

Denise Schubat
Petitioner
Vs

Gen. No. 99F224

Richard Neubaur
Respondent

IV-D No. C 298025

ORDER/NOTICE TO WITHHOLD INCOME FOR SUPPORT

Employer/Withholder's Name DON STOLTZNER MASON CONST.
Employer/Withholder's Address 1550 N. NORTHWEST HWY
PARK RIDGE, IL. 60068

Employee/Obligor's Name Richard Neubaur SS# 325-70-3021
Custodial Parent's Name DENISE SCHUBAT
c/o ILLINOIS DEPARTMENT OF PUBLIC AID

Child Name	Date of Birth	Child name	Date of Birth
<u>Ashley Neubaur</u>	<u>3/3/98</u>		
		FILED	
		AUG 26 1999	

Lucy D. Coffelt
CIRCUIT CLERK

- That this Order/Notice may be served:
 - Immediately, because
 - A. Mandatory Withholding Law
 - B. () Only when conditions set forth on attachment have been met
- Any payor who is served with a copy of this Notice/Order for withholding shall withhold from the income of the Obligor/Respondent,
 - \$ 120.00 per week in current support
 - \$ _____ per _____ on an arrearage of \$ _____
 - \$ _____ per _____ owed to Illinois Department of Public Aid until paid in full; and then on an arrearage of \$ _____ owed Illinois Department of Public Aid until paid in full;
 - () and \$ 24.00 per week on any delinquency stated in any Notice of Delinquency served with the Order until paid in full, if left blank, a Payor is to withhold an additional amount that is 20% of the total amount being withheld.

3. The Payor shall pay over any amount withheld pursuant to paragraph #2 to the: **CLERK OF THE CIRCUIT COURT, LAKE COUNTY, 18 NORTH COUNTY STREET, WAUKEGAN, IL 60085**

4. The conditions for service, the rights, remedies and duties of the Obligor and the duties of the Payor appearing on the attachment for this Order are incorporated herein.

Name: Ann Conway Date 8/26/99 Enter [Signature]
Assistant State's Attorney Judge

Address: 33 North County Street, City: Waukegan, IL 60085 Phone No. (847) 360-6538

HEALTH/HOSPITALIZATION coverage for the minor child:

- () is being provided by the Obligor
- () cannot be obtained by the Obligor

shall be provided by the Obligor
 () reserved

- 2. Any payment received by the Clerk shall be paid to IDPA at PO Box 909, Springfield, IL 62705 until further notice and any payments that are less than the full amount as ordered shall be first applied to child support and then to maintenance, if applicable, and then to any arrearage.
- 3. It is the responsibility of each of the parties and their respective Attorneys to furnish the following:
 - A. Deliver to the Clerk a copy of all Orders modifying, terminating or obating child support, maintenance or arrearage:
 - B. Secure Court Order terminating duty to pay child support or maintenance because of emancipation or otherwise
 - C. Notify the Clerk of any change in place of employment or of residence.
- 4. That the Clerk is hereby directed to deposit said payments into the Child Support Account and to make payments as herein directed to the party entitled to the same.

~~Respected Judge~~

Enter:  _____
 JUDGE

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 8/26/99

MICHAEL J. WALLER,
 STATE'S ATTORNEY OF LAKE COUNTY
 33 North County Street
 Suite 205
 Waukegan, IL 60085
 (847) 360-6538



Illinois Department of Public Aid

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

State of Illinois
Co./City/Dist. of LAKE
Date of Order/Notice DECEMBER 07, 1999
Court/Case Number 99F000224/COO298025
Begin Date of Order 09/03/1999
FIPS NO. 1709700

X Original Order/Notice
Amended Order/Notice
Terminate Order/Notice

35-0803328) RE: *RICHARD A. NEUBAUER 120615659
CALUMET FLEXICORE CORPORATION) Employee/Obligor's Name RIN
24 MARBLE ST) *325-70-3023
HAMMOND IN 46327) Employee/Obligor's Social Security Number
*COO298025
Employee/Obligor's Case Identifier
*DENISE SCHUBAT 112049919
any subsequent employer/payor of income Custodial Parent's Name RIN

Child(ren)'s Name(s): DOB Child(ren)'s Name(s): DOB
ASHLEY NEUBAUER 03/03/1998

FILE
DEC 16 1999

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an order for support from IL. By law, you are required to deduct these amounts from the above-named employee/obligor's income until 03/03/2016 even if the Order/Notice is not issued by your State. *See important information on Employer/Payor of Income Summary Notice.

X If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee/obligor's employment.

\$ 120.00 per WEEK in current support
\$ per in past-due support Arrears 12 weeks or greater? yes X no
\$ 24.00 per WEEK in delinquency totaling \$ 1,080.00 as of 12/07/1999
\$ per in other

for a total of \$ 144.00 per WEEK to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:
\$ 144.00 per weekly pay period. \$ 312.00 per semimonthly pay period (twice a month)
\$ 288.00 per bi-weekly pay period \$ 624.00 per monthly pay period.
(every two weeks).

REMITTANCE INFORMATION: Follow the laws and procedures of the employee/obligor's principal place of employment even if such laws and procedures are different from this paragraph.

You must begin withholding no later than the first pay period occurring 14 days after the date of this Order/Notice. Send payment within 7 business days of the pay date/date of withholding. You are entitled to deduct a fee of your actual cost not to exceed \$5 monthly to defray the cost of withholding. The total withheld amount, including your fee, cannot exceed 65% of the employee/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is needed (see #9 on back):

When remitting payment, provide the pay date/date of withholding, the order/docket number, FIPS number (which designates the county in which the order was entered)*, the employee/obligor's first and last name, and make payable to the State Disbursement Unit.

Send check to: State Disbursement Unit * 99F000224/1709700
PD BOX 8000
Wheaton IL 60189-8000

If remitting by EFT/EDI to send payments to the State Disbursement Unit (SDU), please contact the SDU at (630)681-2488 prior to first transmission.

Authorized by BARBARA WERTMAN

11/03/1999

CASE INFORMATION SHEET

99F 0000224
SUPRT CLOSED

SCHUBAT VS NEUBAUER
SANTI, EMILIO B.

04/27/1999

PARTIES

SCHUBAT, DENISE PETITIONER

NEUBAUER, RICHARD A. RESPONDENT

COURT APPEARANCES

06/24/1999 C107 01:30P
PRESENT SANTI, EMILIO B. PRESIDING JUDGE

EVENTS
STATUS OF SERVICE STRICKEN ABSENT

08/26/1999 C107 09:00A
PRESENT SANTI, EMILIO B. PRESIDING JUDGE
NEUBAUER, RICHARD A. RESPONDENT

EVENTS
STATUS OF SERVICE YES PRESENT
SET SUPPORT PAYMENTS YES PRESENT

PAPERS FILED

DATE	CATEGORY	TYPE	ACTION
04/27/1999	PETITION	SUPPORT	FILED
04/27/1999	SUMMONS		ISSUED
06/14/1999	SUMMONS		RETURNED
07/06/1999	ALIAS SUMMONS		ISSUED
07/27/1999	ALIAS SUMMONS		RETURNED
08/26/1999	NOTICE	FOR WITHHOLDING	FILED
08/26/1999	ORDER	SUPPORT	FILED
09/15/1999	PROOF OF SERVICE		FILED
09/15/1999	NOTICE	FOR WITHHOLDING	FILED