

**IN THE COMMON PLEAS COURT OF MIAMI COUNTY, OHIO
GENERAL DIVISION**

PLAINTIFF

CASE NO. _____

VS

JUDGE _____

MAGISTRATE _____

DEFENDANT

**SUPPORT ORDER and Standard/Additional
Order of Health Care Needs**

IT IS ORDERED that the residential parent(s) shall file a notice of intent to relocate if he/she intends to move to a residence other than the one specified in this order. Pursuant to the determination made under Ohio Revised Code §3109.051(G)(2) and subject to further order of the Court, the parent who is not the residential parent **shall** **shall not** be sent a copy of any notice of relocation filed with the Court.

IT IS FURTHER ORDERED:

CHILD SUPPORT

For the purposes of this order _____, is the Child Support Obligor and _____, is the Child Support Oblige.

This order for child support and 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(s) _____.

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) of this support order, the Child Support Obligor shall pay **child support** for the minor child(ren) in the sum of \$_____ per month, (\$_____ per month per child) for _____ child(ren) to the Child Support Oblige and/or his/her assignee(s), **plus 2% processing charge.**

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) of this support order, the Child Support Obligor shall pay **child support** for the minor child(ren) in the sum of \$_____ per month, (\$_____ per month per child), for _____ child(ren) to the Child Support Oblige, and/or his/her assignee(s), **plus 2% processing charge.**

(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 or 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) of this support order, the Child Support Obligor shall pay **cash medical support** for the minor child(ren) in the sum of \$_____ per month, (\$_____ per month per child), for _____ child(ren) to the Child Support Oblige, and/or his/her assignee(s) **plus 2% processing charge.**

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.

The Court finds that the parties have an Administrative Support Order, Case Number _____ (SETS # _____) issued by the Miami County CSEA that requires _____ to pay \$_____ per month per child, plus 2% processing charge, for the support of the child(ren) of this support order. 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 Miami County CSEA shall terminate any support withholding or deduction notice issued in Case Number _____. All support paid hereafter shall be under Miami County Court Case Number _____. The Child Support Obligor shall be given credit for any payments received under the administrative order.

The duty of support shall continue until further order of Court or until the child(ren) of this support order 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 Court case number.

All support under this order shall be withheld or deducted from the income or assets of the Child Support Obligor pursuant to a withholding or deduction notice or appropriate order issued in accordance with Chapters 3119, 3121, 3123, and 3125 of the Ohio Revised Code or a withdrawal directive issued pursuant to sections §3123.24 to §3123.38 of the Ohio Revised Code and shall be forwarded to the Child Support Oblige in accordance with Chapters 3119, 3121, 3123, and 3125 of the Ohio 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 in amount(s) consistent with this support order.

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 **withholding notice** shall issue in amount(s) consistent with this support order.

FINANCIAL INSTITUTION _____
ADDRESS _____

The Child Support Obligor shall immediately notify the Miami County 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 Ohio 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 Ohio Revised Code §3119.022 or §3119.023, as applicable.

Division of Health Care Expenses

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 of the Ohio Revised Code, as applicable, in equal amounts, after the Child Support Obligees pay the first \$100.00 incurred per child, per calendar year of uninsured medical, dental, optical and psychological expenses.

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 of the Ohio Revised Code, as applicable, in equal amounts.

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 of the Ohio Revised Code, according to the following terms:

Provisions for Health Care

IT IS FURTHER ORDERED, ADJUDGED AND DECREED:

Health insurance coverage is available at a reasonable cost through group policy, contract, or plan offered by the Child Support Obligor's or Child Support Obligees' employer or through any other group policy, contract or plan available to the Child Support Obligor or Child Support Obligees. Therefore, in accordance with §3119.30 of the Ohio Revised Code, no later than thirty days after the issuance of this order, shall secure and maintain medical insurance for the child(ren) of this support order and shall hereafter be referred to as the Health Insurance Obligor.

