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p. 1

POSEN-ROBBINS SCHOOL DISTRICT 143 ½

FACSIMILE TRANSMITTAL SHEET

TO: Jamal Smith FROM: Alan Vaughn

COMPANY: DATE:

FAX NUMBER: 803734-5167 TOTAL NO. OF PAGES INCLUDING COVER: 19

PHONE NUMBER: SENDER PHONE NUMBER:

RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Confidentiality Note: The information contained in this message is legally privileged and confidential. The information is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution, or copy of this fax is strictly prohibited. If you have received this fax in error, please immediately notify us by calling the phone number below. Information in this message that does not relate to official business of this school district is neither given nor endorsed by it.

ADMINISTRATIVE CENTER
14025 HARRISON AVENUE
POSEN, IL 60469
(708) 388-7200

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
DOMESTIC RELATIONS DIVISION

Boetha Vaughn

Petitioner

Caprice Vaughn
Mawyn Vaughn
Kadeyan Vaughn

4251

8001

1-888-

245-

1938

CASE NO. 09-09044

IV-D NO. CCR 190694

Call 0195

Respondent

Alan Vaughn

VISA
Order Hearing
ORDER

THIS CASE coming to be heard on the matter of Rule Status due notice having been given, the following parties having appeared: ☐ Petitioner ☒ Respondent ☐ Assistant State's Attorney ☐ Respondent's Attorney

The Court finds:

- ① A rule to show cause was entered on 12-1-06.
- ② Two of the three children covered under this order emancipated.
- ③ On the 04th part date, SPO requested a continuance to contact the petitioning state of South Carolina to find out how much the current support amount for one child should be, not the petitioning state.

IT IS HEREBY ORDERED:

- ④ Respondent presented proof that money is being withheld directly from his check for this support order, however it is not being received by the Illinois SPO.
- ⑤ Respondent presented a letter from his employer stating that they never received a notice to withhold for this docket number, but are paying under #95-72-43-1840 - which is the petitioning state's docket number.

- ① The rule to show cause is hereby discharged.
- ② This matter is adjourned.

Petitioner's Signature

Richard A. Devina, State's Attorney Of Cook County #7052

BY: [Signature]

Assistant State's Attorney
28 North Clark - Room 300
Chicago, Illinois 60602
(312)345-2200

Respondent's Signature

Respondent's Attorney

Associate Judge Patricia Marian Logue

ENTERED 10 2008

Circuit Court - 1959

Judge's Signature

Code

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
DOMESTIC RELATIONS DIVISION

Boetta Vaughn

Petitioner

Boetta Vaughn
Boetta Vaughn
Boetta Vaughn

8001

4251

1-888-

245-

1938

CASE NO. 02009044

IV-D NO. CC01960910

Call 0195

Respondent

Alan Vaughn

UJISA
Order Hearing
ORDER

THIS CAUSE coming to be heard on the matter of Rule Status due notice having been given, the following parties having appeared: ☐ Petitioner ☒ Respondent ☒ Assistant State's Attorney ☐ Respondent's Attorney

The Court Finds:

- ① A rule to show cause was entered on 12-1-06.
- ② Two of the three children covered under this order encroached.
- ③ On the 14th court date, 3rd requested a continuance to contact the petitioning state of South Carolina to find out how much the current support amount for one child should be, not the petitioning state has failed to respond.
- ④ Respondent presented proof that money is being withheld directly from his check for this support order, however it is not being received by the Illinois SD.
- ⑤ Respondent presented a letter from his employer stating that they never received a notice to withhold for this docket number, but are paying under #95-DR-43-1840 - which is the petitioning state's docket number.

① The rule to show cause is hereby discharged.

② This matter is adjourned.

Respondent's Signature

Petitioner's Signature

Richard A. Devine, State's Attorney Of Cook County #7052

BY: [Signature]

Assistant State's Attorney
28 North Clark - Room 300
Chicago, Illinois 60602
(312)345-2200

Respondent's Attorney

Associate Judge Patricia Marian Logue

ENTERED: 1-10-2008

Circuit Court - 1959

Judge's Signature

Code

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
DOMESTIC RELATIONS DIVISION

Illinois Department of Public Aid, ex rel.,

EVETTA VAUGHN, on behalf of

CAPITOLA VAUGHN

MADEJAH VAUGHN

MAKION VAUGHN, a minor child,

Petitioner

Docket No.: 060090444

IV-D No.: C 01996696

ALAN VAUGHN

Respondent

Calendar No.: 95

RULE STATUS ORDER

- AGREED -

THIS CAUSE coming before the Court on the matter of RULE STATUS; due notice having been given, the following parties having appeared: ☒ State's Attorney ☐ Court Interpreter ☐ Petitioner ☒ Respondent ☐ Respondent's Attorney

THE COURT FINDS:

Respondent has ~~has not~~ remained current in his child support obligation of \$ 78.77 per week

Respondent has ~~has not~~ paid \$ 21.23 per week toward arrears.

