
**2a**

Employer's/Withholder's Name

\_\_\_\_\_  
**2b**

Employer's/Withholder's Address

\_\_\_\_\_  
**2c**

\_\_\_\_\_  
**2d**

Employer/Withholder's Federal EIN Number (if known)

RE: \_\_\_\_\_  
**3a**

Employee's/Obligor's Name: (Last, First, MI)

\_\_\_\_\_  
**3b** XXX-XX-

Employee's/Obligor's **Last 4 Digits**, Social Security Number

\_\_\_\_\_  
**3c**

Employee's/Obligor's Case Identifier

\_\_\_\_\_  
**3d**

Obligee Name (Last, First, MI)

Child(ren)'s Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee's/obligor's through his/her employment.

**ORDER INFORMATION:** This Order/Notice is based on the support order from \_\_\_\_\_ **6 (State)** \_\_\_\_\_. You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ \_\_\_\_\_ **7a** per \_\_\_\_\_ **7b** current child support **14**

\$ \_\_\_\_\_ **8a** per \_\_\_\_\_ **8b** past-due child support - Arrears 12 weeks or greater?  yes  no

\$ \_\_\_\_\_ **9a** per \_\_\_\_\_ **9b** current medical support

\$ \_\_\_\_\_ **10a** per \_\_\_\_\_ **10a** past-due medical support

\$ \_\_\_\_\_ **11a** per \_\_\_\_\_ **11b** spousal support

\$ \_\_\_\_\_ **12a** per \_\_\_\_\_ **12b** other (specify) \_\_\_\_\_ **12c**

for a total of \$ \_\_\_\_\_ **13a** per \_\_\_\_\_ **13b** \_\_\_\_\_ to be forwarded to the payee below.

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

\$ \_\_\_\_\_ **15a** per weekly pay period. \$ \_\_\_\_\_ **15c** per semimonthly pay period (twice a month).

\$ \_\_\_\_\_ **15b** per bi-weekly pay period (every 2 weeks) \$ \_\_\_\_\_ **15d** per monthly pay period.

**REMITTANCE INFORMATION:** When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is \_\_\_\_\_ **16** \_\_\_\_\_, begin withholding no later than the first pay period occurring \_\_\_\_\_ **17** \_\_\_\_\_ days after the date of \_\_\_\_\_ **18** \_\_\_\_\_. Send payment within \_\_\_\_\_ **19** \_\_\_\_\_ working days of the pay date/date of withholding. The total withheld amount, including your fee, cannot exceed \_\_\_\_\_ **20** \_\_\_\_\_ % of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not \_\_\_\_\_ **21** \_\_\_\_\_, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

If remitting by EFT/EDI, call \_\_\_\_\_ **22a** \_\_\_\_\_ before first submission. Use this FIPS code: \_\_\_\_\_ **22b** \_\_\_\_\_; Bank routing code: \_\_\_\_\_ **22c** \_\_\_\_\_; Bank account number: \_\_\_\_\_ **22d** \_\_\_\_\_.

Make checks payable to: \_\_\_\_\_ **23** \_\_\_\_\_ Send check to: \_\_\_\_\_ **24** \_\_\_\_\_

Payee and Case identifier

Authorized by \_\_\_\_\_ **25a** \_\_\_\_\_ Date: \_\_\_\_\_ **25b** \_\_\_\_\_

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

Print Name and Title \_\_\_\_\_ **26** \_\_\_\_\_

of Authorized Official(s) \_\_\_\_\_

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

**ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS**

27  If checked, you are required to provide a copy of this form to your employee. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee even if the box is not checked.

- 1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally owned businesses, and Indian-owned businesses located on a reservation that choose to withhold in accordance with this notice.
- 2. **Priority:** Withholding under this Order/Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect, please contact the State Child Support Enforcement Agency or party listed in number 12 below.
- 3. **Combining Payments:** You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
- 4. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
- 5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order/Notice to Withhold Income for Child Support against this employee/obligor and you are unable to honor all support Order/Notices due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all Order/Notices to the greatest extent possible. (See #10 below).

- 6. **Termination Notification:** You must promptly notify the Child Support Enforcement Agency or payee when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this order/notice to the Child Support Enforcement Agency or payee.