ACCORDINGLY, the following person(s) is/are hereby designated as the **Health Insurance Obligor(s)**, until further order of Court:

- Father** – Name: _____
 Mother – Name: _____

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

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	

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	

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

Child's Full Name Subject to Medical Support Order	Date of Birth

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/caretaker 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):

Child Support Oblige – Name, address and telephone no.: _____

Health insurance coverage is not available at a reasonable cost through a group policy, contract, or plan offered by the Child Support Obligor's or Child Support Oblige's employer or through any other group policy, contract, or plan available to the Child Support Obligor and Child Support Oblige. If, after the issuance of this order, health insurance coverage for the children becomes available at a reasonable cost through a group policy, contract, or plan offered by the Child Support Obligor's or Child Support Oblige's employer or through any other group policy, contract, or plan available to the Child Support Obligor or Child Support Oblige, the Child Support Obligor or Child Support Oblige to whom the coverage becomes available shall immediately inform the Miami County CSEA.

The health plan administrators 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 Ohio Revised Code, or the Miami County 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 Miami County CSEA shall comply with the requirements of Section §3119.34 of the Ohio 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 Miami County CSEA of any change in or the termination of the Child Support Obligor's or the Child Support Obligee's private health insurance coverage that is maintained pursuant to the order.

Upon receipt of notice by the Miami County 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 Ohio Revised Code, as applicable. **The Miami County 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 Obligee** shall comply with the request of the Miami County 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 Child Support Obligor is a member of the uniformed services and on active military duty, a copy of the Child Support Obligor's Internal Revenue Service Form W-2, "Wage and Tax Statement," and a copy of a statement detailing the Child Support Obligor's earnings and leave with the uniformed services. The **Child Support Obligor and the Child Support Obligee** 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 Child Support Obligor and/or Child Support Obligee is/are enrolled, and their costs, including any Tricare program offered by the United States Department of Defense available to the Child Support Obligee, 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 Child Support Obligor under a child support order may notify, the Miami County 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 Miami County CSEA is contempt of court.

Information is provided for the use of the Miami County CSEA in accordance with §3121.24 and §3121.30 of the Ohio Revised Code by way of **detached Confidential Information Worksheet for Identification of the Parties** directly to the court's magistrate. The parties affected by the support order shall inform the Miami County CSEA of any change of name or other change of conditions that may affect the administration of the order. Willful failure to inform the Miami County CSEA of the above information and any changes is contempt of court.

NOTICE TO CHILD SUPPORT OBLIGOR AND CHILD SUPPORT OBLIGEE
PURSUANT TO OHIO REVISED CODE § 3121.29

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT 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 that the Clerk of Courts shall send a copy of this order to both parties.

JUDGE

MAGISTRATE

******* PLEASE DETACH – DO NOT FILE*******
(Take directly to magistrate’s office)

Confidential Information Worksheet for Identification of the Parties

The following information is provided for use by the Child Support Enforcement Agency pursuant to the Ohio Revised Code.

Case Name: _____

Case Number: _____

CSEA Sets Number (if Known): _____

Judge: _____

Magistrate: _____

CHILD SUPPORT OBLIGEE:

NAME : _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

RESIDENCE PHONE NO.: _____

CELL PHONE NO.: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

DRIVER’S LICENSE NO.: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

CHILD SUPPORT OBLIGOR:

NAME: _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

RESIDENCE PHONE NO.: _____

CELL PHONE NO.: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

DRIVER’S LICENSE NO.: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

The parties affected by the support order shall inform the CSEA of any change of name or other change of conditions that may affect the administration of the order. Willful failure to inform the CSEA of the above information and any changes is contempt of court.

THIS WORKSHEET SHALL BE DETACHED FROM FORM DR 16 AND SUBMITTED DIRECTLY TO THE MAGISTRATE’S OFFICE AND NOT FILED WITH THE CLERK OF COURTS.

Signature of the moving party/complainant or their attorney of record