



# ORDER FOR SUPPORT

(CHILD SUPPORT AND MAINTENANCE)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

☐ Initial ☐ Modification ☐ Enforcement

COUNTY: \_\_\_\_\_

*County Where You Are Filing the Case*

PETITIONER: \_\_\_\_\_

*Who started the case. First, Middle, and Last Name*

RESPONDENT: \_\_\_\_\_

*Who the case was filed against. First, Middle, and Last Name*

IV-D Case Number  
*(if applicable)*

Case Number

- Do not fill out the rest of this form unless the judge tells you to complete it.
- You **must bring** the social security numbers of both Petitioner and Respondent to the court hearing.

## THE COURT FINDS:

1. The person paying support is called "Obligor" in this *Order*.

The Obligor is: \_\_\_\_\_ who is the ☐ Petitioner ☐ Respondent.  
*First, Middle, and Last Name*

The person receiving support is called "Obligee" in this *Order*.

The Obligee is: \_\_\_\_\_ who is the ☐ Petitioner ☐ Respondent.  
*First, Middle, and Last Name*

2. The children covered by this *Order* are:

Child's Name	Age	Who They Reside With
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. The combined gross income ☐ does ☐ does not exceed the uppermost levels of the schedule of basic support obligations.

4. The gross income of Obligor is: \$ \_\_\_\_\_ per \_\_\_\_\_.

The net income of Obligor is: \$ \_\_\_\_\_ per \_\_\_\_\_ calculated by

- ☐ the standardized tax amount.  
☐ the individualized tax amount.  
☐ the agreement of the parties.

The gross income of Obligee is: \$ \_\_\_\_\_ per \_\_\_\_\_.

The net income of Obligee is: \$ \_\_\_\_\_ per \_\_\_\_\_ calculated by

- ☐ the standardized tax amount.  
☐ the individualized tax amount.  
☐ the agreement of the parties.

*The person paying support is called "Obligor." The person receiving support is called "Obligee."*

5. The adjusted net income for Obligor is: \$ \_\_\_\_\_ per \_\_\_\_\_.  
The adjusted net income for Obligee is: \$ \_\_\_\_\_ per \_\_\_\_\_.
6. The Basic Combined Support Obligation is: \$ \_\_\_\_\_ per \_\_\_\_\_.
- ☐ 7. 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.
- ☐ 8. Obligor receives only means tested assistance or cannot work due to a medically proven disability, incarceration or institutionalization.
- ☐ 9. 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)*
- ☐ 10. Split care: Each of the parents has physical care of at least one, but not all of the children.
- ☐ 11. The amount of child support arrearage is: \$ \_\_\_\_\_ as of \_\_\_\_\_  
*Date*  
plus an interest amount of: \$ \_\_\_\_\_.
- ☐ 12. The amount of maintenance arrearage is: \$ \_\_\_\_\_ as of \_\_\_\_\_  
*Date*  
plus an interest amount of: \$ \_\_\_\_\_.
- ☐ 13. The amount of retroactive child support is: \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
*Date**Date*
- ☐ 14. The amount of retroactive maintenance is: \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
*Date**Date*
- ☐ 15. 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:
- 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 on: \_\_\_\_\_ and end on \_\_\_\_\_.  
*Date**Date*



*The person paying support is called "Obligor." The person receiving support is called "Obligee."*

- ☐ 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 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 Payments (maintenance or child support):**

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 this sum (should be not less than 20% of payment) until the delinquent amount is paid in full:

\$\_\_\_\_\_ for child support per payment period ordered in Section A2d.

\$\_\_\_\_\_ for maintenance per payment period ordered in Section A1d.

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. 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: \_\_\_\_\_% Obligee: \_\_\_\_\_%

**F. 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 will be paid by:
- Obligor: \_\_\_\_\_% Obligee: \_\_\_\_\_%
- c. ☐ Payment will be made directly to: ☐ Obligee ☐ Child care provider

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**G. School and Extra-Curricular Expenses:**

- ☐ 1. Decision Reserved
- ☐ 2. a. School and extra-curricular expenses covered by this *Order* are:

\_\_\_\_\_

\_\_\_\_\_

- b. The cost of school and extra-curricular expenses will be paid by:

Obligor: \_\_\_\_\_% Obligee: \_\_\_\_\_%

**H. 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.

*The person paying support is called "Obligor." The person receiving support is called "Obligee."*

**I. 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. A child support calculation prepared by using the Illinois Department of Healthcare and Family Services estimator is attached: ☐ Yes ☐ No
- ☐ 3. The child support calculation was prepared by ☐ Petitioner ☐ Respondent ☐ Judge

**J. Other:**

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

**ENTERED:**

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

\_\_\_\_\_  
*Date (Month, Day, Year)*