**EMPLOYEE'S/OBLIGOR'S NAME:** \_\_\_\_\_ **CASE IDENTIFIER:** \_\_\_\_\_  
**DATE OF SEPARATION FROM EMPLOYMENT:** \_\_\_\_\_  
**LAST KNOWN HOME ADDRESS:** \_\_\_\_\_  
**NEW EMPLOYER/ADDRESS:** \_\_\_\_\_

- 7. **Lump Sum Payments:** You may be required to report and withhold from lump-sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump-sum payments, contact the person or authority below.
- 8. **Liability:** If have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by State law.

28 \_\_\_\_\_  
 \_\_\_\_\_

- 9. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of child support withholding.

29 \_\_\_\_\_  
 \_\_\_\_\_

- 10. **Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amount allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions, and Medicare taxes.

Additional Information: **30** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11. **Submitted by:** **31** \_\_\_\_\_  
 \_\_\_\_\_

- 12. If you or your employee/obligor have any questions, contact: Child Support Section, Madison County Circuit Clerk, 155 N Main St, Edwardsville, IL 62025, by telephone (618) 692-6250 or by FAX (618) 692-8904.

## ***Instructions for Order/Notice to Withhold Income for Child Support***

The Order/Notice to Withhold Income for Child Support is a standardized form used for income withholding in intrastate and interstate cases. The following are instructions to complete the Order/Notice to withhold Income for Child Support. When completing the form, please include the following information. The person or agency completing this form may cross out the word "Order" or "Notice" if that term is inappropriate under the law of the issuing state.

### ***Item Description***

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- 1a. Check the appropriate status of the Order/Notice to withhold.
- 1b. Name of the issuing State or territory.
- 1c. Name of the order-issuing tribunal or other jurisdictional designation if any used by the order-issuing State.
- 1d. Identifying number used by the court/agency issuing this Order/Notice, if appropriate.
- 2a. Employer's/Withholder's name.
- 2b-c. Employer's/Withholder's mailing address, city and state. (This may differ from the Employer/Obligor work site.)
- 2d. Employer's/Withholder's nine-digit Federal employer identification numbers (if available). Include three-digit location code.
  
- 3a. Employee's/Obligor's last name, first name, and middle initial.
- 3b. Employee's/Obligor's last four numbers of Social Security Number (if known). Full number can be submitted to Circuit Clerk on a separate piece of paper.
- 3c. Employee's/Obligor's Case Identifier
- 3d. Custodial Parent's last name, first name, and middle initial (if known).
  
4. Child(ren)'s name(s) and date(s) of birth listed in the support order.
5. Check if the child support order requires enrollment of the child(ren) in any health insurance coverage available to the employee's/obligor's through his/her employer. (The space on the form is provided for instructions to the employer, i.e. "see attached medical support form.")

### ***ORDER INFORMATION:***

6. Name of State that issued the order.
  
- 7a. Dollar amount to be withheld for payment of current child support.
- 7b. Time period that corresponds to the amount in #7a (such as month, week, etc.).
  
- 8a. Dollar amount to be withheld for payment of past-due child support under State law.
- 8b. Time period that corresponds to the amount in #8a (such as month, week, etc.).
  
- 9a. Dollar amount to be withheld for payment of current medical support, as appropriate, based on the underlying order.
- 9b. Time period that corresponds to the amount in #9a (such as month, week, etc.).
  
- 10a. Dollar amount to be withheld for payment of past-due medical support, if appropriate, based on the underlying order.
- 10b. Time period that corresponds to the amount in #10a (such as month, week, etc.).

**Instructions to complete the Order/Notice to Withhold Income for Child Support - continued**

- 11a. Dollar amount to be withheld for payment of past-due medical support, if appropriate, based on the underlying order.
- 11b. Time period that corresponds to the amount in #11a (such as month, week, etc.).
- 12a-c. Dollar amount to be withheld for payment of miscellaneous obligations, if appropriate, based on the underlying order, time period that corresponds to the amount in #13a (e.g., month), and describe the miscellaneous obligation.
- 13a. Total of #7a, 8a, 9a, 10a, 11a, and 12a.
- 13b. Time period that corresponds to the amount in #13a (e.g., month).
- 14. Check if arrears are 12 weeks or greater.
- 15a. Amount an employer should withhold if the employee is paid weekly.
- 15b. Amount an employer should withhold if the employee is paid every two weeks.
- 15c. Amount an employer should withhold if the employee is paid twice a month.
- 15d. Amount an employer should withhold if the employee is paid once a month.

