

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

IN THE MATTER OF:

CASE NO. _____
SETS NO. _____

_____, **Obligee**

JUDGE SCOTT ALTENBURGER

MAGISTRATE

_____, **Obligor**

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

IT IS HEREBY ORDERED that:

CHILD SUPPORT AND CASH MEDICAL SUPPORT

- A. The effective date of this order for child support and cash medical support is _____.
- B. _____ (and _____) shall be the **Child Support Obligor(s)** and _____ shall be the **Child Support Oblige**.
- C. _____ (and _____) shall be the Health Insurance Obligor(s).
- D. The Child Support Obligor shall pay:
 - \$_____ per child, per month, for ___ child(ren); \$_____ total, for **current child support**;
\$_____ per child, per month, for ___ child(ren); \$_____ total, for **cash medical support**;
\$_____ per month toward accumulated arrears.
 - A minimum support order of \$80.00 per month pursuant to Ohio Revised Code §3119.06.

See attached Child Support Worksheets. **In addition** to these support obligations, the Support Obligor shall pay a processing fee of 2% to the Support Enforcement Agency.

The child(ren) who are the subject of this child support order are:

Child's Name	Date of Birth

The above child support deviates by _____ percent (upward/downward) deviation 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) **[beyond any parenting time deviation shown on the attached worksheet]:**

The duty of support shall continue until further order of Court or until the child(ren) of this support order reach(es) the age of 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. 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. **Any payments not made through OCSPC shall not be considered as payment of support.**

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 Ohio Revised Code Chapters 3119, 3121, 3123, and 3125 or a withdrawal directive issued pursuant to Ohio Revised Code §3123.24 to §3123.38 and shall be forwarded to the Child Support Oblige in accordance with Ohio Revised Code Chapters 3119, 3121, 3123, and 3125.

To secure the support obligations, the Court finds that **(check appropriate box and complete section):**

The Child Support Obligor receives income from an **income source**. A **withholding notice** shall be issue in the 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 the amount(s) consistent with this support order.

FINANCIAL INSTITUTION _____
ADDRESS _____

If not set forth above, the Child Support Obligor shall immediately notify the Miami County CSEA of the account number from which support shall be deducted, and the name and location of the financial institution.

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 is unemployed, has no income, and does not have any financial institution accounts. Further, the Child Support Obligor is an able-bodied person capable of gainful employment. Therefore, it is ordered that the Child Support Obligor is required to seek employment and participate in a work activity to which a recipient of assistance under the Title IV-A of the "Social Security Act," 49 stat. 620(1935), 42 U.S.C.A. 301, as amended, may be assigned as specified in section 407(d) of the "Social Security Act," 42 U.S.C.A. 607(d), as amended.

1. The Child Support Obligor shall notify the CSEA on obtaining employment, obtaining an income, or obtaining ownership of any asset with a value of five hundred dollars (\$500.00) or more.
2. **The Child Support Obligor has fourteen (14) business days from the file stamp date of this order to register at the OHIOMEANSJOBS website at WWW.OHIOMEANSJOBS.COM as a Child Support Obligor who is ordered to seek work.**
3. Further, the Child Support Obligor has fourteen (14) business days from the file stamp date of this order to report to OHIOMEANSJOBS/Miami County Center or the OHIOMEANSJOBS Center of his/her home county to begin job search activities.

Until such time as the Child Support Obligor is gainfully employed, the Child Support Obligor shall report on a weekly basis to OHIOMEANSJOBS/Miami County Center located at 2040 North County Road 25-A, Troy, OH 45373. Should the Child Support Obligor not reside in Miami County or a contiguous county, the Child Support Obligor shall report weekly to the OHIOMEANSJOBS Center located in his/her county of residence. Additionally, the Child Support Obligor shall attend all open interviews sponsored by OHIOMEANSJOBS/ Miami County Center. Monthly calendars are available at OHIOMEANSJOBS/Miami County Center.

