

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
WAYNE COUNTY, OHIO**

PLAINTIFF _____ : **CASE NO.** _____

vs _____ : **JUDGE:** _____

DEFENDANT _____ : **Judgment Entry
Establishing-Modifying Child Support
and Medical Support**

This cause came on for hearing on _____ and was duly heard before
 the Honorable _____, Judge of the Court of Common Pleas
 Magistrate _____ to whom this cause was referred by the Honorable
_____, Judge of the Court of Common Pleas upon the:

CHILD SUPPORT

For purposes of this order Plaintiff Defendant is the Child Support Obligor and Plaintiff
 Defendant is the Child Support Obligee.

This order for child support and cash medical support is effective _____.

The worksheet used to compute child support and cash medical support under Ohio Revised Code
§3119.022 or §3119.023 is attached as Exhibit _____.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that when private health insurance IS being provided by a party in accordance with this order for the child(ren) named above, the Child Support Obligor shall pay **child support** for the minor child(ren) in the sum of \$ _____ per month to the Child Support Obligee, and/or his/her assignee(s), **plus 2% processing charge**. (Line 29, Child Support Computation Worksheet-Sole Residential Parent or Shared Parenting Order **or** Line 27, Child Support Computation Worksheet-Split Parental Rights and Responsibilities)

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that when private health insurance IS NOT being provided by a party in accordance with this order for the child(ren) named above, the Child Support Obligor shall pay **child support** for the minor child(ren) in the sum of \$ _____ per month to the Child Support Obligee, and/or his/her assignee(s), for the minor children, **plus 2% processing charge**. (Line 29, Child Support Computation Worksheet-Sole Residential Parent or Shared Parenting Order **or** Line 27, Child Support Computation Worksheet-Split Parental Rights and Responsibilities)

(Check if applicable)

The above child support deviates from the amount of child support that would otherwise result from the use of the Basic Child Support Schedule and the applicable worksheet, through the line establishing the actual annual obligation because, pursuant to Ohio Revised Code §3119.22 the amount would be unjust and inappropriate and would not be in the best interest of the minor child(ren) for the following reason(s):

IT IS FURTHER ORDERED ADJUDGED AND DECREED that when private health insurance IS NOT being provided by a party in accordance with this order for the child(ren) named above, the Child Support Obligor shall pay cash medical support in the sum of \$_____ per month, plus 2% processing charge. (Line 31, Child Support Computation Worksheet-Sole Residential Parent or Shared Parenting Order or Line 29, Child Support Computation Worksheet-Split Parental Rights and Responsibilities)

If private health insurance coverage is being provided and becomes unavailable or is terminated, the Child Support Obligor SHALL BEGIN paying cash medical support commencing the first day of the month immediately following the month in which private health insurance coverage became unavailable or is terminated, and SHALL CEASE paying cash medical support on the last day of the month immediately preceding the month in which private health insurance coverage begins or resumes. Cash medical support shall be paid in addition to child support.

(Check if applicable)

The Court finds that the parties have an administrative support order, case number _____, (SETS # _____) issued by the _____ County Child Support Enforcement Agency (**COPY ATTACHED HERETO**) that requires _____ to pay \$ _____ per month per child, plus 2% processing charge, for the support of the above-named child(ren). The Court finds it appropriate to adopt this order for the purpose of preserving and determining arrearage accrued under the administrative order.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the administrative order is hereby adopted and any arrears and overpayments accrued under the administrative order are hereby preserved. The _____ County CSEA shall terminate any support withholding or deduction notice issued in case number _____. All support paid hereafter shall be under Wayne Domestic Relations case number _____. The Child Support Obligor shall be given credit for any payments received under the administrative order.

The Court further finds that as of _____ the arrearage is \$ _____. This sum includes all accrued child support, cash medical support, spousal support, processing charges, and arrearage accrued under the above-referenced administrative order, if any. This sum supercedes all prior determinations of arrearage. The Support Obligor has been credited with all support payments made through the CSEA, payments made directly to and acknowledged by the Child Support Obligees, credit acknowledged by the Child Support Obligees for support provided directly to the child(ren), and credit for support waived by the Child Support Obligees, as of the computation date. The arrearage also includes the Child Support Obligor's share of health care expenses not covered by private health insurance or cash medical support.

