

Form: Petition for Modification of Child Support

First blank: Your name

Second blank: Your age

Third blank: Your address

Fourth blank: The County in which you live

Fifth blank: The other parent's name

Sixth blank: The other parent's age

Seventh blank: The other parent's address

Eighth and Ninth Blank: Date and the Year

Tenth and Eleventh blank: Amount in dollars of child support and how often ((For example, per month or per week)

Twelfth and Thirteenth blank Petitioners amount in dollars of original child support order and how often.

Fourteen and Fifteenth blank: and Petitioner's new amount in dollars of child support and how often.

Sixteenth and Seventeenth blank: Respondent's amount in dollars of original child support order and how often.

Eighteenth and Nineteenth blank: Respondent's new amount in dollars child support order and how often.

Check and complete those lines which apply to your situation.

Request line: Check whether you want the supporting parent ability to maintain health insurance has changed.

Check whether one or more of the children are now (over 18 years of age) and have or will graduate from high school and on when.

Date and print your name.

Sign your name at the bottom of the page and provide your address, phone number and email address.

Form: Order Modifying Child Support

Fill out only the caption. Leave the rest of the form blank for the Judge to complete.

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT
MADISON COUNTY

Petitioner,

and

No. _____

Respondent.

PETITION FOR MODIFICATION OF CHILD SUPPORT

I, _____, without the assistance of an attorney, ask this Court to modify an existing order of child support. In support of my Petition, I state the following items are true to the best of my knowledge:

1. This Court has jurisdiction over the subject matter and the parties.
2. I am _____ years old; my address is: _____; I live in _____ County; and I have lived in Illinois for at least 90 days before I filed this Petition.
3. The other parent's name is _____; he/she is _____ years old; his/her address is: _____; and he/she is not (circle one) a resident of Illinois.
4. On _____, 20____ an order was entered by this Court (see attached) to pay \$_____ per _____ in child support.
5. Since the entry of this Order, there has been a substantial change in circumstances which justifies the immediate modification of the child support order including: (check all that apply)

() The Petitioner's income has changed from \$_____ per _____ to \$_____ per _____.

() The Respondent's income has changed from \$_____ per _____ to \$_____ per _____.

() The supporting parent's ability to maintain health insurance has changed.

() That one or more of the children are now (over 18 years of age) and have or will graduate from high school on_____.

() That: (Other)

WHEREFORE, I request:

- A. That the Court determine the amount of child support the parties should contribute towards the child if any.
- B. That the Court determine who should maintain health insurance of the child and the amount of health insurance each party should pay.

Date: _____ Name: _____

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she/he verily believes the same to be true.

_____ (Signature)

_____ (Address)

_____ (Phone Number)

_____ (Email Address)

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT
MADISON COUNTY

_____,
Petitioner

And

No. _____

_____,
Respondent

ORDER MODIFYING CHILD SUPPORT

The Court, having heard the evidence, and being otherwise fully advised in the premises on the Petition for Modification of Child Support filed by _____, finds and orders as follows:

The Court finds there has been a substantial change in circumstances since the previous order

IT IS HEREBY ORDERED that the order entered on _____, 20____, ordering _____ to pay child support in the amount of \$_____ per _____ is modified as follows:

() That _____'s child support is modified to \$_____ per _____ beginning on _____.

() That the duty of _____ to pay support is hereby terminated effective on the following date: _____.

() That _____ shall provide health insurance for the minor child (ren).

() That _____ shall pay \$_____ per _____ and _____ shall pay \$_____ per _____ and for the child's health insurance costs beginning on _____.

DATE: _____

JUDGE