

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT

_____ COUNTY

_____,)
 _____,)
 _____,)
 Petitioner,)
 vs.) Case 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, pursuant to 750 ILCS 5/510. 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 _____; _____ is _____ years old;

_____ address is: _____;

and _____ is a resident of Illinois.

4. On _____ an order was entered by this Court for

_____ to pay \$ _____ per _____ in child support.

5. Since the entry of this Order, there have been substantial changes in circumstances which justify the immediate modification of the child support order.

The supporting parent's income has changed from \$ _____ per month to \$ _____ per month.

The non-supporting parent's income has changed from \$ _____ per month to \$ _____ per month.

There has been a change in allocation of parental responsibility.

One or more of the children are now emancipated (over 18 years of age).

Other: _____

WHEREFORE, I request:

A. That the Court determine the parties' financial obligations and conditions and their existing abilities to contribute toward the expenses of the minor _____.

B. That the Court:

Increase the existing level of child support to reflect the changes in the parties' obligations, conditions, and abilities to support the minor _____.

Decrease the existing level of child support to reflect the changes in the parties' obligations, conditions, and abilities to support the minor _____.

Terminate the existing child support for the _____ who reached the age of 18.

C. That the Court _____ require the _____ to maintain health insurance for the minor _____ if available through employment.

D. Enter such other and additional orders as may be necessary and appropriate.

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.

Attorney Name: _____
Representing: _____
Address: _____
City, State: _____
Phone: _____
Email: _____