(Appropriate box must be checked)

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Child Support Obligor shall pay an additional \$ _____ per month toward the existing arrearage.

-OR-

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that judgment is hereby entered in favor of _____ and against _____, and upon which execution may issue.

The duty of support shall continue until further order of Court or until the above-named child(ren) reach(es) age 18 or so long as the child(ren) continuously attend(s), on a full-time basis, any recognized and accredited high school, however, no later than age 19, or as otherwise provided in Ohio Revised Code §3119.86.

All support shall be paid through Ohio Child Support Payment Central (OCSPC), P.O. Box 182372, Columbus, Ohio 43218-2372. Any payments not made through OCSPC shall not be considered as payment of support. Checks or money orders shall be made payable to "OCSPC". All payments shall include the following: Obligor's name, Social Security Number, SETS case number, and Domestic Relations Court case number.

All support under this order shall be withheld or deducted from the income or assets of the obligor pursuant to a withholding or deduction notice or appropriate order issued in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code or a withdrawal directive issued pursuant to sections 3123.24 to 3123.38 of the Revised Code and shall be forwarded to the obligee in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code.

To secure the support obligations, the Court finds that:

(Check appropriate box)

The Child Support Obligor receives income from an income source. A withholding notice shall issue.

INCOME SOURCE _____
ADDRESS _____

The income source shall be notified not to withhold a total amount, including all fees, in excess of the amount allowed under Section 303(b) of the "Consumer Credit Protection Act," 15 U.S.C. 1673(B).

Until the income source begins withholding in the appropriate amount, the Child Support Obligor shall make payments directly to OCSPC.

The Child Support Obligor has nonexempt funds on deposit in an account at a financial institution. A deduction notice shall issue upon the account in the amount of \$_____ per month.

FINANCIAL INSTITUTION _____
ADDRESS _____

The Obligor shall immediately notify the CSEA of the number of the account from which support shall be deducted, and the name and location of the financial institution if not set forth above.

The Child Support Obligor has no attachable income source and has the ability to post a cash bond. An order to post bond in the amount of \$_____ shall issue.

The Child Support Obligor has no attachable income and has no assets to post a bond. An order to seek work and report income shall issue.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that pursuant to Revised Code §3119.82 the following person(s) shall claim the child(ren) who is/are the subject of this order as (a) dependent(s) for federal income tax purposes:

- Mother
- Father
- Both Mother and Father according to the following terms: _____

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the parties shall take whatever action is necessary pursuant to section 152 of the "Internal Revenue Code of 1986," 100 Stat. 2085, 26 U.S.C. 1, as amended, to enable the parent who has been awarded the right to claim the exemption(s) to claim the child(ren) as (a) dependent(s) for federal income tax purposes in accordance with this order. Failure of a party to comply with the order may be considered contempt of Court.

MEDICAL SUPPORT OF CHILDREN

Pursuant to Ohio Revised Code §3119.30(A) both parents are liable for the health care of the child(ren) who is/are not covered by private health insurance or cash medical support as calculated in accordance with §3119.022 or §3119.023, as applicable.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the parents shall share liability for the ordinary and extraordinary health care expenses of the child(ren) who is/are not covered by private health insurance or cash medical support as calculated in accordance with §3119.022 or §3119.023, as applicable,

- in amounts equal to the percentages indicated on Line 16 of the Child Support Computation Worksheet.
- in accordance with the following formula: _____.

(Check appropriate of two boxes)

Based upon the **HEALTH CARE DETERMINATIONS**, attached hereto as Exhibit ____ and incorporated herein by reference, the Court finds that **neither parent has private health insurance coverage** available for the child(ren) at a reasonable cost.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the **Child Support Obligor and the Child Support Oblige**e shall immediately inform the CSEA if private health insurance coverage for the child(ren) becomes available to either the Obligor or the Obligee. The CSEA shall determine if the private health insurance is available at a reasonable cost and if coverage is reasonable, order the Obligor or the Obligee to obtain private health insurance.