Respondent has ~~has not~~ paid the \$ _____ lump sum to the Clerk of the Court as ordered on _____

Respondent has ~~has not~~ maintained the job diary as ordered on _____

Rule was entered on 12.10.06

Respondent allegedly owes \$ 2894.32 in arrears as of 10.26.05 ☐ including statutory interest of _____ as of _____ ☐ not including statutory interest.

Respondent is employed at Posen-Robbins School Dist. #143 1/2. Respondent presented a letter from the payroll officer indicating that the support amount will be deducted from Respondent's paycheck.

IT IS HEREBY ORDERED:

Respondent must remain current in his child support obligation of \$ 78.77 per week

Respondent must remain current in his arrears obligation of \$ 21.23 per week

Respondent must make a lump sum payment of \$ _____ to the Clerk of the Court (28 N. Clark St., Suite 200, Chicago, IL) or State Disbursement Unit on or before the next court date AND bring proof of payment.

This matter is continued to 12.5.07 at 9:35 a.m. p.m. Calendar 95 Room 1404.

32 West Randolph, Chicago, IL for hearing on RULE STATUS

Respondent is ordered to appear on the next court date. Respondent's failure to appear shall result in a Body Attachment.

Respondent's failure to comply with this Order may result in sanctions on the next court date.

☐ The Respondent is to maintain a job diary until the next court date with _____ entries per day. The job diary must include: (a) name/address/telephone number of employer; (b) date of application; (c) position applied for; (d) contact person; and (e) date of follow up with contact person. ☐ Job diary has been tendered to the Respondent.

Per the support order of 12.1.06, Respondent is not ordered to provide medical insurance in this case. It appears that the medical insurance is cost prohibitive for the Respondent.

Petitioner's Signature

Respondent's Signature

Petitioner's Attorney

Respondent's Attorney

Richard A. Devine #17052
State's Attorney of Cook County

By: [Signature]
Assistant State's Attorney, Attorney for HFS
28 North Clark Suite 300
Chicago, Illinois 60602 (312) 345-2200

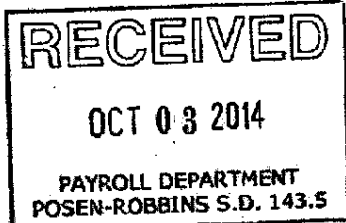
ENTERED:

AUG 30 2007

Judge's Signature

Judge's Number

IL Dept of Healthcare and Family Services
 Division of Child Support Services
 DATA GATHERING UNIT
 PO BOX 19152 HFS 2766
 SPRINGFIELD IL 62794-9152
 1-800-447-4278



NOTICE OF INTENT TO PURSUE COLLECTION REMEDIES

ESTA ES UNA NOTA MUY IMPORTANTE. SI USTED NO PUEDE LEER INGLES, LLAME AL NUMERO DE TELEFONO QUE APARECE MAS ARRIBA.

THIS IS A VERY IMPORTANT NOTICE. IF YOU CANNOT READ ENGLISH, YOU MAY CALL THE TELEPHONE NUMBER LISTED ABOVE.

ALAN VAUGHN
 13800 S KEDVALE AVE
 ROBBINS IL 60472-1422

DATE: SEPTEMBER 30, 2014

NCP RIN: 180515686

Our records show that as of 08/31/2014, you owe past due support in the amount of \$ 20,339.10. This balance may not include all of the interest that you may owe.

It is our intent to collect this amount through the federal administrative offset process and by withholding all or part of your federal income tax refund, Illinois State income tax refund or other federal or state payment(s), to make this information available to consumer reporting agencies (credit bureaus) and take other actions listed below in Section I. Even if you are paying your current and past due support on time, we still have the authority to collect any child support that is past due on any administrative or judicial order docket numbers for which you received notice or any successor docket number under which the past due amount remains owing. If any additional past due support accumulates on the accounts (order dockets) listed in Section V, these missed payments may be added to the debt listed above and will be subject to further collection by the Department without further notice.

