IL Dept. of Healthcare and Family Services
Division of Child Support Enforcement

MONTHLY BILLING STATEMENT OF CHILD SUPPORT ACCOUNT

(Statement Date   )
NCP RIN :

(NCP name   )   Support for Child(ren):
(NCP address   )   (child's name   )   (   )
(City, state, zip   )   (   )   (   )
                                        (   )   (   )

This is where your RIN is located

Este es un aviso muy importante. Si usted no entiende este aviso, comuníquese con el Centro de Servicio al Consumidor en la Sección de Manutención de Niños a 1-800-447-4278, dónde le podrán explicar este aviso. Personas que usan teletipo (TTY) deben llamar a 1-800-526-5812.

This is an important notice. If you do not understand this notice, contact the Child Support Customer Service Call Center at 1-800-447-4278 who can explain it to you. Persons with a TTY device may call 1-800-526-5812.

You are required to pay the terms of the child support order listed below. Attached are coupons to send in with your payment.

Your last payment for $_____ was received on _____.

Entry date of Order of Support: _____ Docket #: _____

Support amounts are based on the following support order terms:

$ _____ per _____ current child support
$_____ per _____ past due child support (arrearage)
$_____ per _____ current cash medical support
$ _____ per _____ past due cash medical support
$ _____ per _____ spousal support
$ _____ per _____ past due spousal support
$ _____ per _____ delinquency totaling $ _____ as of _____ (variable) (9% per year)
$_____ per _____ other (must specify) _____
for a total of
$ _____ per _____ to be forwarded to the State Disbursement Unit at the address below.

Other payment methods besides check or money order are also available if you would prefer. Credit/debit card payments may be made by calling the Department at 1-877-895-9094. On-line payments can be made through the SDU/ACS's website at: ( ) Direct debit authorization can be set up by calling 1-877-225-7077 or you can access the SDU/ACS's Website at: ( ).

IL Dept. of Healthcare and Family Services – Payment Coupon for Child Support

Place the following information on your check/money order:

(NCP Name   )
(NCP Address   )
Support Order/Docket #: (   )
FIPS: (   )

Custodial Parent: (   )

Amount Due This Payment :$ (   )

Date Due: (   )

Make check/money order payable to the State Disbursement Unit and mail this stub with your payment to:
(SDU   )
(SDU address   )
(SDU address   )

Amount Paid: $_____

Check / Money Order Number: _____

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Place the following information on your check/money order:

```
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(NCP Address        )
Support Order/Docket #:  (              )
FIPS:  (              )
```

Custodial Parent: (   )

Amount Due This Payment :$ (   )

Date Due: (   )

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Amount Paid: $_____

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