-OR-

Based upon the **HEALTH CARE DETERMINATIONS**, attached hereto as Exhibit ____ and incorporated herein by reference, the Court finds that the mother and/or the father have the following **private health insurance coverage** available for the child(ren) at a reasonable cost through a group policy, contract, or plan:

<u>Insurer:</u>	<u>Available to:</u>
_____	Mother
_____	Father

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the following person(s) is/are hereby designated as the **Health Insurance Obligor(s)**, until further order of Court:

- Mother**

- Father**
- Mother and Father**

The Health Insurance Obligor(s) shall provide private health insurance through:

MOTHER

Name of employer/group/individual _____
 Address of employer/group/individual _____

 Name of health plan _____
 Name of insurance company _____
 Claims address of insurance company _____
 Customer service telephone number _____
 Group number _____
 Identification/Subscriber number _____

FATHER

Name of employer/group/individual _____
 Address of employer/group/individual _____

 Name of health plan _____
 Name of insurance company _____
 Claims address of insurance company _____
 Customer service telephone number _____
 Group number _____
 Identification/Subscriber number _____

and shall designate the following child(ren) as covered dependents under the private health insurance policy, contract or plan:

<u>Full name of each child subject to the Medical Support Order</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that pursuant to Ohio Revised Code §3119.30 the parent(s) ordered to provide private health insurance for the child(ren) shall, not later than thirty (30) days after the issuance of the order, supply the other parent with information regarding the benefits, limitations and exclusions of the health insurance coverage, copies of any insurance forms necessary to receive reimbursement, payment, or other benefits under the health insurance coverage and a copy of any necessary insurance cards.

The following individual shall be reimbursed for covered out-of-pocket medical, optical, hospital, dental, or prescription expenses paid for the above-named child(ren):

Name of party _____
 Address _____

 Telephone number _____

The health plan administrator(s) of the health insurer(s) that provide(s) the private health insurance coverage for the child(ren) may continue making payment for medical, optical, hospital, dental,

or prescription services directly to any health care provider in accordance with the applicable private health insurance policy, contract, or plan.

The employer(s) of the person(s) required to obtain private health insurance coverage is/are required to release to the other parent, any person subject to an order issued under §3109.19 of the Revised Code, or the CSEA, on written request, any necessary information on the private health insurance coverage, including the name and address of the health plan administrator and any policy, contract or plan number, and to otherwise comply with Ohio Revised Code §3119.32 and any order or notice issued under this section.

If the person(s) required to obtain private health insurance coverage for the child(ren) subject to this child support order obtain(s) new employment, the agency shall comply with the requirements of section 3119.34 of the Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child(ren) in private health insurance coverage provided by the new employer.

Any employer who receives a copy of an order issued under Ohio Revised Code §3119.30, §3119.33 or §3119.34 shall notify the CSEA of any change in or the termination of the Child Support Obligor's or the Child Support Obligees' private health insurance coverage that is maintained pursuant to the order.

Upon receipt of notice by the CSEA that private health insurance coverage is not available at a reasonable cost, cash medical support shall be paid in the amount as determined by the child support computation worksheets in §3119.022 or §3119.023 of the Revised Code, as applicable. **The CSEA may change the financial obligations of the parties to pay child support in accordance with the terms of the court order and cash medical support without a hearing or additional notice to the parties.**

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the **Child Support Obligor and the Child Support Obligees** shall comply with the request of the CSEA in advance of an administrative review of a support order to provide the following: copy of federal income tax return from the previous year, copy of all pay stubs within the preceding six (6) months, copy of all other records evidencing the receipt of any other salary, wages or compensation within the preceding six (6) months, and, if the Obligor is a member of the uniformed services and on active military duty, a copy of the Obligor's Internal Revenue Service Form W-2, "Wage and Tax Statement," and a copy of a statement detailing the Obligor's earnings and leave with the uniformed services. **The Child Support Obligor and the Child Support Obligees** shall also provide a list of available group health insurance and health care policies, contracts and plans, and their costs, the current health insurance or health care policy, contract, or plan under which the Obligees and/or Obligor is/are enrolled, and their costs, including any Tricare program offered by the United States Department of Defense available to the Obligees, and any other information necessary to properly review the child support order.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the **residential parent and legal custodian of the child(ren)** immediately shall notify, and the obligor under a child support order may notify, the CSEA of any reason for which the child support order should terminate, including but not limited to the child's death, marriage, emancipation (age 18 or high school completion/termination), enlistment in the Armed Services, deportation, or change of legal custody. A willful failure to notify the CSEA is contempt of court.