You may avoid these actions by paying the full amount of the past due support owed. The Department accepts the following forms of payments: certified check, cashier's check, money order, or credit card (MasterCard, Discover or VISA only). Please use the Payment Instruction form provided on the last page of this notice. Please send your payment to the address listed on the Payment Instruction form.

IMPORTANT - This action does not relieve you of your legal obligation to continue to pay all support as ordered by the court or the Department. Even if your child is no longer a minor, we may still submit your name to collect any past due support you may owe.

I. We have the authority to take the following action(s) unless we receive full payment of the above amount:

- Will submit your name to the United States (U.S.) Department of the Treasury for participation in the debt check program and the administrative offset process through the Internal Revenue Service (IRS). Under the administrative offset (31 U.S.C. 3716), certain federal payments which might otherwise be paid to you will be intercepted for payment of current and past due support. This action is authorized pursuant to Sections 454, 464 and 466 of the Social Security Act; Section 6402(c) of the Internal Revenue Code and federal regulations at 45 CFR 302.60 and 303.72 and 26 CFR 301.6402-5; and 89 Ill. Adm. Code 160.70.
- Will submit your name to the State Department if you owe a past due amount of \$2,500 or more. The State Department can refuse to issue a passport to you and may revoke, restrict or limit a passport, which was previously issued to you. This action is authorized via 89 Ill. Adm. Code 160.70.
- Will submit your name to the Illinois Comptroller and/or the Illinois Department of Revenue for interception of state payments. This action is authorized pursuant to Section 10.05a of the Comptroller Act; Section 466(a)(3) of the Social Security Act; federal regulations at 45 CFR 303.102; 89 Ill. Adm. Code 160.70 and 35 ILCS 5/901, 35 ILCS 5/911.3.
- May submit your name to the Department of Financial & Professional Regulation as well as other state licensing agencies to suspend or revoke your professional license. We will submit your name to the Department of Natural Resources to suspend or revoke your recreational license. These actions are authorized pursuant to 5 ILCS 100/10-65, 305 ILCS 5/10-17.6 and Ill. Adm. Code 160.70.

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180515686

C01796896

95-DR-43-1840

HFS 2766 (R-12-13)
 (SEQ: 18102F)

Page 1 of 4

IL478-1478

Name: ALAN VAUGHN

Date: SEPTEMBER 30, 2014

- Will submit your name to consumer reporting agencies (credit bureaus). This action is authorized pursuant to Section 466 of the Social Security Act, and 89 Ill. Adm. Code 160.70.
- May submit your name to the Illinois Secretary of State to suspend your driver's license. This action is authorized pursuant to 750 ILCS 5/505 and 625 ILCS 5/7-702 et seq.
- May submit your name to private collection agencies to commence collection proceedings for this past due support. This action is authorized pursuant to 89 Ill. Adm. Code 160.70.
- Will submit your name to the Department's Collection and Asset Recovery Unit. This action is authorized pursuant to 89 Ill. Adm. Code 160.70.
- May submit your name to the Department's Delinquent Parent Project Team for potential publication on the Department's website. This action is authorized pursuant to 89 Ill. Adm. Code 160.70.
- May submit your name to gaming organizations, owners and/or advance deposit wagering licensees to withhold past due amounts from gambling winnings that must be reported to the IRS via Form W-2G. This action is authorized pursuant to Sections 27.2 and 34.2 of the Illinois Horse Racing Act of 1975 (230 ILCS 5/27.2 and 5/34.2), Sections 13.05 and 13.2 of the Riverboat Gambling Act (230 ILCS 10/13.05 and 10/13.2), Section 10-17.15 of the Illinois Public Aid Code (305 ILCS 5/10-17.15) and 89 Ill. Adm. Code 160.70.

Bankruptcy laws may prevent the Department from taking some of these actions. You may want to discuss this with an attorney.

