

UNIFORM PROVE-UP SHEET

CASE NO. _____

TODAY'S DATE _____

DISSOLUTION OF MARRIAGE/CIVIL UNION

INVALIDITY OF MARRIAGE/CIVIL UNION

Petitioner in Court Y N Petitioner Pro Se Y N Petitioner's Attorney in Court Y N
 Respondent in Court Y N Respondent Pro Se Y N Respondent's Attorney in Court Y N
 Court Reporter Waived Y N Interpreter Used Y N Focus/CIBO Completed by:
 298 Fee Waiver Y N Military Affidavit Provided Y N Petitioner Respondent

	Petitioner	Respondent
Name/Age Address/Telephone		
Employment		
Gross Income/Net Income		
Attorney's Name Address/Telephone		
Child Rep's Name Address/Telephone		

Date of Marriage: _____ City/State Married: _____ Date Separated: _____

SERVICE: Personal/Date Served: _____ Substitute/Date Served: _____ Publication/Default Date: _____
 Default Y N Notice of Prove Up Sent Y N Respondent's Appearance Filed Y N

GROUNDS: Irreconcilable Differences: 6 month separation or more: Y N

STIPULATIONS: Uncontested Stipulation Y N Stipulation on Signatures Y N

AGREEMENTS: Written Settlement Agreement: Date: _____ Oral Settlement Agreement

JURISDICTIONAL REQUIREMENTS: Illinois Resident for 90 Days Prior to Filing? Y N **OR**
 Illinois Resident for 90 Days Prior to Today's Date? Y N

OTHER: Wife Currently Pregnant? Y N _____ to resume former name of: _____
 Is there an Order of Protection (OP)? Y N If yes, what is the status of the OP? _____

PROPERTY: Medical Insurance: _____ Life Insurance: _____ Beneficiary: _____
 Real Estate/ Equity: _____
 Retirement Accounts: None Each Keeping Own _____ TO _____ %
 Debts: _____ Contribution to Attorney Fees: _____

MAINTENANCE: Contribution Hearing Waived: Petitioner Respondent
 Maintenance to _____ Amount \$ _____ Reserved Waived Barred
 Maintenance to _____ Amount \$ _____ Reserved Waived Barred

STRIKE THIS SECTION IF NOT APPLICABLE

Children's Name/Age/DOB **Adopted?** **Acknowledged?** Parenting Plan Yes No Date: _____
 _____ Y N Y N Parental Responsibilities to: _____
 _____ Y N Y N
 _____ Y N Y N

CHILD SUPPORT: Amount _____ Paid by: _____ Deviation from Guidelines
 Reserved Reason: _____

*Information Regarding Any Additional Children Should Be Attached Separately.