Additionally, the Child Support Obligor shall request the services of the OHIOMEANSJOBS/Miami County Center in obtaining assistance with job search activities; resume preparation and review; and assessment of any special needs and job classes as recommended by the staff of the OHIOMEANSJOBS /Miami County Center. The Child Support Obligor's attendance and cooperation shall be verified by the Miami County CSEA by viewing the State Monitoring System. Further, the Child Support Obligor's case manager may send a partner referral to the OHIOMEANSJOBS/Miami County Center at any time the Child Support Obligor states they are in need of assistance with obtaining employment.

THE CHILD SUPPORT OBLIGOR WILL IMMEDIATELY NOTIFY THE CSEA UPON FINDING GAINFUL EMPLOYMENT AND WILL PROVIDE THE CSEA WITH THE FULL NAME AND ADDRESS OF HIS/HER EMPLOYER, ANTICIPATED EARNINGS, AND THE NUMBER OF HOURS WORKED EACH WEEK. AN ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT WILL AUTOMATICALLY BE ISSUED BY THE CSEA. THE CHILD SUPPORT OBLIGOR SHALL MAKE THIS REPORT WITHIN THREE (3) BUSINESS DAYS OF OBTAINING ANY EMPLOYMENT.

DEPENDENCY EXEMPTIONS

IT IS FURTHER ORDERED that pursuant to Ohio Revised Code §3119.82 the following person(s) shall claim the child(ren) subject to this order as dependent(s) for federal and state income tax purposes:

Parent: _____

Parent: _____

Both parents according to the following terms:

IT IS FURTHER ORDERED that the parties shall take whatever action is necessary pursuant to 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.

IT IS FURTHER ORDERED that the **Child Support Obligor and the Child Support Oblige**e 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 Oblige**e 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 Oblige is/are enrolled, and their costs, including any Tricare program offered by the United States Department of Defense available to the Child Support Oblige, and any other information necessary to properly review the child support order. **Failure to provide said information may result in the CSEA making reasonable assumptions regarding the income of the party failing to provide such information and proceed to review the support order using those assumptions.**

MEDICAL SUPPORT OF CHILDREN

Division of Extraordinary Health Care Expenses

Health Insurance

IT IS FURTHER ORDERED:

- The **Child Support Oblige**e shall be the **Health Insurance Obligor** and shall secure and maintain health insurance at a reasonable cost for the child(ren) named above; or
- The **Child Support Obligor** shall be the **Health Insurance Obligor** and shall secure and maintain health insurance for the child(ren) named above because the court finds or the parties stipulate one of the following:
 - The **Child Support Obligor** has health insurance coverage in place for the children that is not reasonable in cost, but the child support obligor wishes to be named the health insurance obligor.
 - The **Child Support Obligor** already has health insurance coverage available for the child(ren) that is not reasonable in cost, but the child support obligor wishes to be named the health insurance obligor.
 - The **Child Support Obligor** has health insurance coverage available for the child(ren) that is reasonable in cost;
 - The **Child Support Obligor** can obtain coverage for the child(ren) that is reasonable in cost through an employer or other source.
 - The **Child Support Oblige**e is a non-parent individual or agency that has no duty to provide medical support.

If private health insurance is not available to either parent at a reasonable cost at the time of the issuance of this order, and later becomes available to the Child Support Obligor at a reasonable cost, the Child Support Obligor shall obtain said coverage no later than thirty (30) days after it becomes available at a reasonable cost and shall inform the CSEA when coverage has been obtained.

If private health insurance becomes available to the Child Support Obligor at a reasonable cost, the Child Support Obligor shall inform the CSEA of the availability of said coverage and may seek a modification of health insurance coverage.

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

PARENT NAME	
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	

PARENT NAME	
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	

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

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

EXTRAORDINARY MEDICAL EXPENSES

IT IS FURTHER ORDERED that, in accordance with Ohio Revised Code §3219.30 or §3119.32, the **Child Support Obligor**, shall pay **50%** and the **Child Support Oblige**, shall pay **50%** of the uninsured medical expenses incurred for a child during a calendar year that exceed the total cash medical support amount for that child owed by the parents during that year. [Uninsured medical expenses are those medical expenses that exceed the amount determined by the Department of Job and Family Services currently \$_____ per annum.]

