

MONTHLY BILLING STATEMENT OF CHILD SUPPORT ACCOUNT

(Statement Date _____)
 NCP RIN : _____)
 (NCP name _____) Support for Child(ren): _____)
 (NCP address _____) (child's name _____) (_____)
 (City, state, zip _____) (_____) (_____)
 (_____) (_____) (_____)



Este es un aviso muy importante. Si usted no entiende este aviso, comuníquese con el Centro de Servicio al Consumidor en la Sección de Manutención de Niños a 1-800-447-4278, dónde le podrán explicar este aviso. Personas que usan teletipo (TTY) deben llamar a 1-800-526-5812.

This is an important notice. If you do not understand this notice, contact the Child Support Customer Service Call Center at 1-800-447-4278 who can explain it to you. Persons with a TTY device may call 1-800-526-5812.

You are required to pay the terms of the child support order listed below. Attached are coupons to send in with your payment.

Your last payment for \$ _____ was received on _____.

Entry date of Order of Support: _____ Docket #: _____

Support amounts are based on the following support order terms:

\$ _____ per _____ current child support
 \$ _____ per _____ past due child support (arrearage)
 \$ _____ per _____ current cash medical support
 \$ _____ per _____ past due cash medical support
 \$ _____ per _____ spousal support
 \$ _____ per _____ past due spousal support
 \$ _____ per _____ delinquency totaling \$ _____ as of _____ (variable) (9% per year)
 \$ _____ per _____ other (must specify) _____
 for a total of _____
 \$ _____ per _____ to be forwarded to the State Disbursement Unit at the address below.

Other payment methods besides check or money order are also available if you would prefer. Credit/debit card payments may be made by calling the Department at 1-877-895-9094. On-line payments can be made through the SDU/ACS's website at: () Direct debit authorization can be set up by calling 1-877-225-7077 or you can access the SDU/ACS's Website at: ().

IL Dept. of Healthcare and Family Services – Payment Coupon for Child Support

Place the following information on your check/money order:

(NCP Name _____) (NCP Address _____) Support Order/Docket #: (_____) FIPS: (_____)	Custodial Parent: (_____) Amount Due This Payment :\$ (_____) Date Due: (_____)
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Make check/money order payable to the State Disbursement Unit and mail this stub with your payment to:

(SDU _____)
 (SDU address _____)
 (SDU address _____)

Amount Paid: \$ _____

Check / Money Order Number: _____

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(NCP Name)
(NCP Address)
Support Order/Docket #: ()
FIPS: ()

Custodial Parent: ()

Amount Due This Payment :\$ ()

Date Due: ()

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