**REMITTANCE INFORMATION:**

- 16. The State in which the Order/Notice is issued.
- 17. Number of days in which the withholding must begin pursuant to the issuing state's law.
- 18. The effective date of the income withholding.
- 19. Number of working days within which an employer or other payor of income must remit amounts withheld pursuant to the issuing State's law.
- 20. Maximum percentage that can be withheld based on the applicable withholding limit of the issuing State. If the Federal consumer Credit Protection Act laws of the issuing State allows the additional arrearage payment of 5 percentage points to the percentage normally specified in #20 (i.e., 65% of 60 or 55% instead of 50% if the obligor supports a second family), use this increased percentage in #20 and check #14 on the Order/Notice to indicate the support is 12 weeks or more in arrears.
- 21. The State in which the this Order/Notice is issued.
- 22a. The agency's number for representative to provide EFT/EDI instructions. Contact the court/agency before the first EFT/EDI submission.
- 22b. Complete only for EFT/EDI transmission. Federal Information Process Standard (FIPS) code for transmitting payments through EFT/EDI. The FIPS code is five characters that identify the State and county. It is seven characters when it identifies the State, county, and a location within the county. It is necessary for centralized collections.
- 22c. Complete only for EFT/EDI transmission. Receiving agency's bank routing number.
- 22d. Complete only for EFT/EDI transmission. Receiving agency's bank account number.

**Instructions to complete the Order/Notice to Withhold Income for Child Support - continued**

23. Name of collection unit (State Disbursement Unit), person, or tribunal/court specified in the underlying income withholding order to which payments are required to be sent. This form may not indicate a location other than that specified by an entity. **Note: Payments will automatically be sent to State Disbursement Unit unless otherwise instructed.**
24. Street address, city and State of the collection unit, person, or tribunal/court identified in #22. This information is shared with the obligor. If you have a confidential address, please contact your IVD agency. **Note: Payments will automatically be sent to State Disbursement Unit unless otherwise instructed.**
- 25a. Enter your signature, or in the case of Public Aid recipients, signature of official(s) authorizing this Order/Notice. This line may be optional only if the Order/Notice includes the name and title of an official of the State or local IV-D agency on line 24, and a signature of the official is not required by State law.
- 25b. Date of signature.
26. Print your name, or in cases of Public Aid recipients, the name and title of the official(s) of the State or local IV-D agency authorizing this Order/Notice.
27. Check the box if the employer is to provide a copy of the Order/Notice to the employee.
28. Penalty and/or citation for an employer who fails to comply with the Order/Notice. The State law governs unless the obligor is employed in another state, in which case the law of the state in which he or she is employed governs. Use this space to provide state-specific information.
29. Penalty and/or citation for an employer who discharges, refuses to employ, or disciplines an employee/obligor as a result of the Order/Notice. The state law governs unless the obligor is employed in another state, in which case the law of the state in which he or she is employed governs. Use this space to provide state-specific information.
30. Withholding limits enforced by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)). Use this space to provide state-specific information on income withholding limits.
31. Name and address of the state or local IV-D agency, tribunal/court, individual, or private agency submitting the income withholding.
- 32a. Name of child support enforcement agency's contact person or party whom an employer and/or employee/obligor may call for information regarding the Order/Notice.
- 32b. Telephone number of the contact person whom an employer may call for information regarding the Order/Notice.
- 32c. Facsimile number for the person whom appears in #32a.
- 32d. Internet address for the person whose name appears in #32a.

If the employer is a Federal government agency, the following instructions apply:

- Serve the Order/Notice upon the governmental agent listed in 5CFR part 581, appendix A.
- Sufficient identifying information must be provided in order for the obligor to be identified. It is, therefore, recommended that the following information, if known and if applicable, be

provided: 1) full name of the obligor; 2) date of birth; 3) employment number, Department of Veterans Affairs claim number, or civil service retirement claim number; 4) component of the government entity for which the obligor works, and the official duty station or worksite; and 5) status of the obligor, e.g., employee, former employee, or annuitant.

- You may withhold from a variety of income and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 CFR 581.103.

\*\*\*\*\*

### The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.7 of the child-support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.





