## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS DOMESTIC RELATIONS DIVISION

GENERAL ORDER: 99-D-6

SUBJECT: FORM FOR FAMILY SUPPORT AFFIDAVIT (REVISED) (RENUMBERED)

IT IS HEREBY ORDERED THAT:

Commencing October 21, 1999, this form for Family Support Affidavit shall replace the form authorized in General Order 89 - D - 1, for use in the Domestic Relations Division and shall be furnished by the Clerk of the Circuit Court to the Bar and the general public in limited amounts. Any word-processor form consistent with and in the form of this Family Support Affidavit is acceptable.

## IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS COUNTY DEPARTMENT - DOMESTIC RELATIONS DIVISION

□ IN RE THE MARRIAGE □ CUSTODY □ SUPPORT OF:	
	NO.
PETITIONER	
AND	CALENDAR
RESPONDENT	

## **FAMILY SUPPORT AFFIDAVIT**

This completed form must be attached to any judgment, decree or order of court which contains an initial or modification of an order for the payment of child support and/or maintenance. Both parties may use one form or they may complete separate forms. If either party is not present, both Part I and Part II must be completed by the party who is present to the best of her/his information and belief.

ull Name	Date of Birth					
	Date of Birth					
City						
Mailing Address (if different)						
Social Security No.						
Employer	Telephone ()					
Address		· · · · · · · · · · · · · · · · · · ·				
City			Zip			
Driver's License No. (Illinois)	]	Driver's License No. (	other state)			
Child(ren) covered by Order For	Support:					
Full Name(s)	<u>Sex</u>	Date of Bir	th Social	Security No.		
	·*			··········		
Is child(ren) receiving Public Ass	istance? (Yes or N	0)				
yes, give case number						
Title IV-D Program (Yes or No)		<u></u>				
If yes, give case number						

(Rev. 10/14/99) CCDR-108

## PART II. To Be Completed by Non-Custodial Parent

dull Name					Date of Birth				
Residential Address									
Mailing Address (if									
								<u></u>	
Social Security No.									
Address									
Occupation									
								on	
Father's Name (last,									
Mother's Name (mai	den. first)				· · · · · ·				
Military Service?		1	If ves	whic	h Branc			Retired?	
uisclosed pursuant to	750 ILCS 5/505.	3 within	five (5)	t or ( ) bus	iness day	unty char ys of the o	nges in infor change.	mation required to be	
			<u>CERT</u>	IFIC	CATION	Ţ			
Under penalties provundersigned certifies matters therein specithat he/she believes the	that he/she knows fically stated to be	s the state	ements	set f	orth in tl	his docun	nent are true	vil Procedure, the and correct, except as to the undersigned certifies	
Custodial Parent	Date	Date			Non-Ct	ıstodial F	arent	Date	
·		*	*	*	*	*			
Attorney for Custodial Parent				Attorney for Non-Custodial Parent					
Name:									
Attorney For: Address:									
City, State, Zip:								t	
ephone:									
.orney Code No.					. <del>-</del> -				

Dated this 21<sup>st</sup> day of March, 2000. This Order is entered nunc pro tunc to the 21<sup>st</sup> day of October, 1999, effective October 21, 1999 and supersedes General Order 89 - D - 1. This Order shall be spread upon the records of this Court and published.

ENTERED:

TIMOTHY C. EVANS
PRESIDING JUDGE
DOMESTIC RELATIONS DIVISION