**Judge’s Information Sheet**

|  |  |  |
| --- | --- | --- |
| **DATE:**  | **CASE NO.:**  | **NAME:** |
|  | **Petitioner** | **Respondent** |
| **NAME:** |  | . |
| **Address:** |  |  |
| **City/State:** |  |  |
| **DOB:** |  |  |
| **Earning/Period:** |  |  |
| **ATTY’S NAME:** |  |  |
| **Address:** | Pro Bono Network. PO Box 469 Oak Park, IL 60303 |  |
| **Telephone:** |  |  |
| **PROCESS-Personal**  | **Substitute:-**  | **Publication:-** |
| Notice:-  | Military Aff.:-  | **Default:- ⬜ Yes Date**  **⬜ N/A**  |
| **Pro Se:-** | **Uncontested Stip:- ⬜ Yes Date**  **⬜ N/A** | **Respondent Present:-** |
| **MARRIED: Date**  | **Registered:-**  | **Separated:-** | **Wvr. of 2 yrs:** |
| **GROUNDS:**  | **Child Support:**  | **Ins./ Med** | **Dental:** | **Life:** |
| **CHILD/NAME:** |  |  |  |  |  |  |
| **AGES:** |  |  |  |  |  |  |
| **Birthdate:** |  |  |  |  |  |  |
| **Waiver of Contribution Hearing for Atty Fee:** | **Prior Name:**  |