AVERAGE MONTHLY EXPENSES: (continued)

real estate taxes . . . . .	\$ _____
real estate insurance . . . . .	\$ _____
rental insurance . . . . .	\$ _____
electricity . . . . .	\$ _____
gas . . . . .	\$ _____
oil . . . . .	\$ _____
water . . . . .	\$ _____
telephone . . . . .	\$ _____
cable TV . . . . .	\$ _____
food . . . . .	\$ _____
trash fee . . . . .	\$ _____
sewer fee . . . . .	\$ _____
hair cuts or beauty shop . . . . .	\$ _____
day care . . . . .	\$ _____
personal items . . . . .	\$ _____
credit card payments . . . . .	\$ _____
loans - list name and amount . . . . .	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
medical & hospital . . . . .	\$ _____
life insurance . . . . .	\$ _____
accident insurance . . . . .	\$ _____
school tuition . . . . .	\$ _____
school fees and expenses (including lunches) . . . . .	\$ _____
school extracurricular activities . . . . .	\$ _____
other extracurricular activities . . . . .	\$ _____
medical, doctor & dental bills - list name and amount(s):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
entertainment expenses . . . . .	\$ _____
charitable contributions . . . . .	\$ _____
cleaning and laundry . . . . .	\$ _____

Other - list below:

_____	\$ _____
_____	\$ _____

TOTAL OF ABOVE . . . . . \$ \_\_\_\_\_

I certify that the information on the foregoing pages is true to the best of my knowledge and belief.

\_\_\_\_\_

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

IN THE CIRCUIT COURT OF THIRD JUDICIAL CIRCUIT  
MADISON COUNTY, ILLINOIS

**UNIFORM ORDER FOR SUPPORT**

Initial Order  
 Modification

\_\_\_\_\_)  
Petitioner/Plaintiff )  
 )  
vs. )  
 )  
\_\_\_\_\_)  
Respondent/Defendant )

Court Case No. \_\_\_\_\_  
 Illinois Dept. of Healthcare & Family Services is, or has been,  
granted leave to intervene

HFS. No. \_\_\_\_\_

**Definitions:**

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

*Obligee* – An individual to whom a duty of support is owed or the individual's legal representative.

*Payor* – Any payor of income to an obligor.

*Unallocated Support* – A total amount for maintenance and child support and not a specific amount for either.

**The Court finds:**

- a) The net income of the obligor as of the date of this order is \$ \_\_\_\_\_ per \_\_\_\_\_.
- b) The amount of **arrearage** as of the date of this order is \$ \_\_\_\_\_ for child support and \$ \_\_\_\_\_ for maintenance or unallocated support.
- c) The amount of child support cannot be expressed exclusively as a dollar amount because all or a portion of the obligor's net income is uncertain as to source, time of payment, or amount.

**It is ordered that** \_\_\_\_\_ **(Fill in Name),** Obligor, is to provide:

**MAINTENANCE** **OR**  **UNALLOCATED SUPPORT**

Payment Amount: \_\_\_\_\_ Payment Frequency: \_\_\_\_\_  
Current Maintenance or Unallocated Support Payment: \$ \_\_\_\_\_  
Arrearage Payment \$ \_\_\_\_\_  
Payments Begin: \_\_\_\_\_ (date)

every week  
 every other week  
 monthly  
 twice each month on \_\_\_\_\_ & \_\_\_\_\_ (date)  
 every year  
 other

**CHILD SUPPORT** (Do not complete this section if Unallocated Support is ordered.)

Payment Amount \_\_\_\_\_ Payment Frequency: \_\_\_\_\_  
Current Child Support Payment: \$ \_\_\_\_\_  
Arrearage Payment: \$ \_\_\_\_\_  
Payments Begin: \_\_\_\_\_ (date)

every week  
 every other week  
 monthly  
 twice each month on \_\_\_\_\_ & \_\_\_\_\_ (date)  
 every year  
 other

[ ] **PERCENTAGE AMOUNT OF CHILD SUPPORT** (Complete this section only if finding c) is checked on previous page.)

