

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
CHAMPAIGN COUNTY, ILLINOIS

THE PEOPLE OF THE STATE OF ILLINOIS,)
on behalf of HEALTHCARE AND FAMILY SERVICES,)
ex rel. _____,)
 Petitioner,) No. _____
vs. _____,) IV-D No. _____
 Respondent.)

PETITION TO MODIFY CHILD SUPPORT

NOW COMES the Respondent, _____, and alleges upon information and belief:

1. That I am a responsible relative obligated for the support of _____, born _____.
2. That on _____, I was ordered to pay \$ _____ per month in child support. I was/was not ordered to maintain health insurance or pay medical support OR I was ordered to pay \$ _____ per month in an Order of Abatement.
3. That I am asking the Court to modify the Order because of a substantial change of circumstances, such as loss of income or employment, change in custody of the child/children, emancipation of the child/children, and/or medical disability, as follows: _____

_____.

Wherefore, I, _____, the Obligor, request that the Court modify my Uniform Order for Support or Order of Abatement.

DATE: _____ SIGNATURE: _____

NOTICE TO THE PARTY SIGNING THIS DOCUMENT: YOU BEAR THE BURDEN OF PROVING THIS PEITITON. YOU WILL NEED TO PRESENT SUFFICIENT EVIDENCE TO ESTABLISH YOUR CLAIMS AND BRING ALL DOCUMENTS SUPPORTING YOUR PETITION TO THE HEARING, INCLUDING, BUT NOT LIMITED TO: A copy of your most recent tax return; a copy of the last three months of paystubs from any employer or any other course of income (including self employment and unemployment benefits); proof of your claim for workers compensation; Social Security Disability or personal injury; reports from your physician documenting your prognosis, diagnosis and ability to work; copies of your other support orders; proof of the child's residence.

(PLEASE PRINT)

Name: _____
Address, City, State, Zip Code: _____
Phone Number: _____