

State's Attorney of Will County
JAMES W. GLASGOW
Child Support Enforcement Division
57 N. Ottawa St. 6th Floor
Joliet, Illinois 60432
Phone: 815-727-8874 Fax: 815-727-6085

CHILD SUPPORT INTAKE FORM

DO NOT USE THIS FORM IF:

The Illinois Department of Public Aid/Attorney General's Office has been involved in your case in the past.

You have received any form of cash assistance in the past or present.

The person obligated to pay you support lives out of the State of Illinois.

The person obligated to pay support is still married to you or is living with you.

Your divorce or child support file is in another county or state.

INSTRUCTIONS

Please fill out the attached Intake Form questionnaire. If you have ever received payments in the past from the State Disbursement Unit (SDU) and/or the Circuit Clerks Office, please obtain a copy of your case payment history and bring the copies to your interview. The SDU can be contacted at 1-877-225-7077 or by mail at:

State Disbursement Unit
P.O. Box 5400
Carol Stream, IL, 60197

Once the Intake Form questionnaire is complete, please return or mail all information to:

Will County State's Attorney's Office
Child Support Enforcement Division
57 N. Ottawa St. 6th Floor
Joliet, Illinois 60432

INTAKE FORM QUESTIONNAIRE

1. Please check any and all the reason(s) you are seeking the help of the Will County State's Attorney's Office Child Support Enforcement Division:

- Establishment of paternity
- Collection of back support (arrearages)
- Increase in current child support
- Enforcement of current child support payments
- Other (please specify)

2. Do you have a case/docket number for child support in Will County? Yes No

**If yes, please provide your case/docket number? _____

3. Have you ever been represented by the Will County State's Attorney's Office, Division of Child Support Enforcement? Yes No

4. Complete the following information about ***the person obligated to pay child support to you:***

Name: _____

Date of birth: _____

Home address: _____

City, State, Zip: _____

Phone number: () _____

Cell number: () _____

Social Security #: _____

Drivers license #: _____

Height: _____ Weight: _____ Hair color: _____

Eye color: _____ Race: _____ Other identifying marks: _____

Place of employment, if known: _____

Address of employment, including city, state: _____

What hours does he/she work? _____

5. Complete the following information about **yourself**:

Name: _____

Date of birth: _____

Home address: _____

City, State, Zip: _____

Phone number: () _____

Cell number: () _____

Social Security #: _____

Drivers license #: _____

Place of employment: _____

Address of employment: _____

Work phone number: _____

What hours do you work? _____

Is it okay to contact you at work? ____ Yes ____ No

Do you have an Order of Protection against the person obligated to pay you child support? ____ Yes ____ No

**If yes, please provide the case number: _____

Please provide the name of the county the order of protection was issued from and whether or not it is still in effect: _____

6. Complete the following information about the **child/children** involved in this matter:

Child's name: _____

Date of birth: _____ Age: _____

**If child is in high school, please provide name of high school and expected graduation date: _____

Child's name: _____

Date of birth: _____ Age: _____

**If child is in high school, please provide name of high school and expected graduation date: _____

Child's name: _____

Date of birth: _____ Age: _____

**If child is in high school, please provide name of high school and expected graduation date: _____

Child's name: _____

Date of birth: _____ Age: _____

**If child is in high school, please provide name of high school and expected graduation date: _____

7. Have you ever applied for or been a recipient of public aid, including but limited to medical assistance, food stamps, and or cash assistance?

