## IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT LAKE COUNTY, ILLINOIS

| N RE THE      |  | ENTAGE                | )                |  |  |
|---------------|--|-----------------------|------------------|--|--|
|               |  | CATION OF PARE        | ENTAL)           |  |  |
|               | ☐ CIVIL UNION RESF   | PONSIBILITIES         | )                |  |  |
| - <del></del> |  |                       | )                | Case No  |  |
|               | VC   |                       | )                |  |  |
|               | VS.  |                       | )                |  |  |
|               |  |                       | )                |  |  |
|               |  |                       | _ )              |  |  |
|               |  | AGREED PAR            | ENTAGE ORI       | <u>DER</u>                                     |  |
| This          | s matter having come before  | the Court on a veri   | fied petition of | the parties to establish a parent-child        |  |
|               | by consent, father having sig  |                       |                  |  |  |
| The           | Court hereby finds and decl  | ares that             |                  | is the father of:                              |  |
| 1110          | b Court Horoby IIIIdo and door   | 4100 that             | (Father's nam    | ne)  |  |
|               | Child(ren)'s Name Birth Da   |                       | ate              | City and State of Birth                        |  |
|               |  |                       |                  |  |  |
|               |  |                       |                  |  |  |
|               |  |                       |                  |  |  |
|               |  |                       |                  |  |  |
| In th         | ne best interests of the child(  | ren), it is hereby or | dered that:      |  |  |
| A.            | Allocation of Parental Responsibilities (Education, Health, Religion and Extra-Curricular Activities: (check only one) |                       |                  |  |  |
|               | ☐ Allocation of parental responsibilities is reserved.   |                       |                  |  |  |
|               | ☐ Sole allocation of paren   | tal responsibilities  | of the minor ch  | nild(ren) is awarded to:                       |  |
|               | ·  | □ Father              |                  | ,  |  |
|               | ☐ Joint allocation of paren (#171-480).  | tal responsibilities  | is awarded to    | the parties pursuant to attached Parenting Pla |  |
| B.            | Parenting Time   |                       |                  |  |  |
|               | □ Parenting time schedule shall be in accordance with the attached Parenting Plan (#171-480).                          |                       |                  |  |  |
|               | _  |                       |                  | ed upon the following findings:                |  |
|               |  | aived - baired -      | reserved base    | a upon the following infamigs.                 |  |
|               |  |                       |                  |  |  |
|               |  |                       |                  |  |  |
| C.            | Child(ron)'s Name (check   |                       |                  |  |  |
| C.            | Child(ren)'s Name (check one)  |                       |                  |  |  |
|               | ☐ The name of the child(ren) shall remain the same.  |                       |                  |  |  |
|               | ☐ The name of the child(re   | en) shall be change   | d from:          |  |  |
|               | Child(ren)'s Current Na  | me(s)                 |                  | Child(ren)'s New Name(s)                       |  |
|               |  | , ,                   |                  |  |  |
|               |  |                       |                  |  |  |
|               |  |                       |                  |  |  |

| D. | Child Support   |  |  |  |  |
|----|---|--|--|--|--|
|    | ☐ Child support is reserved.  |  |  |  |  |
|    | ☐ Child support will be paid by pursuant to the Uniform Order for Support, Child Support Data Sheet and Income Withholding for Support Orders entered in this matter. |  |  |  |  |
| E. | Retroactive Child Support (check one)   |  |  |  |  |
|    | ☐ Retroactive support is reserved.  |  |  |  |  |
|    | ☐ A total amount of \$ for retroactive support will be paid by(Obligor)   |  |  |  |  |
|    | to at the rate of \$ per (Obligee) (weekly, every two weeks, twice a month, etc.)   |  |  |  |  |
|    | until paid in full.   |  |  |  |  |
| F. | Pre-natal and Delivery Costs  |  |  |  |  |
|    | ☐ Pre-natal and delivery costs are reserved.  |  |  |  |  |
|    | ☐ The father agrees to pay a total amount of \$ to (amount owed) (person who paid the costs)  |  |  |  |  |
|    | as repayment for payments made on behalf of child(ren) for pre-natal and delivery costs.  |  |  |  |  |
| G. | Reimbursement of Grants Received  |  |  |  |  |
|    | ☐ Reimbursement of grants is reserved.  |  |  |  |  |
|    | agrees to repay a total amount of \$ to for money granted for the care of his/her child(ren). (I.D.P.A., etc.)  |  |  |  |  |
| Н. | Health Insurance  |  |  |  |  |
|    | ☐ Health insurance for the child(ren) is reserved.  |  |  |  |  |
|    | agrees to enroll and pay the premiums for the child(ren)'s health insurance.  |  |  |  |  |
| l. | Medical Costs Not Covered by Insurance  |  |  |  |  |
|    | ☐ Responsibility for medical costs for the child(ren) not covered by insurance is reserved.   |  |  |  |  |
|    | ☐ Medical expenses for the child(ren) not covered by insurance shall be paid in the following manner:   |  |  |  |  |
|    |   |  |  |  |  |
|    |   |  |  |  |  |
|    |   |  |  |  |  |

The parties agree to notify each other and the Clerk of the Circuit Court of any changes of address within seven days of such change.

Signature of Father Signature of Mother If father is a minor, signature of father's parent or guardian If mother is a minor, signature of mother's parent or guardian Guardian of child, if any Presumed father, if any Dated at Waukegan, Illinois this Enter: \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ JUDGE Prepared by: Name: \_\_\_\_\_ Pro Se  $\square$ City: \_\_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_Zip Code: \_\_\_\_\_ ARDC #: \_\_\_\_\_ Fax: \_\_\_

The Court shall retain jurisdiction of this matter.

E-mail address: