**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:** | | | |