

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

Illinois Department of Healthcare and Family Services, ex rel.,

\_\_\_\_\_,  
 ] Petitioner /  ] Counter-Respondent,

Docket No.: \_\_\_\_\_

-vs-

IV-D No.: C \_\_\_\_\_

\_\_\_\_\_,  
 ] Respondent /  ] Counter-Petitioner.

Cal. No.: \_\_\_\_\_

**RETROACTIVE SUPPORT QUESTIONS**  
**305 ILCS 5/10 et seq. ARTICLE X**  
**Parent from Parent**

1. When did you get custody?
  
2. State the time period you are seeking retroactive support: from (date) \_\_\_\_\_ to (date) \_\_\_\_\_.
  
3. What are the names and birthdates of the child(ren) by Respondent or Counter-Respondent for whom you are seeking retroactive support?
  
4. Have you asked the Respondent or Counter-Respondent for financial assistance in supporting the child(ren)?
  - a. When did you first ask?
  
  - b. When did you last ask?
  
  - c. Has the Respondent or Counter-Respondent provided any financial assistance for the child(ren)?
  
  - d. How much financial assistance has the Respondent or Counter-Respondent provided for the child(ren)?

5. Has the Respondent or Counter-Respondent paid any of the child(ren)'s bills since the date you obtained custody?

If yes, please list amounts paid:

Food \$ \_\_\_\_\_ per month from \_\_\_\_\_ to \_\_\_\_\_

Day Care \$ \_\_\_\_\_ per month from \_\_\_\_\_ to \_\_\_\_\_

Education \$ \_\_\_\_\_ per month from \_\_\_\_\_ to \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_ per month from \_\_\_\_\_ to \_\_\_\_\_

Medical / Dental \$ \_\_\_\_\_ per month from \_\_\_\_\_ to \_\_\_\_\_

Other expenses not listed above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. When did you first contact the child support agency to bring this action?

7. Why did you wait until now to bring an action?

8. If you did not contact the child support agency, did the agency contact you? If yes, when and why?

9. Are there any other cases between you and the Respondent or Counter-Respondent for this child(ren)?

10. To your knowledge, has the Respondent or Counter-Respondent been employed since you obtained custody?

11. If yes, where?

12. If you know, what is the Respondent's or Counter-Respondent's income?

13. Does the Respondent or Counter-Respondent have any income from any other source other than employment?  
Please list:
14. To your knowledge, is the Respondent or Counter-Respondent required to pay child support for any other child(ren)?
- a. If yes, to whom?
- b. If you know, how much does the Respondent or Counter-Respondent pay?

**CERTIFICATION**

**Under penalties as provided by law pursuant to 735 ILCS 5/1-109, 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 s/he verily believes the same to be true.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Petitioner or Counter-Petitioner**