

**CIRCUIT COURT OF COOK COUNTY
APPLICATION FOR CHILD SUPPORT SERVICES
WITH THE IV-D AGENCY**

	IDPA USE ONLY		
CAT.	CO/DIST.	GRP.	BASIC

LAST NAME		FIRST NAME		MIDDLE NAME		TELEPHONE NUMBER	
STREET ADDRESS		APT. NO.		CITY		STATE ZIP	
SOCIAL SECURITY NUMBER		SEX		DATE OF BIRTH		RACE	

I HEREBY APPLY TO THE CLERK OF THE CIRCUIT COURT/STATE'S ATTORNEY OF COOK COUNTY FOR THE FOLLOWING SERVICES:

- ☐ CHILD SUPPORT SERVICES (Includes Absent Parent Location, Support Enforcement and Collection, if Necessary.) NO FEE REQUIRED
☐ PATERNITY DETERMINATION (Dose not include Support Enforcement and/or Collection Services.) NO FEE REQUIRED.
☐ LOCATION SERVICE ONLY (Does not include Support Enforcement and/or Collection Services.) NO FEE REQUIRED.

I UNDERSTAND THAT:

1. The service requested DOES NOT include the obtaining of a divorce, enforcement of property settlements, or determination or enforcement of visitation and custody issues. I must retain a private attorney for these matters.
2. I must cooperate fully in all efforts to furnish the service requested. This includes supplying copies of any prior court orders, providing location leads, and giving necessary testimony at court hearings.
3. There is no guarantee that support payments will be obtained or the services rendered will be successful.
4. Support efforts may be discontinued if further action is inadvisable or legally impossible.
5. I must report any changes of my address promptly to the Clerk of the Circuit Court of Cook County, Room 200, 28 North Clark St., Chicago, Illinois 60602.

I AGREE THAT:

All support payments will be made payable to the Clerk of the Circuit court and will be forwarded to me.

Indicate below each person currently dependent upon you for support (including yourself) and his/her gross income per month.

NAME		RELATIONSHIP	SEX	D. O. B.	Soc. Sec. Number	GROSS MONTHLY INCOME	
FIRST	LAST					Amount	Source
					- -		
					- -		
					- -		
					- -		
					- -		

I HEREBY AFFIRM THAT I AM THE CUSTODIAN OF THE CHILD(REN) FOR WHOM I SEEK SUPPORT SERVICES AND THAT I AM A RESIDENT OF THE STATE OF ILLINOIS. FURTHERMORE, I AUTHORIZE THE IV-D AGENCY OR ITS DESIGNEES TO EXPLORE, PURSUE, OR UTILIZE ALL SOURCES OF INFORMATION LEGALLY AVAILABLE TO IT IN SUPPORT OF ITS INVESTIGATIONS AND TO CHOOSE THE APPROPRIATE COURSE OF LEGAL ACTION.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE SUPPLIED IS TRUE, CORRECT AND COMPLETE.

APPLICANT'S SIGNATURE _____ DATE _____

INTERVIEWER'S SIGNATURE _____ DATE _____

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS