

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

IN RE THE  MARRIAGE       PARENTAGE      )  
 SUPPORT       ALLOCATION OF PARENTAL )  
 CIVIL UNION      RESPONSIBILITIES      )

\_\_\_\_\_  
vs.  
\_\_\_\_\_

Gen No. \_\_\_\_\_

AGREED PARENTAGE ORDER

This matter having come before the Court on a verified petition of the parties to establish a parent-child relationship by consent, father having signed the Admission of Parentage,

The Court hereby finds and declares that \_\_\_\_\_ is the father of:  
(Father's name)

Child(ren)'s Name	Birth Date	City and State of Birth

In the best interests of the child(ren), it is hereby ordered 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 parental responsibilities of the minor child(ren) is awarded to:

Mother       Father

Joint allocation of parental responsibilities is awarded to the parties pursuant to attached Parenting Plan (#171-480).

B. Parenting Time

Parenting time schedule shall be in accordance with the attached Parenting Plan (#171-480).

Parenting time is  waived  barred  reserved based upon the following findings: \_\_\_\_\_

C. Child(ren)'s Name (check one)

The name of the child(ren) shall remain the same.

The name of the child(ren) shall be changed from:

Child(ren)'s Current Name(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 \_\_\_\_\_ (Obligee) at the rate of \$ \_\_\_\_\_ per \_\_\_\_\_ (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.)

H. Health Insurance

- Health insurance for the child(ren) is reserved.
- \_\_\_\_\_ agrees to enroll and pay the premiums for the child(ren)'s health insurance.

I. 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.

The Court shall retain jurisdiction of this matter.

\_\_\_\_\_  
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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**Enter:**

\_\_\_\_\_  
JUDGE

Prepared by:

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

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

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

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

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

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