

How to enforce a visitation order in Illinois -- Supplement®

Updated: 2/20/2006

This supplement includes a forms guide as well as forms. The forms guide is for use only in filling out the forms. For more information about what these forms mean or are used for, consult the appropriate Self Help packet.

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Forms Which Are Included in this Supplement

Application to Sue As A Poor Person

Petition for Enforcement Of Visitation Order

Certificate of Mailing of Petition For Enforcement Of Visitation

Notice of Hearing

Certificate of Mailing of Notice of Hearing

Certificate of Mailing of Order

FORMS GUIDE

ALL FORMS:

At the top of each form is the "caption". It is completed as follows:

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE **(number of circuit)** JUDICIAL CIRCUIT
(name of county) COUNTY

(your name))	
)	
Plaintiff,)	
)	
and	)	No. (get from Clerk when you file)
)	
(your spouse's name))	
)	
Defendant.)	

Determine the number of the "Circuit" according to the chart on the next page. If your county does not appear in the chart, call the Circuit Clerk in the county in which you will be filing your case and ask for the number of the Circuit.

Circuit Courts in Illinois

Cook County is its own judicial circuit. The rest of the counties in Illinois fall into one of 21 circuits.

First Circuit -	The counties of Alexander, Pulaski, Massac, Pope, Johnson, Union, Jackson, Williamson and Saline.
Second Circuit -	The counties of Hardin, Gallatin, White, Hamilton, Franklin, Wabash, Edwards, Wayne, Jefferson, Richland, Lawrence and Crawford.
Third Circuit -	The counties of Madison and Bond.
Fourth Circuit -	The counties of Clinton, Marion, Clay, Fayette, Effingham, Jasper, Montgomery, Shelby and Christian.
Fifth Circuit -	The counties of Vermilion, Edgar, Clark, Cumberland and Coles.
Sixth Circuit -	The counties of Champaign, Douglas, Moultrie, Macon, DeWitt and Piatt.
Seventh Circuit -	The counties of Sangamon, Macoupin, Morgan, Scott, Greene and Jersey.
Eighth Circuit -	The counties of Adams, Schuyler, Mason, Cass, Brown, Pike, Calhoun and Menard.
Ninth Circuit -	The counties of Knox, Warren, Henderson, Hancock, McDonough and Fulton.
Tenth Circuit -	The counties of Peoria, Marshall, Putnam, Stark and Tazewell.
Eleventh Circuit -	The counties of McLean, Livingston, Logan, Ford and Woodford.
Twelfth Circuit -	The county of Will.
Thirteenth Circuit	The counties of Bureau, LaSalle and Grundy.
Fourteenth Circuit -	The counties of Rock Island, Mercer, Whiteside and Henry.
Fifteenth Circuit -	The counties of JoDaviess, Stephenson, Carroll, Ogle and Lee.
Sixteenth Circuit -	The counties of Kane, DeKalb and Kendall.
Seventeenth Circuit -	The counties of Winnebago and Boone.
Eighteenth Circuit -	The county of DuPage.
Nineteenth Circuit -	The counties of Lake and McHenry.
Twentieth Circuit -	The counties of Randolph, Monroe, St. Clair, Washington and Perry.
Twenty-first Circuit -	The counties of Iroquois and Kankakee.

FORM: Application to Sue as a Poor Person

Introduction: Your name

Paragraph 1: Your address, include street and city.

Paragraph 2: The amount and source of your income, for example, \$339.00 per month in AFDC, supplemented by Food Stamps.

Paragraph 3: List other sources of income not listed in 2.

Paragraph 4: The amount of income you had in the last year.

Paragraph 5: Expected income for the current year (should be the same as 2 unless you expect your income to go up or down this year).

Paragraph 6: List the names and birthdates of your children and/or others you support financially.

Paragraph 7: First blank: total value of your possessions;

Second blank: year and make of your car; if you do not have a car, simply put "none";

Third blank: value of your car;

Sign your name on both blank lines above where it says "Applicant" and print your name below each signature.

FORM: Petition For Enforcement of Visitation

First and second blank: Your name

Third blank: Your street address.

Fourth blank: City in which you live.

Fifth blank: Your telephone number.

Sixth blank: The custodial parent's name.

Seventh blank: The custodial parent's street address.

Eighth blank: City in which custodial parent lives.

Ninth blank: Custodial parent's telephone number.

Tenth and Eleventh blank:

Day, month, and year of the original visitation order.

Twelfth blank:

Name(s) of the child(ren) you are supposed to be visiting with under the original order.

Thirteenth blank:

What visitation you are supposed to be receiving under the original order (times and dates).

Remaining blanks:

Dates you were denied visitation and the reason given (if none, put none) by the custodial parent for denying you visitation.

Blanks following "Wherefore"

Check all that apply

Sign your name on both of the long blank lines and print your name below each signature on the shorter blank line.

In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

FORM: Certificate of Mailing Of Petition For Enforcement of Visitation

First blank:

Your name.

Second blank:

Name of the opposing party

Third blank:

Name of city from which you mailed a copy of the Petition to the other party.

Fourth blank:

Date you mailed a copy of the Petition to the other party.

Sign your name on both of the long blank lines and print your name below each signature on the shorter blank line.

In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

FORM: Notice of Hearing

First blank:

The other party's name and address (include street, city, and state)

- Second blank:** Your name.
- Third blank:** Date of hearing.
- Fourth blank:** Time of hearing. (be sure to put a.m. or p.m.)
- Fifth blank:** County in which your case is filed.
- Sixth blank:** City in which the courthouse is located.

Sign your name on the long blank line and print your name below your signature on the shorter blank line.

