This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois courts.

STATE OF ILLINOIS, CIRCUIT COURT COUNTY	SUPPORT INFORMATION SHEET (To Be Impounded by the Circuit Clerk to Protect Private Information)	For Court Use Only

Instructions ▼		
Enter above the county name where you will file this case.		
Enter the full name of Petitioner, Respondent, and the case number as listed on the *Petition for Dissolution of Marriage/Civil Union (Divorce with Children).*	**Petitioner** *(First, middle, last name)* v. **Respondent** *(First, middle, last name)*	**IV-D Case Number** ☐ IL Department of Healthcare and Family Services is granted leave to intervene **Case Number**
Enter the IV-D case number if you know it.		

In **1**, enter Petitioner's information.

1. I am providing the following information about Petitioner:

a. Petitioner is the person:

☐ paying support (Obligor)

☐ receiving support (Obligee)

b. Name: _____
First *Middle* *Last*

c. Address: _____
Street, Apt # *City* *State* *ZIP*

d. Date of Birth: _____

e. Social Security Number: _____

f. Phone Number: _____

g. I am employed by: _____
Employer Name

Employer Address: _____
Street, Apt # *City* *State* *ZIP*

Employer Phone Number: _____

h. I am also employed by: _____
Employer Name

Employer Address: _____
Street, Apt # *City* *State* *ZIP*

Employer Phone Number: _____

In **2**, enter Respondent's information.

2. I am providing the following information about Respondent:

a. Respondent is the person:

☐ paying support (Obligor)

☐ receiving support (Obligee)

b. Name: _____
First *Middle* *Last*

c. Address: _____
Street, Apt # *City* *State* *ZIP*

d. Date of Birth: _____

e. Social Security Number: _____

f. Phone Number: _____

g. Respondent is employed by: _____
Employer Name

Employer Address: _____
Street, Apt # *City* *State* *ZIP*

Employer Phone Number: _____

h. Respondent is also employed by: _____
Employer Name

Employer Address: _____
Street, Apt # *City* *State* *ZIP*

Employer Phone Number: _____

In **3**, list the names and birthdates of the children for whom support was ordered.

Leave blank if no child support was ordered.

3. I am providing the following information about the children for whom support was ordered:

	Name	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
☐	I have listed additional minor children on the attached *Additional Minor Children*	

This form was prepared by:

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

If you e-file this form, select "confidential" when uploading the form.

/s/
Your Signature

Your Name

Street Address

City, State, ZIP

Telephone

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