In addition to the specific dollar amount of support ordered above, current child support shall be paid in the amount of \_\_\_\_\_% of obligor's \_\_\_\_\_ payable \_\_\_\_\_. The obligor is further ordered to provide income records sufficient to determine and enforce the percentage amount of child support, within 7 days of receipt of income subject to this percentage assessment, to the  obligee and  Clerk of the Court

[ X ] **PAYMENT ARRANGEMENTS**

- Check Only One*
- (Payments must be sent to the STATE DISBURSEMENT UNIT if this box is checked.)**  
A Notice to Withhold Income shall issue immediately and shall be served on the employer at the address listed in this Order. Payments shall be made payable to the State Disbursement Unit and sent to the State Disbursement Unit at P.O. Box 5400, Carol Stream, IL 60197-5400. Payments must include CASE NUMBER, COUNTY of the Court issuing this Order, and obligor's name and social security number. Any subsequent employer may be served with a Notice to Withhold Income without further order of Court
  - The parties have entered into a written agreement providing for an alternative arrangement for the payment of support that is approved by the Court and attached to this Order, meeting all requirements of, and consistent with, applicable law. An income withholding notice is to be prepared and served only if the obligor becomes delinquent in paying the order for support. Payments shall be made in accordance with the written agreement of the parties attached hereto. In the event the income withholding notice is served, payments shall be made to the State Disbursement Unit as set forth above.
  - In addition to and separate from amounts ordered to be paid as maintenance or child support, the obligor shall pay a \$36 per year Separate Maintenance and Child Support Collection Fee. This sum shall be paid directly to the Clerk of the Circuit Court of Madison County at 155 N. Main Street, Room 118, Edwardsville IL 62025 and not to the State Disbursement Unit.

[ X ] **DELINQUENCY**

If the obligor becomes delinquent in the payment of support after the entry of this Order For Support, the obligor must pay, in addition to the current support obligation, the sum of (a) \$ \_\_\_\_\_ for child support per the payment frequency ordered above for child support, and (b) \$ \_\_\_\_\_ for maintenance or unallocated support per the payment frequency ordered above for maintenance or unallocated support, until the delinquency is paid in full. (This additional amount, the total of (a) and (b), shall not be less than 20 percent of the total of the current support amount and the amount to be paid periodically for payment of any arrearage stated in the order for support.) A support obligation, or any portion of a support obligation which becomes due and remains unpaid for 30 days or more shall accrue interest at the rate of 9%, as set forth in Section 12-109 of the Code of Civil Procedure or as otherwise provided by law. Any portion of a support obligation that remains unpaid at the end of a month, excluding the support that became due for that month, shall accrue interest as provided in Section 12-109 of the Code of Civil Procedure.

[ X ] **TERMINATION**

This obligation to pay child support terminates on \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ unless modified by written order of the Court. (Insert a date no earlier than the date that the youngest child reaches the age of 18 or is expected to graduate from high school, whichever comes later.) **This termination date does not apply to any arrearage that may remain unpaid on that date.** The child/children covered by this order is/are:

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

[ ] **INSURANCE**

The [ ] obligor, [ ] obligee, [ ] obligor and obligee, shall provide health insurance for the child(ren) either by [ ] enrolling them in any health insurance coverage available through the [ ] obligor's, [ ] obligee's, [ ] obligor's and obligee's, employment or [ ] securing a private health insurance policy, accepted by the obligor and obligee or approved by the Court, which names the child(ren) as beneficiary. Both the obligor and the obligee shall be provided a copy of the insurance policy and the insurance card. The name of the health insurance provider and the number of the insurance policy regarding dependent benefits/coverage on the date of this order as follows:

Name of Health Insurance Provider(s): \_\_\_\_\_ Policy No.(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**It is further ordered that:**

The obligor shall give written notice to the Clerk of the Court, and if a party is receiving child and spouse services under Article X of the Illinois Public Aid Code, to the Department of Healthcare & Family Services, **within 7 days**, of:

- any new residential, mailing address or telephone number;
- the name, address and phone number of any new employer, and;
- the policy name and identifying number(s) of health insurance coverage available.

The obligor shall submit a written report of termination of employment and of new employment, including name and address of the new employer, to the Clerk of the Court and the obligee **within 10 days**. Obligor and obligee shall advise each other of a change of residence **within 5 days** except when the Court finds that the physical, mental or emotional health of a party or that of a minor child, or both, would be seriously endangered by disclosure of the party's address. An obligee receiving payments through income withholding shall notify the Clerk of the Court and the State Disbursement Unit **within 7 days**, of a change in residence. The obligor and obligee shall report to the Clerk of the Court any change of information included in the Child Support Data Sheet (Exhibit 1) **within 5 business days** of such change.

[ ] **ADDITIONAL CONDITIONS OR FINDINGS**

Child Support payment amount deviates from the amount required by statutory minimum guidelines. The amount of support that would have been required under the guidelines is \$ \_\_\_\_\_.