- II. If you are or were married, filing a joint income tax return and you incurred this debt separately from your spouse, your spouse may be entitled to receive his or her portion of the joint refund. To claim the refund, Form 8379, Injured Spouse Allocation, and Form 1040X, Amended Federal Income Tax Return, must be attached to the top of form 1040 or 1040A when you file. "Injured Spouse" should be written at the top of Form 1040X. You may obtain these forms from an IRS office. For state returns, file the IL-8857, Request for Innocent Spouse Relief.
- III. You have the right to request that the Division of Child Support Services (DCSS) conduct a redetermination review of your account. If you choose to request a redetermination review of your account, please do so within 15 days of the date of this notice. Any monies collected from federal/state offset will not be released to anyone until your account redetermination review is completed.
- IV. All requests for a redetermination must be made in writing and sent along with the requested documents listed below to the DCSS address at the top of page 1. Please provide a daytime phone and hours you can be reached: Area code () Hours: _____
- To request a redetermination review, please check the box in Section V and return this form in the envelope provided and:
- 1) Include a copy of the most recent support order(s) with your redetermination request;
 - 2) Include all payment records. **READ CAREFULLY!!! Only certain documents will be accepted as payment instruments/records.** We will have record of all payments made through the State Disbursement Unit or the Department. If you made a payment or payments to the Clerk of the Circuit Court, please include record of those clerk payments.
 - 3) Include your name, social security number and the case identification number(s) on each document submitted with this form;
 - 4) Check the reason(s) for your redetermination request. Such reasons may include:
 - ☐ Inaccurate amount of past-due support. Please explain at the end of this form or on a separate sheet of paper.
 - ☐ Mistaken identity. (Submit copies of your birth certificate, social security card, driver's license, etc., as proof of identity);
 - ☐ Pending bankruptcy proceeding (Send copies of documentation from the U.S. Bankruptcy Court and include the date your bankruptcy petition was filed);
 - ☐ Order for support is no longer in effect (Send order showing no support and/or arrearages are owed). **NOTE: All previously due child support amounts prior to a new order, shall be subject to the collection remedies outlined.**

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C01796896

95-DR-43-1840

HFS 2766 (R-12-13)
(SEQ: 181028)

Page 2 of 4

IL478-1478

IL Dept of Healthcare and Family Services
Division of Child Support Services
PO BOX 19152 HFS 2766 1
SPRINGFIELD IL 62794-9152



#200627 012540116#
ALAN VAUGHN
13800 S KEDVALE AVE
ROBBINS IL 60472-1422

SEE REVERSE SIDE OF THIS FORM FOR RETURN MAILING INSTRUCTIONS.
Por favor siga las instrucciones para corresponder al reverso de este formulario.

ESTA ES UNA NOTA MUY IMPORTANTE. SI LISTED NO PUEDE LEER INGLES, LLAME ESTE NUMERO DE TELEFONO
1-800-447-4278.

THIS IS A VERY IMPORTANT NOTICE. IF YOU CANNOT READ ENGLISH, YOU MAY CALL 1-800-447-4278.

***** IMPORTANT NOTICE REGARDING YOUR CHILD SUPPORT BALANCE *****
FEDERAL LAW REQUIRES ILLINOIS TO SUBMIT NAMES OF THOSE WHO OWE PAST DUE CHILD SUPPORT FOR THE
ENFORCEMENT REMEDIES LISTED ON THIS NOTICE.

Our records show you owe past due child support in the amount listed on page 1 of the attached
notice.

PLEASE NOTE: State and local records are constantly being updated. If you believe the amount you
owe to be different from the amounts shown on page 1 of the attached notice, please follow the
directions in Sections III and IV in the attached notice and, within 15 days, mail all listed
materials in Sections IV to the following address using the enclosed envelope:

IL Dept of Healthcare and Family Services
Division of Child Support Services
Data Gathering Unit
P.O. Box 19152
Springfield, Illinois 62794-9152

Failure to respond with a complete and timely submission will result in the enforcement actions
listed in Section I of this Notice. If we receive the appropriate documentation in the allotted
timeframe, the enforcement actions listed on this notice may be suspended. If your name has already
been submitted for state, federal or administrative offset, we will hold any money offset while your
account is being reviewed.

Your correct address and telephone numbers are important to us. If your address above is incorrect
please write your current address information and telephone numbers on the lines below and return in
the envelope provided. It is also vital that the United States Postal Service be notified of your
change of address.