____ Yes ____ No

**If yes, please identify what type of assistance and the last time you received said assistance? _____

If your child support case is a result of a divorce please complete questions 8 through 11, if not please skip down to question #12:

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

9. Was child support ordered by the court in your case? ____ Yes ____ No

**If yes, provide the date in which the order was entered: _____

10. What was the amount of child support ordered by the court and on what consistency? _____

11. Since this order, has your child support ever been increased or decreased for any reason? ____ Yes ____ No

** If yes, please provide brief explanation as to what happen and the reason for the modification. _____

If your child support case is a result of a paternity action, please complete questions 12 through 15, if not please skip down to question #16:

12. Has paternity ever been established in Court? ____ Yes ____ No

**If yes please provide the name of the county and date in which your Judgment of Paternity was entered: _____

**In no, please skip down to question #16.

13. Was child support ordered by the court in your case? Yes No

**If yes, provide the date in which the order was entered: _____

14. What was the amount of child support ordered by the court and on what consistency? _____

15. Since this order, has your child support ever been increased or decreased for any reason? Yes No

** If yes, please provide brief explanation as to what happen and the reason for the modification. _____

16. Since the entry of the support order, has the obligor fallen behind on payments?

Yes No

**If yes, what is the approximate amount of child support arrears that is owed as of this date? _____

This amount includes statutory interest? Yes No

17. Where is the child support payments ordered to be made through? (Check all that apply)

Will County Clerk's Office

State Disbursement Unit

Directly to me (If payments were made directly to you, please attach a copy of those payments including date of payment, amount of payment, and what form, if available)

The following questions are relating to health insurance for the minor child/children, please provide answers to questions 19 and 20 only if the health insurance as been ordered through the court otherwise please answer no to question 18 and skip to question 21.

18. Has the obligor been ordered to provide health insurance for the minor child/children? Yes No

19. Is the obligor currently providing health insurance coverage for the minor child/children as ordered?

Yes No

20. Despite the order for the obligor to provide medical insurance, do **YOU** provide health insurance coverage for your children? Yes No

**If so, what is the cost to you: \$ _____ per _____

21. Do you have a child with any special medical needs? Yes No

**If yes, please describe: _____

22. If possible, please provide any information you may have concerning the obligor's employment, property or properties owned, pending worker's compensation settlements, pensions, or any other income sources available.

23. Does the obligor have an illness or disability that prevents him/her from working?

Yes No

24. Does the obligor receive disability compensation? Yes No

25. Does the obligor own or rent housing? ____ Own ____ Rent

The following questions are relating to day care for the minor child/children, please provide an answer to questions 27 only if the Court has ordered the defendant to contribute to day care expenses otherwise please answer no to question 26 and skip to question 28.

26. Is your child in daycare? ____ Yes ____ No

**If yes, please provide the name and address of the facility or caretaker as well as the cost of the service:

Name of facility or caretaker: _____

Address of facility or caretaker: _____

City, State, Zip: _____

Cost: _____ per week? _____ per Month?

27. Is the obligor court ordered to contribute towards the cost of day care expenses?

____ Yes ____ No

**If yes, how much is the obligor order to pay for day care expenses and on what consistency? _____

28. How were you referred to the Will County State's Attorney's Office Child Support Enforcement Division?

CERTIFICATION

I, _____, hereby do certify that the above information contained in this child support enforcement intake form is true, correct, and complete to the best of my ability.

Date: _____ Signature: _____

State's Attorney of Will County
JAMES W. GLASGOW
Child Support Enforcement Division
57 N. Ottawa St. Ste# 501
Joliet, Illinois 60432
Phone: 815-727-8874 Fax: 815-727-6085

CHILD SUPPORT INTAKE FORM

DO NOT USE THIS FORM IF:

The Illinois Department of Public Aid/Attorney General's Office has been involved in your case in the past.

You have received any form of cash assistance in the past or present.

The person obligated to pay you support lives out of the State of Illinois.

The person obligated to pay support is still married to you or is living with you.

Your divorce or child support file is in another county or state.

INSTRUCTIONS

Please fill out the attached Intake Form questionnaire. If you have ever received payments in the past from the State Disbursement Unit (SDU) and/or the Circuit Clerks Office, please obtain a copy of your case payment history and bring the copies to your interview. The SDU can be contacted at 1-877-225-7077 or by mail at:

State Disbursement Unit
P.O. Box 5400
Carol Stream, IL, 60197

Once the Intake Form questionnaire is complete, please return or mail all information to:

Will County State's Attorney's Office
Child Support Enforcement Division
57 N. Ottawa St. 6th Floor
Joliet, Illinois 60432