

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF _____ COUNTY

Petitioner

AND

Respondent

Case Number

MOTION TO MODIFY CHILD SUPPORT

Respectfully submitted,

Movant

CERTIFICATION

Under 735 ILCS 5/1-109, my signature means that:

- 1) Everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and
- 2) I understand that making a false statement on this form is perjury and has penalties provided by law.

Signature

Date

Name

Phone

Email

Address

☐ I am using an alternative address because disclosing my address would put me or my household at risk.



PROOF OF DELIVERY

IN THE STATE OF ILLINOIS, CIRCUIT COURT

This tells the judge how and when you will send documents to the other people in the case.

COUNTY: _____
County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PLAINTIFF/PETITIONER OR IN RE: _____
Who started the case. First, Middle, and Last Name, or Business Name

DEFENDANTS/RESPONDENTS: _____
Who the case was filed against.

First, Middle, and Last Name, or Business Name

Case Number _____

PROOF (EXPLANATION) OF DELIVERY

*This tells the judge how and when you will send your documents **to the other people in the case** under Rule [11](#). If a person in the case has a lawyer, **you must send your documents to their lawyer**. File this form with the Circuit Clerk, but do not list the Clerk below as a person you are sending your documents to.*

A. I am sending this **Proof of Delivery** and the following court documents:

Name of Documents

To: _____
Full Name or Law Firm Name

B. I am sending the documents:

☐ By **email** to this email address: _____

☐ Through an approved **e-filing website (EFSP)** to this email address: _____



You **must** send documents electronically (by email or through an EFSP) if you and the person you are sending documents to have an email address. If you or the person you are sending to do not have an email address, or if you have permission from the judge, you may send documents using the options below.

☐ I am sending the documents to this address:

Street, Apt. # City State Zip Code

By (check all that apply):

☐ Personal hand delivery.

You can only deliver to the person, person's family member over 13 at person's residence, person's lawyer, or the lawyer's office.

☐ Mail or third-party carrier (FedEx, UPS, etc.) to the address listed above, with postage or delivery prepaid.

Location of mailbox or third-party carrier: _____
Address or Intersection City State

☐ Mail from a prison or jail: _____
Name and Address of Prison or Jail

C. The documents will be sent on: Date: _____ Time: _____
Month, Day, Year Include AM or PM



If you are sending your documents to additional people, fill out a **Proof of Delivery** form for each person.

Zip Code



WHAT'S NEXT



ilcourts.info/how-to-proof-delivery.

If there are any words or terms that you do not understand, please **visit Illinois Legal Aid Online** at ilao.info/glossary. You may also find more information, resources, and the location of your local legal self-help center at: ilao.info/lshc-directory.