

IN THE COURT OF THE TENTH JUDICIAL CIRCUIT  
MARSHALL COUNTY, ILLINOIS  
**UNIFORM ORDER FOR SUPPORT**

- Initial Order  
 Modification

Petitioner / Plaintiff	)	
Vs.	)	Court Case No. _____
	)	<input type="checkbox"/> Illinois Dept. of Public Aid is , or has
	)	been, granted leave to intervene.
	)	
Respondent / Defendant	)	IDPA 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 \_\_\_\_\_, Obligor, is to provide:**

<input type="checkbox"/> <b>MAINTENANCE</b> Payment Amount:  Current Maintenance or Unallocated Support Payment: \$ _____  Arrearage Payment:                 \$ _____  Payments Begin: _____ (date)	<b>OR</b>	<input type="checkbox"/> <b>UNALLOCATED SUPPORT</b> Payment Frequency: <input type="checkbox"/> Every week <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Twice each month on _____ & _____ (date) <input type="checkbox"/> Every Year <input type="checkbox"/> Other _____
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<input type="checkbox"/> <b>CHILD SUPPORT</b> Payment Amount:  Current Child Support Payment: \$ _____  Arrearage Payment:                 \$ _____  Payments Begin: _____ (date)	(Do not complete this section if Unallocated Support is ordered.) Payment Frequency: <input type="checkbox"/> Every week <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Twice each month on _____ & _____ (date) <input type="checkbox"/> Every Year <input type="checkbox"/> Other _____
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**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**

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 the 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.
- State law does not require payment to the State Disbursement Unit and the parties have not entered into a written agreement as provided above. Payments shall be made payable to Illinois SDU and sent to THE CLERK OF THE CIRCUIT COURT at 122 N. Prairie St. P.O. Box 328, Lacon, IL, 61540. Payments must include CASE NUMBER and COUNTY of the Court issuing this Order.

In addition to and separate from amounts ordered to be paid as maintenance or child support, the obligor shall pay a \$36.00 per year Separate Maintenance and Child Support Fee. This sum shall be paid directly to the Clerk of the Circuit Court of Marshall County at 122 N. Prairie St. P.O. Box 328, Lacon, IL, 61540 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, 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 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):

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**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 including 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:\_\_\_\_\_



PLAINTIFF / PETITIONER  
Vs.

CASE NO: \_\_\_\_\_  
COUNTY: \_\_\_\_\_  
DATE: \_\_\_\_\_

**CHILD SUPPORT DATA SHEET**

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 (if other than above)		Complete Mailing Address (if other than above)		
Date of Birth:		Date of Birth:		
Drivers License No.:		Drivers 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