NOTICE TO THE HEALTH INSURANCE OBLIGOR

1. Within thirty days after the issuance of this support order, the Health Insurance Obligor must designate the child(ren) named as covered dependents under any health insurance policy, contract, or plan for which the Health Insurance Obligor contracts.
2. The individual(s) who is(are) designated to be reimbursed for medical expenses for the child(ren) named above is(are):

Name: _____
Address: _____

Name: _____
Address: _____

3. Within thirty days after the issuance of this order, the Health Insurance Obligor shall provide to the CSEA documentation that verifies coverage is being provided as ordered.
4. The Health Insurance Obligor may be required to pay extraordinary medical expenses for the child(ren) named above.
5. The Health Insurance Obligor’s employer is required to release to the other parent, any person subject to an order issued under Ohio Revised Code §3109.19, 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 Ohio Revised Code §3119.32.
6. If the Health Insurance Obligor obtains new employment, the CSEA shall comply with the requirements of Ohio Revised Code §3119.34, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child(ren) named above in private health care insurance coverage provided by the new employer, when insurance is not being provided by any other source.
7. Within thirty days of the date of this support order, the Health Insurance Obligor must provide to the other party information regarding the benefits, limitations, and exclusions of the coverage, copies of any insurance forms necessary to receive reimbursement payment, or other benefits under the coverage, and a copy of any necessary insurance cards.

**NOTICE TO REPORT REASON WHY SUPPORT ORDER SHOULD TERMINATE
PURSUANT TO OHIO REVISED CODE §3119.87 AND §3119.88**

The **Child Support Oblige**e shall immediately notify, and the Child Support Obligor may notify, the CSEA of any reason for which the child support order should terminate. Reasons for which a child support order should terminate include all of the following:

- A. The child attains the age of majority if the child no longer attends an accredited high school on a full-time basis;
- B. The child ceases to attend an accredited high school on a full-time basis after attaining the age of majority;
- C. A termination condition specified in the court child support order has been met for a child who reaches nineteen years of age;
- D. The child’s death;
- E. The child’s marriage;
- F. The child’s emancipation;
- G. The child’s enlistment in the armed services;
- H. The child’s deportation;

- I. Change of legal custody of the child;
- J. The child's adoption;
- K. The obligor's death;
- L. The grandparent to whom support is being paid or a grandparent who is paying support reports that the grandparent's support order should terminate as a result of one of the events described in division (D) of section 3109.19 of the Ohio Revised Code; or
- M. Marriage of the Obligor under a child support order to the Obligee, if the Obligor and Obligee reside together with the child.

NOTICE TO CHILD SUPPORT OBLIGOR AND CHILD SUPPORT OBLIGEE

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 SUBJECT TO FINES UP TO \$1,000 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.

IF YOU ARE AN OBLIGOR OR OBLIGEE AND YOU FAIL TO GIVE THE REQUIRED NOTICES TO THE CHILD SUPPORT ENFORCEMENT AGENCY, YOU MAY NOT RECEIVE NOTICE OF THE CHANGES AND REQUESTS TO CHANGE THE CHILD SUPPORT AMOUNT, HEALTH CARE PROVISIONS, OR TERMINATION OF THE CHILD SUPPORT ORDER. 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.

Both the Child Support Obligor and Child Support Obligee have a right to request an administrative review of the support order for child support and medical support thirty-six months from the establishment of the order or from the date of the most recent support order or sooner, if certain circumstances are present. Contact the Miami County CSEA for further details.

Information is provided for the use of the Miami County CSEA in accordance with Ohio Revised Code §3121.24 and §3121.30 and forwarded to Miami County Child Support Enforcement Agency. 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.

IT IS FURTHER ORDERED that the Juvenile Court clerk shall send a copy of this order to both parties.

The above decision is approved and is an order of the Court upon filing.

Scott Altenburger, Judge

Magistrate

APPROVED:

_____, **Obligee**

_____, **Attorney for Obligee**

_____, **Obligor**

_____, **Attorney for Obligor**

- cc: **Miami County CSEA**
- Obligor**
- Obligee**
- Attorney** _____
- Attorney** _____