

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

CASE NO. _____

SETS NO. _____

Plaintiff,

_____, **JUDGE**

vs

MAGISTRATE _____

Defendant.

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

IT IS HEREBY ORDERED:

_____, is the **Support Obligor** and _____, is the **Support Obligee**.

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

The **Health Insurance Obligor(s) is(are)** _____

The child/children who are the subject(s) of this order:

Child's Name	Birth Date

CHILD SUPPORT

IT IS HEREBY ORDERED that the Support Obligor shall pay support to the Support Obligee and/or his/her assignee(s), for the minor child(ren) as follows:

\$ _____ per month, per child, for _____ child(ren), for a total of \$ _____ per month for **Child Support**;

\$ _____ per month, per child, for _____ child(ren) for a total of \$ _____ per month for **Cash Medical Support**;

For a **Total Monthly Support Obligation** of \$ _____ for current support.

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 above **child support deviates by** _____ % (upward)(downward) from the amount of child support shown on line 22 of the child support worksheet, and/or the above **cash medical support deviates by** _____% (upward)(downward), 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):

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.

The Child Support Obligees shall immediately notify, and the child support Obligor may notify the Support Enforcement Agency of any reason why child support should terminate.

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 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 Obligees 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: Name: _____

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 is unemployed, has no income, and does not have any financial institution accounts. Further the Obligor is an able-bodied person capable of gainful employment. Therefore, it is ordered that the 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 Obligor shall notify the CSEA on obtaining employment, obtaining an income, or obtaining ownership of any asset with a value five hundred dollars (\$500.00) or more.
2. **The 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 Obligor has fourteen (14) business days from the file stamp date of this Order to report to OHIOMEANSJOB/Miami County Center or the OHIOMEANSJOBS Center of his/her home county to begin job search activities.

Until such time as the Obligor is gainfully employed, the 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 Obligor not reside in Miami County or a contiguous county, the Obligor shall report weekly to the OHIOMEANSJOBS Center located in his/her county of residence. Additionally, the Obligor shall attend all open interviews sponsored by OHIOMEANSJOBS/Miami County Center. Monthly calendars are available at OHIOMEANSJOBS/Miami County Center. Additionally, the 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 Obligor's attendance and cooperation shall be verified by the Miami County CSEA by viewing the State Monitoring System. Further, the Obligor's case manager may send a partner referral to the OHIOMEANSJOBS/Miami County Center at any time the Obligor states that he/she 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 OBLIGOR SHALL MAKE THIS REPORT WITHIN THREE (3) BUSINESS DAYS OF OBTAINING ANY EMPLOYMENT.

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 all necessary documents. Both Child Support Obligor and Oblige e have a right to request an administrative review of the support order for child support and medical support thirty-six months from the date of the most recent support order, or sooner under certain circumstances. Contact the Miami County CSEA for further details.

DEPENDENCY EXEMPTIONS

IT IS FURTHER ORDERED 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 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 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

Division of Extraordinary Health Care Expenses

IT IS ORDERED that, in accordance with Ohio Revised Code §3219.30 or §3119.32, The **Child Support Obligor** and the **Child Support Oblige**e shall **each pay one half (50%)** of the uninsured medical expenses incurred during a calendar year that exceed \$ _____ (the sum of the amounts shown for each parent on line 29 of the worksheet, multiplied by 12), **or** as agreed as follows:

Child Support Obligor _____ % and **Child Support Oblige**e _____ %.

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 obgligor.
 - 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 Oblige

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	

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

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 individual(s) who is(are) designated to be reimbursed for medical expenses for the child(ren) named above is(are):

Name: _____

Address: _____

Name: _____

Address: _____

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 **Health Insurance Obligor** 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 **Health Insurance Obligor** 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.

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 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.

Information is provided for the use of the Miami County CSEA in accordance with Ohio Revised Code §3121.24 and §3121.30 by way of the DETACHED Confidential Information Worksheet for Identification of the Parties given directly to the court's magistrate. Failure to submit or accurately complete this worksheet will result in rejection of the DR-16. 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 Clerk of Courts shall send a copy of this order to both parties.

JUDGE

MAGISTRATE

APPROVED:

_____, Child Support Obligor

_____, Attorney for Obligor

_____, Child Support Oblige

_____, Attorney for Oblige

cc: Miami County Child Support Enforcement Agency

*******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