

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

IN RE THE  MARRIAGE       PARENTAGE      )  
               SUPPORT          ALLOCATION OF PARENTAL )  
               CIVIL UNION     RESPONSIBILITIES    )  
  )  
\_\_\_\_\_  
  )      Petitioner  
              vs.    )  
\_\_\_\_\_  
  )      Respondent

Case No. \_\_\_\_\_

**EXPERT STATUS REPORT - FAMILY DIVISION**

- 1. I respectfully decline the appointment.
- 2. The parties have not fully complied with the following requirements:
  - Petitioner
    - Failed to pay his/her share of the retainer       Failed to make the first appointment
    - Failed to appear or cancelled appointment(s) evaluation/investigation       Claims inability to pay cost of
  - Respondent
    - Failed to pay his/her share of the retainer       Failed to make the first appointment
    - Failed to appear or cancelled appointment(s) evaluation/investigation       Claims inability to pay cost of
  - Third party (name) \_\_\_\_\_
    - Failed to pay their share of the retainer       Failed to make the first appointment
    - Failed to appear or cancelled appointment(s) evaluation/investigation       Claims inability to pay cost of
- 3. I charged \$\_\_\_\_\_ for the services provided to the parties.
  - Petitioner owes a balance of \$\_\_\_\_\_ as of the date of \_\_\_\_\_, 20\_\_\_\_\_.
  - Respondent owes a balance of \$\_\_\_\_\_ as of the date of \_\_\_\_\_, 20\_\_\_\_\_.
  - I request that the court order the parties to pay their outstanding balance, or set a hearing on the disputed amount.
- 4. I request that  Petitioner     Respondent     Other: \_\_\_\_\_  
submit to psychological testing for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. I respectfully request an extension of time until \_\_\_\_\_ to complete the  
evaluation/investigation for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully submitted,

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

Copies must be sent to the attorney(s) of record, to any unrepresented parties and the GAL/AFC/CR at the addresses listed on the Expert Referral Order.

Copies sent to the following:

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

Prepared by:

Name: \_\_\_\_\_ Pro Se

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ARDC #: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_