

JAMES W. GLASGOW

Will County States Attorney's Office

Child Support Enforcement Division

57 N. Ottawa St., Ste.# 501

Joliet, Illinois 60432

Phone: 815-727-8810 / 815-727-8936 / 815-727-8874

Fax: 815-727-6085

Email: childsupport@willcountyillinois.com

APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

Thank you for your interest in our child support enforcement program. We have been helping Will County custodial parents for over 30 years with their child support enforcement needs. There is no cost for our service and we are limited by the law to only establishment and enforcement of support orders and paternity. Pursuant to 750 ILCS 45/18(b), we cannot handle any matters involving visitation, custody, or property. In addition, we cannot help custodial parents in the following circumstances:

- If you receive any form of cash assistance from the State of Illinois.
- If the person obligated to pay child support to you lives outside of Illinois.
- If the person obligated to pay child support is still legally married to you or you are residing together.
- If your previously filed divorce case or child support file is in another jurisdiction.

If any of the above applies, you may be able to still receive some form of help from private family law attorneys, or the Illinois Department of Health and Human Service Child Support Enforcement program, which can be reached by calling 1-800-447-4278 or by visiting their website at www.childsupportillinois.com.

The first step in our process is to complete the attached application for child support enforcement services. There may be questions you cannot answer or that do not apply. Skip those questions and move to the next applicable question. Once completed, please return the form:

- Via U.S. Mail to: **Will County States Attorney's Office, Child Support Enforcement Division, 57 N. Ottawa St., Ste.# 501, Joliet, Illinois 60432**; or
- Via Fax Transmittal: **(815)727-6085**; or
- Via Email: childsupport@willcountyillinois.com

Upon receipt of the completed form, we will review it and contact you to set up an intake interview. At the interview, you will meet with the Child Support Specialist and/or one of the Assistant State's Attorneys to discuss the particulars of your case as well as the procedures

involved. Please note the interview can take up to one hour to complete. If you have the following documents, please provide a copy of each to our office along with your application:

- All child support payment ledgers.
- Records of State Disbursement Unit (SDU), Circuit Clerk's Office, or direct payments you have received, including the dates of payments and dollar amounts.
- Your Driver's License/State ID card, your social security card, birth certificate(s) of minor child(ren).
- The Voluntary Acknowledgment of Paternity (paperwork signed at the hospital by the father, if not married).
- Your complete Judgment of Dissolution of Marriage, Marital Settlement, and/or Joint Parenting Agreement.

If you cannot make a copy or you do not have a copy of the above-listed documents, we can still help you although our help may be delayed until we locate and review the documents.

We look forward to meeting you and discussing what, if any, service we can provide.

Sincerely,

Will County State's Attorney Office
Child Support Division

The Will County State's Attorney's Office is an Equal Opportunity Service Provider and does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, mental or physical disability, veteran status, or sexual orientation.

APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

Please place a check by all services you are seeking from the Will County State's Attorney's Office Child Support Enforcement Division:

- | | |
|---|--|
| <input type="checkbox"/> Establishment of Paternity | <input type="checkbox"/> Establishment of Child Support |
| <input type="checkbox"/> Enforcement of Child Support Order | <input type="checkbox"/> Collection of Child Support Arrears |
| <input type="checkbox"/> Increase in current Child Support | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Other (please specify below) | |

Please complete the following information regarding the Obligor, who is the person obligated to pay child support to you. (Please print):

Name: _____ Date of birth: _____

Home address: _____

City, State, Zip: _____

Phone number: () _____ Cell number: () _____

Social Security #: _____ Driver's License #: _____

Email Address: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____ Race: _____

Name & address of Employer or place of business (if known): _____

What days and hours does he/she work? _____

Check here if person is self-employed Check here if person is unemployed

Complete the following information about yourself. You are the Obligee. (Please print):

Name: _____ Date of birth: _____

Home address: _____

City, State, Zip: _____

Phone number: () _____ Cell number: () _____

Social Security #: _____ Driver's License #: _____

Email Address: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____ Race: _____

Name & address of Employer or place of business: _____

What days and hours do you work? _____

Can we contact you at work? ____ Yes ____ No If so, what number: _____

____ Check here if you are self-employed ____ Check here you are unemployed

Have you currently, or in the past two years, been convicted of a crime in Will County?

____ Yes ____ No

If so, please indicate the type of crime and the date of offense: _____

Are there any Domestic Violence or Orders of Protection proceedings currently pending against the Obligor and you? ____ Yes ____ No

Are you or the child(ren) currently receiving any form of assistance from the State of Illinois?

____ Yes ____ No If yes, please indicate what type of assistance: _____

Complete the following information about the child(ren) you have with the Obligor (Please print with the order of oldest child to youngest):

1. Child's name: _____

Date of birth: _____ Age: _____ Attends School: ____ Yes ____ No

____ Check here if the child is in preschool/day care

Expected high school graduation date if child is in high school: _____

2. Child's name: _____

Date of birth: _____ Age: _____ Attends School: ____ Yes ____ No

____ Check here if the child is in preschool/day care

Expected high school graduation date if child is in high school: _____

3. Child's name: _____

Date of birth: _____ Age: _____ Attends School: ____ Yes ____ No

____ Check here if the child is in preschool/day care

Expected high school graduation date if child is in high school: _____

4. Child's name: _____

Date of birth: _____ Age: _____ Attends School: ____ Yes ____ No

____ Check here if the child is in preschool/day care

Expected high school graduation date if child is in high school: _____

5. Child's name: _____

Date of birth: _____ Age: _____ Attends School: ____ Yes ____ No

____ Check here if the child is in preschool/day care

Expected high school graduation date if child is in high school: _____

Case Information:

1. Do you currently have a child support case pending in Court in Will County?
 Yes No

If so, please indicate what your case/docket number is: _____

2. Currently, or in the past, have you ever been represented by the Will County State's Attorney's Office, Division of Child Support Enforcement in this case or another case?
 Yes No

If so, please indicate other case/docket number: _____

If you have a child support case as of a result of a divorce, please complete questions 3 through 6, then skip to question 11; if not, please skip to question 7:

3. Please provide the date and name of the county in which your Judgment for Dissolution of Marriage was entered: _____

4. Was child support ordered by the Court in your case? Yes No

5. How much and at what frequency was child support set at? _____

6. Since the divorce has been final has your child support ever been increased or decreased for any reason? Yes No

If so, please provide a brief explanation of the reason for the modification: _____

If your child support case is a result of a paternity action, please complete questions 7 through 10; if not, please skip to question 11:

7. Did the father sign the Voluntary Acknowledgment of Paternity or birth certificate at the hospital?
 Yes No

8. Has paternity ever been established by the Court?
 Yes No

9. Was child support ordered by the Court at any time? Yes No

If yes, please state the amount and at what frequency: _____

10. If the Court ordered support, has it ever been increased or decreased for any reason?

Yes No

11. If your support obligation was a result of an order by the judge, has the Obligor fallen behind in his/her child support obligation? Yes No

12. How much does Obligor owe you in past due? _____

13. Does the amount listed in question 12 include statutory interest? Yes No

14. Who calculated the amount listed in question 12?

I did Private Attorney Other: _____

15. To whom has the Obligor made payments? (check all that apply)

Will County Clerk's Office

State Disbursement Unit (SDU)

Directly to you (if checked, please provide information how the payments were made, including copies of checks and/or dates of cash payments)

Health Insurance:

The following questions relate to health insurance for the minor child(ren). Our office handles provision and enforcement of health insurance on a limited basis.

1. Is(Are) the minor child(ren) covered under any health insurance plan? Yes

No

If yes, please provide the name of the insurer and the name of the policy holder:

2. Has the Obligor been ordered to provide health insurance for the minor child(ren) through a Court order? Yes No

3. If ordered to provide, is the Obligor currently providing insurance coverage as ordered?

Yes No

4. Do you provide a health insurance policy for the child(ren)? Yes No

If so, what is the cost to you minus your portion: \$_____ per _____

Other Information:

1. Based upon the information you know about the Obligor, does he/she:

- a. Have cash employment? Yes No
- b. Own property? Yes No
- c. Have a pending worker's compensation claim? Yes No
- d. Have any pensions, 401k's, and/or IRA Accounts? Yes No
- e. Have a pending personal injury lawsuit? Yes No
- f. Have a pending inheritance settlement? Yes No
- g. Have a disability? Yes No
- h. Receive Social Security Insurance or Disability? Yes No
- i. Have a felony conviction? Yes No
- j. Have a problem holding a job? Yes No
- k. Have a drug/alcohol problem? Yes No
- l. Have a Jail/Prison record? Yes No

2. How did you hear about our Child Support Enforcement Services? _____

3. Please provide any other information that may be of help with the establishment or enforcement of child support on your behalf that is not otherwise listed above: _____

CERTIFICATION

(Please print your name on the line, then sign and date the bottom portion)

I, _____, hereby certify that the above information contained in this child support enforcement intake form is true, correct, and complete to the best of my knowledge. I further understand that I will receive representation that is limited to child support and/or paternity establishment and enforcement which shall not extend to visitation, custody, property, or other matters pursuant to 750 ILCS 45/18(b).

Date: _____ Signature: _____