Child Support Services
Illinois Department of Healthcare and Family Services

Request for an Explanation

My name is: _____ My E-mail address is: _____

My address is: _____ , _____

My contact number is (work) _____ (cell) _____

My Child Support case number is _____ for the following child(ren):

_____ _____ _____ _____

I am requesting an explanation of my child support case due to the following reason(s): Please check every statement that applies to you.

☐ Failed to act upon a child support application in a timely manner.

☐ Failed to intercept Unemployment Insurance Benefits of the parent in a timely manner.

☐ Canceled or suspended child support services against my wishes.

☐ Failed to timely serve an Income Withholding Notice on the parent's payor of income.

☐ Failed to timely act on new information provided.

☐ Failed to timely locate the other parent.

☐ Failed to intercept the parent's income tax refund.

☐ Failed to timely act on a review for modification request.

☐ Failed to obtain a support order.

☐ Account's records failed to accurately reflect payments (after a Financial Review).

Here is a brief description of my problem and when it happened:

I understand that my request for an explanation of my child support case must be made within 60 calendar days after the Department's action, or inaction as check marked above. If HFS fails to provide a response within 30 days of receipt of my request, I have the right to a conference.

Signature: _____ Date: _____

Return to: HFS - Child Support Services
Attn: Administrative Accountability Analysis
PO Box 19405
Springfield, Illinois 62794-9405

IOCI 26-0697