

Illinois Department of Healthcare and Family Services  
DIVISION OF CHILD SUPPORT SERVICES

Date:  
CP Name:  
CP RIN:  
NCP Name:  
NCP RIN:

**IMPORTANT DISCLOSURE STATEMENT REGARDING LEGAL REPRESENTATION**

1. The Attorney General does not represent you. The Attorney General represents the Department of Healthcare and Family Services exclusively. If you want an attorney to represent you, you must retain a private attorney.
2. The Attorney General will make available to its client, the Department of Healthcare and Family Services, any and all information revealed during the progress of this case, including unreported child support, excess assistance, and your financial assets and income.
3. The Department provides services to both the custodial parent and non-custodial parent, and may provide services to any other custodian, guardian or foster care agency if your child(ren) are placed in their care. The Department may refer these types of cases to the Attorney General for court action: (1) Legal paternity (2) Child support and medical support establishment (3) Enforcement (4) Modification of child support and medical support, either to increase or decrease the amount.
4. The Department's obligation to provide services to both parents may result in the Attorney General representing the Department in setting child support, and in reducing that support at a later date. It may also result in the Attorney General representing the Department in setting child support against one parent, and in setting support against the other parent if custody changes.
5. The Attorney General has no authority to and will not become involved in visitation, custody, or property matters.
6. If you are currently represented by a private attorney, or retain an attorney at any point in the future, you must inform the Attorney General and provide the Department or Attorney General with copies of any new orders relating to child support, medical support, or custody obtained by your attorney as long as you receive child support services.

**I certify that I have read the above disclosure, and I understand that the Attorney General is not my attorney and does not represent me. I acknowledge that I was given a copy of the disclosure.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_