In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

FORM: Certificate of Mailing of Notice of Hearing

- First blank:** Your name.
- Second blank:** Name of the opposing party
- Third blank:** Name of city from which you mailed a copy of the Notice of Hearing to the opposing party.
- Fourth blank:** Date you mailed a copy of the Notice of Hearing to the opposing party.

Sign your name on both of the long blank lines and print your name below each signature on the shorter blank line. In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

FORM: Certificate of Mailing of Order

- First blank:** Your name.
- Second blank:** Name of the opposing party.
- Third blank:** Name of city from which you mailed a copy of the Order to the opposing party
- Fourth blank:** Date you mailed a copy of the Order to the opposing party.

Sign your name on both of the long blank lines and print your name below each signature on the shorter blank line. In the lower left hand corner, print your name before where it says "pro se" and put your address and telephone number on the lines below.

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT

_____ COUNTY

_____)	
)	
Plaintiff,)	
)	
vs.	)	No. _____
)	
_____)	
Defendant.)	

PETITION FOR ENFORCEMENT OF VISITATION ORDER

Now comes _____, pursuant to Section 5/607.1 of the Illinois Marriage and Dissolution of Marriage Act, on his/her own behalf and in support of his/her Petition for Enforcement of Visitation Order states as follows:

1. I, _____, live at _____ in _____, Illinois. My phone number is _____.

2. The residential parent, _____, lives at _____ in _____, Illinois. His/her phone number is _____.

3. On _____, 20____, this Court entered an order (see attached) granting me visitation with the following child/ren: _____ at the following places and times: _____

_____.

4. The residential parent has violated this order in that he/she has not allowed me visitation for the following times and for the following reasons: (use additional page if necessary)

Date visitation denied: _____

Reason given by custodial parent: _____

Date visitation denied: _____

Reason given by custodial parent: _____

Date visitation denied: _____

Reason given by custodial parent: _____

Date visitation denied: _____

Reason given by custodial parent: _____

5. I have made a reasonable attempt to resolve this dispute on my own.

WHEREFORE, I ask that this court (check all that apply):

- Modify the visitation order to specifically outline periods of visitation; and/or
- Award me make-up visitation for the visitation denied by the custodial parent; and/or
- Hold the custodial parent in contempt of court for failure to comply with this court's visitation order; and for any other relief that equity may require.

_____,

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, 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 she verily believes the same to be true.

_____,

_____, pro se

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
_____ COUNTY

_____,)
)
Plaintiff,)
)
vs.) No. ____-- __--____
)
_____,)
)
Defendant.)

CERTIFICATE OF MAILING OF PETITION FOR ENFORCEMENT OF VISITATION

I, _____, hereby certify that I mailed a copy of the Petition For Enforcement of Visitation to _____ at his/her last known address by depositing the same in the United States mail at _____, Illinois, postage fully prepaid on _____, 20____.

_____,

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, 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 she/he verily believes the same to be true.

_____,

_____, pro se

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT

_____ COUNTY

_____ ,)	
)	
Plaintiff,)	
)	
vs.	)	No. ____ -D- ____
)	
_____ ,)	
)	
Defendant.)	

NOTICE OF HEARING

To: _____

YOU ARE HEREBY NOTIFIED that a hearing on the Petition for Enforcement of Visitation filed by _____ is set for _____, at _____ .m. at the _____ County Courthouse, _____, Illinois. You may be present if you wish.

_____ ,

_____, pro se

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT

_____ COUNTY

_____ ,)	
)	
Plaintiff,)	
)	
vs.	)	No. ____-- __ --____
)	
_____ ,)	
)	
Defendant.)	

CERTIFICATE OF MAILING OF NOTICE OF HEARING

I, _____, hereby certify that I mailed a copy of the Notice of Hearing to _____ at his/her last known address by depositing the same in the United States mail at _____, Illinois, postage fully prepaid on _____, 20____.

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, 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 she/he verily believes the same to be true.

_____, pro se

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT

_____ COUNTY

_____ ,)	
)	
Plaintiff,)	
)	
vs.	)	No. ____-- __ --__
)	
_____ ,)	
)	
Defendant.)	

CERTIFICATE OF MAILING OF ORDER

I, _____, hereby certify that I mailed a copy of the Order to _____ at his/her last known address by depositing the same in the United States mail at _____, Illinois, postage fully prepaid on _____, 20____.

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, 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 she/he verily believes the same to be true.

_____, pro se

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT

_____ COUNTY

_____)	
	)	____Application granted
Plaintiff,	)	____Application denied
)	
vs.	)	No. _____
)	
_____	)	_____, 20__
)	
Defendant.)	_____
	)	JUDGE

APPLICATION TO SUE AS A POOR PERSON

I, _____, on my own behalf, on oath state:

1. My current address is _____.
2. My occupation, source of income, amount of public benefits is _____.
3. My other sources of income or support are _____.
4. My income for the preceding year was approximately _____.
5. The sources and amounts of income I expect to receive in the future are:
_____.
6. Person(s) who are dependent on me for support are: _____

_____.

7. I own no real estate. The total value of all my personal property does not exceed \$_____ in value and consists of clothing and furniture, and other household items, including a 20____, _____ motor vehicle, valued at \$_____.

8. I filed no applications for leave to sue or defend as a poor person during the preceding year, and none were filed on my behalf.

9. I am unable to pay the costs of commencing and prosecuting this action.

10. I have a meritorious claim.

WHEREFORE, Applicant prays the Court to permit her/him to commence and prosecute this action as a poor person under 735 ILCS 5/5-105 of the Code of Civil Procedure.

Applicant

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, 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 he/she verily believes the same to be true.

Applicant