The following information is provided for the use of the CSEA in accordance with §3121.24 and §3121.30 of the Ohio Revised Code:

*****EJ KNF 'UWRRQTV'QDNH QT''

NAME _____
MAILING ADDRESS _____
RESIDENCE ADDRESS _____
RESIDENCE PHONE NO. _____
DATE OF BIRTH _____

CHILD SUPPORT OBLIGOR:

NAME _____
MAILING ADDRESS _____
RESIDENCE ADDRESS _____
RESIDENCE PHONE NO. _____
DATE OF BIRTH _____

*****Kp'cf f lskqp'vq'vj g'edqyg'lpht o cvkqp'vj g'Qdrli qt'cpf 'Qdrli gg'b wwr't qxl'f g'vq'vj g'EUGC'vj g''
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'vj g'wrr r qt v'qtf gt 'lj cnllpht o 'vj g'EUGC'qhl'cp{ 'ej cpi g'qhl'pco g'qt 'qyj gt 'ej cpi g'qhl'epf lskqp'vj cv
'b c{ 'chgevg'vj g'cf o lpkmt cvkqp'qhl'vj g'qtf gt 0'Y khlwll'ekwt g'vq'lpht o 'vj g'EUGC'qhl'vj g'edqyg'lpht o cvkqp
'cpf 'cp{ 'ej cpi gu'ku'eqpgo r v'qhl'eqwt 0''

*****PQVKEG'VQ'EJ KNF 'UWRRQTV'QDNH QT'CPF'QDNH GG
*****RWTUWCPV'VQ'QJ KQ'TGXKUGF'EQF G'E534304;'''

*****GCEJ 'RCTV['VQ'VJ KUWRRQTV'QTFGT'O WUV'PQVKH 'VJ G'EJ KNF 'UWRRQTV''
ENFORCEMENT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS,
CURRENT RESIDENCE ADDRESS, CURRENT RESIDENCE TELEPHONE NUMBER,
CURRENT DRIVER'S LICENSE NUMBER, AND OF ANY CHANGES IN THAT
INFORMATION. EACH PARTY MUST NOTIFY THE AGENCY OF ALL CHANGES UNTIL
FURTHER NOTICE FROM THE COURT OR AGENCY, WHICHEVER ISSUED THE
SUPPORT ORDER. IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND
YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY BE FINED UP TO \$50
FOR A FIRST OFFENSE, \$100 FOR A SECOND OFFENSE, AND \$500 FOR EACH
SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER ANY
SUPPORT ORDER ISSUED BY A COURT AND YOU WILLFULLY FAIL TO GIVE THE
REQUIRED NOTICES, YOU MAY BE FOUND IN CONTEMPT OF COURT AND BE
SUBJECTED TO FINES UP TO \$1,000 AND IMPRISONMENT FOR NOT MORE THAN 90
DAYS.

IF YOU ARE AN OBLIGOR AND YOU FAIL TO GIVE THE REQUIRED NOTICES,
YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS
AGAINST YOU: IMPOSITION OF LIENS AGAINST YOUR PROPERTY; LOSS OF YOUR
PROFESSIONAL OR OCCUPATIONAL LICENSE, DRIVER'S LICENSE, OR
RECREATIONAL LICENSE; WITHHOLDING FROM YOUR INCOME; ACCESS
RESTRICTION AND DEDUCTION FROM YOUR ACCOUNTS IN FINANCIAL
INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY
FROM YOU TO SATISFY YOUR SUPPORT OBLIGATION.

Failure to comply with this support order can result in a contempt action; and, as provided in Ohio Revised Code §2705.05, the penalty for which may be imprisonment for not more than thirty (30) days in jail and/or fine of not more than \$250.00 for a first offense, not more than sixty (60) days in jail and/or fine of not more than \$500.00 for a second offense, and not more than ninety (90) days in jail and/or not more than \$1,000.00 fine for a third or subsequent offense.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the costs of this proceeding shall be paid as follows: _____, for which judgment is rendered and execution may issue.

MAGISTRATE

JUDGE

PLAINTIFF

ATTORNEY FOR PLAINTIFF

DEFENDANT

ATTORNEY FOR DEFENDANT