



ADDITIONAL CHILD SUPPORT PAYMENTS

(FINANCIAL AFFIDAVIT)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: _____
County Where You Are Filing the Case

PETITIONER: _____
Who started the case. First, Middle, and Last Name

RESPONDENT: _____
Who the case was filed against. First, Middle, and Last Name

Case Number _____

Use this form **only** if you ran out of space on the *Financial Affidavit*. File this form with your *Financial Affidavit*. If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Additional Information continued from the *Financial Affidavit*:

8. MONTHLY CHILD SUPPORT

List children supported. Attach (1) a copy of the support order, if there is one, and (2) proof of payment, like cancelled checks or court records, if you are making payments to the other parent.

b. Child support being paid per month for children under a court order in other cases.

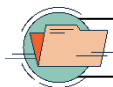
County and State where entered	Number of Children	Case Number	Amount
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
7. _____	_____	_____	\$ _____
8. _____	_____	_____	\$ _____
9. _____	_____	_____	\$ _____
10. _____	_____	_____	\$ _____
11. _____	_____	_____	\$ _____
12. _____	_____	_____	\$ _____

c. Child support being paid per month to the other parent for children, but there is no court order.

Name of parent receiving the support	Number of Children	Amount
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
10. _____	_____	\$ _____
11. _____	_____	\$ _____
12. _____	_____	\$ _____

d. Other biological or adopted children that live in your home that you support.

Name of child	Age	Paternity determined by:
5.		<input type="checkbox"/> Child born during marriage or union <input type="checkbox"/> VAP <input type="checkbox"/> Court Order
6.		<input type="checkbox"/> Child born during marriage or union <input type="checkbox"/> VAP <input type="checkbox"/> Court Order
7.		<input type="checkbox"/> Child born during marriage or union <input type="checkbox"/> VAP <input type="checkbox"/> Court Order
8.		<input type="checkbox"/> Child born during marriage or union <input type="checkbox"/> VAP <input type="checkbox"/> Court Order
9.		<input type="checkbox"/> Child born during marriage or union <input type="checkbox"/> VAP <input type="checkbox"/> Court Order
10.		<input type="checkbox"/> Child born during marriage or union <input type="checkbox"/> VAP <input type="checkbox"/> Court Order
11.		<input type="checkbox"/> Child born during marriage or union <input type="checkbox"/> VAP <input type="checkbox"/> Court Order
12.		<input type="checkbox"/> Child born during marriage or union <input type="checkbox"/> VAP <input type="checkbox"/> Court Order



File this form with your *Financial Affidavit*.