Reasons for deviation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is an unpaid arrearage or delinquency equal to at least one month's child support obligation on the termination date, then the periodic amount required to be paid for current child support prior to the termination date shall automatically continue to be an obligation toward satisfaction of the unpaid arrearage or delinquency until paid in full. This payment shall be in addition to any periodic payment required for the satisfaction of the arrearage or delinquency which payments shall continue until such amounts are paid in full.

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

The "Child Support Data Sheet" attached hereto, as Exhibit 1, is a part of this Order.

It is ordered the Clerk of the Court impound Exhibit 1 until further order of this Court.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Prepared by: \_\_\_\_\_  
Attorney for: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Attorney No: \_\_\_\_\_

PLAINTIFF/PETITIONER

COUNTY \_\_\_\_\_

vs.

**CHILD SUPPORT DATA SHEET**

DATE \_\_\_\_\_

DEFENDANT/RESPONDENT

OBLIGOR INFORMATION		OBLIGEE INFORMATION		
Last name:		Last name:		
First Name:	Middle In.:	First name:	Middle In.:	
Complete <u>Residential</u> Address:		Complete <u>Residential</u> Address:		
Complete Mailing Address ( <i>If other than above</i> ):		Complete Mailing Address ( <i>If other than above</i> ):		
Date of Birth:		Date of Birth:		
Driver's License No.:		Driver's License No.:		
*Social Security No.: XXX-XX-		Social Security No.: XXX-XX-		
Home Phone Number: ( )		Home Phone Number: ( )		
Employer(s) Name/Company:		Employer(s) Name/Company:		
Employer(s) Address:		Employer(s) Address:		
Employer(s) ID Number:		Employer(s) ID Number:		
Work Phone Number: ( )		Work Phone Number: ( )		
CHILD/CHILDREN INFORMATION				
LAST	FIRST	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1.				
2.				
3.				
4.				
5.				

(If more space is needed, attach an additional sheet.)

\*If obligor is not a US citizen, so indicate and provide the obligor's alien registration number, passport number and home country's social security or national health number.

## ***Instructions for Affidavit & Application To Sue or Defend as an Indigent Person***

If you claim you are not financially able to pay filing fees and costs, you may apply to the Court for waiver of those charges as an indigent person. To seek waiver of those fees, you must complete and submit the form "Affidavit & Application to Sue or Defend as an Indigent Person." The form follows this page (scroll down).

Please submit the completed form as soon as possible so that the Judge can rule on your request, and you can provide further information if required. You must **PRINT** all of the information required on the form and sign your signature affirming, under penalty of **perjury**, that the information you have given is truthful. Complete all parts of the form.

The Judge will review your completed application and either grant or deny it or require additional information. If you are being sued and the Court denies the application, you will have to pay the filing fees before the answer date or extension. If you do not, a default Judgment may be entered against you.





**4. I checked "No" in section 3, so I am providing the following financial information:**

In **4a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.

a. I have applied for 1 or more of the benefits listed in section 3:

Yes     No

In **4b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

b. I receive the following money each month. This includes money received by people I support who live with me. *(check all that apply)*

<input type="checkbox"/> My employment:	\$ _____	<input type="checkbox"/> Other people's employment:	\$ _____
<input type="checkbox"/> Child support:	\$ _____	<input type="checkbox"/> Social Security (not SSI):	\$ _____
<input type="checkbox"/> Pension:	\$ _____	<input type="checkbox"/> Unemployment:	\$ _____
<input type="checkbox"/> Other <i>(list type and amount)</i> :	_____		\$ _____
<input type="checkbox"/> No income			

Total of all money received: \$ \_\_\_\_\_

Include the money received by the people you support who live with you. Support means that the people rely on you financially.

c. I received the following total amount of money in the past 12 months. This includes money received by people I support who live with me. *(check all that apply)*

<input type="checkbox"/> My employment:	\$ _____	<input type="checkbox"/> Other people's employment:	\$ _____
<input type="checkbox"/> Child support:	\$ _____	<input type="checkbox"/> Social Security (not SSI):	\$ _____
<input type="checkbox"/> Pension:	\$ _____	<input type="checkbox"/> Unemployment:	\$ _____
<input type="checkbox"/> Other <i>(list type and amount)</i> :	_____		\$ _____
<input type="checkbox"/> No income			

Total of all money received: \$ \_\_\_\_\_

In **4c**, check the box for each type of money you have received in the past 12 months. For each type, enter the total amount received in the past 12 months before taxes.