Attention: ~~Address Update Staff~~

Date: _____ NCP RIN: 180515686

C/O (In care of Name): _____

APT NUMBER: _____ Building Number: _____ Box Number: _____

POST OFFICE BOX NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Telephone Numbers: Residential: () _____
Business: () _____ Daytime: () _____

Signature: _____ Date: _____



DIV OF CHILD SUPPORT SERVICES
DATA GATHERING UNIT
PO BOX 19152 HFS 2766
SPRINGFIELD IL 62794-9152

(FOLD HERE)

USE THIS FORM TO RETURN FORM HFS 2766 IN THE ENVELOPE PROVIDED.
Use este formulario para devolver el Formulario HFS 2766 en el sobre adjunto.

Fold on dotted lines. Insert in return envelope with address showing through window.
Dobelo por las líneas de puntos. Pongalo en el sobre manera que el nombre y dirección se
se vean por la ventanilla.

(FOLD HERE)

=====

PAYMENT INSTRUCTION SHEET

THIS SHEET IS ONLY A PAYMENT INSTRUCTION SHEET. DO NOT USE FOR ANY OTHER PURPOSE.

You must send your child support payment to:

Illinois State Disbursement Unit
P.O. Box 5400
Carol Stream, IL 60197-5400

In order for your mailed payment to be processed correctly, you must return this form with your payment.

Make your check or money order payable to: Illinois State Disbursement Unit

NCP Name: ALAN VAUGHN

NCP Rin: 180515686

If this payment is for more than one docket, tell us how much you're paying on each docket.

Docket Number(s)	Issuing County where Order Issued	Payment Amount	Name of the Custodial Parent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Payment Options:

www.e-childspay.com

An easy and secure way for child support obligors to make their required child support payments online using a credit card. Obligor will have to register to use this service. For Illinois cases, a convenience fee is not charged. Visa, MasterCard and Discover are accepted. It can take up to 7 business days before your payment is posted to your support account.

www.expertpay.com

An easy and secure way for child support obligors to establish automated payments (weekly, bi-weekly etc). Obligor will have to register to use this service and pay a one-time registration fee of \$2.50. There is a validation period to verify the checking or savings account. It can take up to 5 business days before your payment is posted to your child support account.

[Pay by Phone - 1-866-645-6348](tel:1-866-645-6348)

There is a registration process for first time users. Once registered, obligors can make payments on-line using Visa, MasterCard or Discover. It can take up to 7 business days before your payment is posted to your child support account.

Out of State Cases/Payments: If you previously made or are currently making child support payments to a location in another state, you should resume or continue to do so.

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C01796696

95-DR-43-1840

HFS 2766 (R-12-13)
(SEQ: 18104F)

Page 4 of 4

IL478-1478

Name: ALAN VAUGHN

Date: SEPTEMBER 30, 2014

V. According to our records, you are responsible for paying child support on the following cases/orders:

<u>Case ID</u> <u>Number</u>	<u>Docket</u> <u>Number</u>	<u>FIPS</u> <u>Code</u>	<u>Past Due</u> <u>Amount</u>
C01796696	95-DR-43-1840	45085	\$20,339.10

() I ask that you do a redetermination of this account. The amount I claim due is : _____

093014

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C01796696

95-DR-43-1840

HFS 2766 (R-12-13)
(SEQ: 18103F)

Page 3 of 4

1L478-1478

Name: ALAN VAUGHN

DATE: SEPTEMBER 30, 2014

<u>Case ID</u> <u>Number</u>	<u>Docket</u> <u>Number</u>	<u>FIPE</u> <u>Code</u>	<u>Past Due</u> <u>Amount</u>
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95-DR-43-1840

HFS 2766 (R-12-13)
(SEQ: 18103B)

Attachment

1L478-1478

Pay History Report

Posen-Robbins ESD 143-5

Fiscal Year: 2014-2015

From Date: 07/01/2012 To Date: 12/18/2014

☐ Posted Periods Only

Name of Employee	SSN	Employee ID	HOURS	INCOME	DEDUCTIONS EMPLOYEE	Amount	Match	Net Amount
Description	Reg	O/T	Regular	Overtime	Description:			
Employee Totals								

VAUGHN, ALAN K

Pay Source Totals

Maintenance	\$21.07	5038.00	0.00	\$103,980.18	\$0.00
Extra Duty	\$0.00	0.00	0.00	\$92.31	\$0.00
Totals:		5038.00	0.00	\$104,072.49	\$0.00

