

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT

PUTNAM COUNTY, ILLINOIS

UNIFORM ORDER FOR SUPPORT

- [] Initial Order
[] Modification

Petitioner/Plaintiff vs. Respondent/Defendant
Court Case No.
IDPA No.
Illinois Dept. of Public Aid is, or has been, granted leave to intervene.

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, Obligor, is to provide:

[] MAINTENANCE OR [] UNALLOCATED SUPPORT

Payment Amount: Current Maintenance or Unallocated Support Payment: \$
Arrearage Payment: \$
Payments Begin: (date)
Payment Frequency: [] 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: Current Child Support Payment: \$
Arrearage Payment: \$
Payments Begin: (date)
Payment Frequency: [] 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 above.)

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.

PAYMENT ARRANGEMENTS

ec 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 on the Child Support Data Sheet. Payments shall be made payable to the State Disbursement Unit and sent to the State Disbursement Unit at _____. 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.

A Notice to Withhold Income shall issue immediately and shall be served on the employer at the address listed on the Child Support Data Sheet. Payments shall be made payable to the _____ **COUNTY CIRCUIT CLERK** and sent to _____. Payments must include **CASE NUMBER** and sent to **THE CLERK OF THE CIRCUIT COURT** at _____. Payments must include **CASE NUMBER** and **COUNTY** of the Court issuing this Order. Any subsequent employer may be served with a Notice to Withhold Income without further order of Court.

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 _____ County at _____ and **not** to the State Disbursement Unit.

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% per annum.

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 are 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 Public Aid, **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

- The 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 \$ _____.

PLAINTIFF/PETITIONER

CASE NO. _____

VS.

COUNTY _____

DEFENDANT/RESPONDENT

CHILD SUPPORT DATA SHEET

DATE _____

OBLIGOR INFORMATION		OBLIGEE INFORMATION	
Last name:		Last name:	
First name:	Middle In.:	First name:	Middle In.:
Complete Residential Address:		Complete Residential Address:	
Complete Mailing Address (If other than above):		Complete Mailing Address (If other than above):	
Date of Birth:		Date of Birth:	
Driver's License No.:		Driver's License No.:	
*Social Security No.:		Social Security No.:	
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.