Include the money received by the people you support who live with you.

d. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. *(check all that apply)*

<input type="checkbox"/> Rent:	\$ _____	per month
<input type="checkbox"/> Home Mortgage:	\$ _____	per month
<input type="checkbox"/> Other Mortgage:	\$ _____	per month
<input type="checkbox"/> Utilities:	\$ _____	per month
<input type="checkbox"/> Food:	\$ _____	per month
<input type="checkbox"/> Medical:	\$ _____	per month
<input type="checkbox"/> Car Loan:	\$ _____	per month
<input type="checkbox"/> Other <i>(list type and amount)</i> :	_____	\$ _____ per month
<input type="checkbox"/> I have no expenses		

Total of all expenses: \$ \_\_\_\_\_

In **4d**, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

In **4e**, check all of the items owned by you and list the value of each item. Include the items owned by the people you support who live with you.

If you own real estate, include the total you owe on any mortgage.

e. I have the belongings listed below. This includes the belongings of the people I support who live with me. *(check all that apply)*

Bank accounts and cash totaling: \$ \_\_\_\_\_

Home real estate, worth: \$ \_\_\_\_\_

The total I owe on my home mortgage is: \$ \_\_\_\_\_

Other real estate, not including the house I live in, worth: \$ \_\_\_\_\_

The total I owe on my other mortgage is: \$ \_\_\_\_\_

1<sup>st</sup> vehicle worth: \$ \_\_\_\_\_ The 1<sup>st</sup> vehicle is paid off:  Yes  No

2<sup>nd</sup> vehicle worth: \$ \_\_\_\_\_ The 2<sup>nd</sup> vehicle is paid off:  Yes  No

Other *(list items and value)*: \_\_\_\_\_ \$ \_\_\_\_\_

None of the above

**I certify that everything above is true and correct to the best of my knowledge.**

**I understand that making a false statement in this form could be perjury.**

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

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

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

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

\_\_\_\_\_  
*Relationship to Minor or Incompetent Adult (if applicable)*

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

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.

The person who filled out this form must sign it.

Enter the complete current address and telephone number of the person who filled out this form.

If you are filling out this form for a minor or an incompetent adult, state your relationship.

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>ORDER FOR WAIVER OF COURT FEES</b>	For Court Use Only
<b>Instructions ▼</b> Enter above the county name where the case was filed. Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being sued as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	_____ <b>Plaintiff / Petitioner</b> <i>(First, middle, last name)</i>  v.  _____ <b>Defendant / Respondent</b> <i>(First, middle, last name)</i>	_____ <b>Case Number</b>

Enter your full name as "Applicant."

**Applicant Name:** \_\_\_\_\_  
*First*
*Middle*
*Last*

**DO NOT** check any more boxes or fill in any more blanks on this form.  
 The Judge will decide if your *Application for Waiver of Court Fees* is granted or denied and complete the rest of this form.

**The Court having reviewed the *Application for Waiver of Court Fees* hereby finds:**

- The applicant **qualifies** for a fee waiver because *(check one)*:
  - The applicant receives assistance under one or more of the following programs: Supplemental Security Income (SSI); Aid to the Aged, Blind and Disabled (AABD); Temporary Assistance for Needy Families (TANF); Food Stamps (SNAP); General Assistance; Transitional Assistance; or State Children and Family Assistance; **OR**
  - The applicant's household income is 125% or less than the current poverty level as established by the U.S. Department of Health and Human Services; **OR**
  - Payments of fees, costs, and charges would result in substantial hardship to the applicant or his or her family.
- The applicant **does not qualify** for a fee waiver because *(must state specific reason)*:  
 \_\_\_\_\_

**IT IS HEREBY ORDERED:**

- Application for Waiver of Court Fees* is **GRANTED**. The applicant may participate in this case without payment of fees, costs, or charges including: filing, service of process, publication, mediation, guardian ad litem, or any other court ordered fees as listed in 735 ILCS 5/5-105(a)(1).
- Application for Waiver of Court Fees* is **DENIED** and:
  - Applicant must pay all applicable fees, costs, or charges by: \_\_\_\_\_ **OR**  
*Date*
  - Applicant must pay all applicable fees, costs or charges as follows *(describe payment plan)*:  
 \_\_\_\_\_

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

**ENTERED:**  
 \_\_\_\_\_  
*Judge*
*Date*