Deduction Totals

FED TAX W/H	\$11,220.03	\$0.00
SOCIAL SECURITY	\$5,835.87	\$6,233.02
MEDICARE	\$1,457.72	\$1,457.72
Employer Services Plan, Inc.	\$290.40	\$0.00
Guardian	\$0.00	\$138.96
Legal Shield	\$725.20	\$0.00
Trustmark Voluntary Benefit Solutions	\$976.00	\$0.00
AXA Equitable TSA	\$130.00	\$0.00
AFLAC (Code 29 Pre-tax Sheltered)	\$1,842.43	\$0.00
Blue Cross Blue Shield PPO	\$1,805.60	\$10,341.75
Delta Dental PPO	\$30.69	\$531.08
Vision Service Plan	\$0.00	\$128.52
State Disbursement Unit - Vaughn	\$13,440.00	\$0.00
ILLINOIS STATE TAX W/H	\$4,338.37	\$0.00
IMRF	\$4,633.28	\$10,413.81
UNEMPLOYMENT TAX	\$0.00	\$1,551.09
AFLAC (Code 34 After Tax Not Sheltered)	\$730.80	\$0.00
UnitedHealthcare PPO Plan	\$0.00	\$8,286.00
Dearborn Life Insurance	\$0.00	\$24.18
Total Deductions:	\$47,616.39	\$39,106.13

Total Gross: \$104,072.49

Total Net: \$56,456.10

Insurance Total = \$35,649.79
 Support Total = \$42,865.90
 (From 2007 to Dec 2014).
 Grand Total = \$78,515.69.

EMPLOYEE HISTORY

PAGE 9

DIST		S.S.N.	LAST NAME		FIRST NAME		MI.	PAY CYCLE	
1435		251080030	VAUCHN		ALAN		K	1	
TYPE	DATE	GROSS	REGULAR	OTHER	ABSENT	TAXABLE GROSS	FICA EARNINGS	MEDC EARNINGS	NET EARNINGS
CHECK #		FEDERAL TAX	STATE TAX	FICA & MEDC	PENSION	EIC	FICA DEDUCT	MEDC DEDUCT	
		CREDIT UNION	INSURANCE	MERCY	UNION DUES	ANNUITY	MISCELLANEOUS	BOARD BENEFITS	
R	4/13/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	92449	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
R	4/27/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	92748	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
R	5/11/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	92998	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
R	5/25/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	93254	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
R	6/08/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	93519	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
R	6/22/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	93779	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
TOTALS		169,036.88	156,607.43	13,146.81	717.36-	126,244.91	135,531.38	135,531.38	71,447.38
		11,250.67	4,146.84	9,326.12	7,606.47	0.00	7,560.93	1,965.19	
		0.00	33,953.50	0.00	0.00	1,680.00	29,425.90	0.00	

insurance
04-12

DISTRIBUTION DATA

support
07/12

DIST		S.S.N.	LAST NAME		FIRST NAME		MI.	PAY CYCLE	
1435		251080030	VAUCHN		ALAN		K	1	
COST				COST					
CENTER	ACCOUNT NUMBER			AMOUNT	CENTER	ACCOUNT NUMBER			AMOUNT
360	20 2541 110			62,395.37	365	20 2541 130			11,234.15
361	20 2540 110			95,407.36					

NOTICE TO WITH-OLD FOR HEALTH CARE COVERAGE

[illegible]

RE: ALAN M. BROWN
180515686
ENGINEER'S SIGNATURE NUMBER
306 JUN 1987 BY AIA 125
PARK, ROCKFORD, IL 60067-1751
ENGINEER'S SIGNATURE NUMBER
306 JUN 1987 BY AIA 125

14-00000



100

Figure 1. The effect of the number of trials on the mean number of correct responses for the 100 trials condition. The number of correct responses was significantly higher than the number of incorrect responses for all conditions. Error bars represent the standard error of the mean.

SECRET

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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Journal Pre-proof

_____ Psychological _____ Physical _____ Mental _____ Other _____ Summary

Individuals who are covered by the age 19 rule are not eligible for the enhanced child tax credit. The enhanced child tax credit is available for children who are 17 years of age or younger at the end of the tax year. The enhanced child tax credit is available for children who are 17 years of age or younger at the end of the tax year. The enhanced child tax credit is available for children who are 17 years of age or younger at the end of the tax year.

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