

MANDATORY LANGUAGE
FOR ORDERS REGARDING CHILD SUPPORT, CASH MEDICAL SUPPORT,
SPOUSAL SUPPORT AND HEALTH INSURANCE
(Local Rule 24.07)

SPOUSAL SUPPORT

{select one} Plaintiff/Defendant/Petitioner-Father/Petitioner-Mother shall pay spousal support to **{select one} Plaintiff/Defendant/Petitioner-Father/Petitioner-Mother** in the sum of \$ _____ per month, plus 2% processing charge for a term of _____ years/months effective _____. Pursuant to R.C. 3105.18(B) all payments shall terminate upon the death of either party. In addition, spousal support shall terminate upon the remarriage or cohabitation by the recipient with an unrelated adult male or female. The Court shall/shall not retain jurisdiction to modify the term or amount of this spousal support order.

CHILD SUPPORT

For purposes of this order **{select one} Plaintiff/Defendant/Petitioner-Father/Petitioner-Mother** is the Child Support Obligor and **{select one} Plaintiff/Defendant/Petitioner-Father/Petitioner-Mother** 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 _____.

{NOTE: EVERY CHILD SUPPORT ORDER MUST NOW CONTAIN BOTH OF THE FOLLOWING TWO PARAGRAPHS!}

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, plus 2% processing charge, for a total of \$ _____ per month.

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 \$ _____ per month for current child support and \$ _____ per month for cash medical support, plus 2% processing charge, for a total of \$ _____ per month.

{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):

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.

{If applicable} The Court further finds that as of _____ the arrearage is \$ _____. This sum includes all accrued child support, cash medical support, spousal support, and processing charges. This sum supersedes 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 Oblige, credit acknowledged by the Child Support Oblige for support provided directly to the child(ren), and credit for support waived by the Child Support Oblige, as of the computation date.

{If applicable} The Child Support Obligor shall pay an additional \$ _____ per month plus processing charge toward the existing arrearage.

All support, including current child support, cash medical support (if any), spousal support (if any), payment on arrearage (if any), and all processing charges for a total of \$ _____ per month, shall be paid through the Ohio Child Support Payment Central (CSPC), P. O. Box 182394, Columbus, Ohio 43218 pursuant to an Order/Notice to Withhold Income for Child Support (ODJFS 4047) directed to the Obligor's **{select one} Employer {Insert address} /Financial Institution (Insert Address and Account Number) / Worker's Compensation/ Social Security/ O.B.E.S,** in the amount of \$ _____ per **{select one} weekly/biweekly/semimonthly/monthly** pay, based on the fact that private health insurance **{select one} IS / IS NOT** being provided for the minor child(ren) at this time. The Mahoning County Child Support Enforcement Agency (CSEA) shall prepare and issue the required Order/Notice.

Both parties are further ordered to comply with all provisions of the Addendum Withholding Notice (ODHS Form 4048), which shall also be prepared and issued by the CSEA.

Until the Order/Notice takes effect with the employer, the Obligor is ordered to pay the child and/or spousal support set forth in this Order direct to the CSPC at the address shown above, together with processing charge. 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.

The parental duty of support to each child shall continue until the child reaches the age of 18, and shall continue beyond the age of 18, as long as the child continuously attends on a full time basis any recognized and accredited high school. In no event shall the duty of support remain in effect after the child reaches age nineteen (19) unless the court specifically provides for the same. Said obligation of support shall continue during seasonal vacation periods until the order terminates.

If the Obligee has not already done so, said Obligee shall immediately file an Application for IV-D Services with the CSEA.

The CSEA shall administer the support orders issued herein on a monthly basis regardless of the increments of the Obligor's pay periods.

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 \$1000 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 AND FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU TO SATISFY YOUR SUPPORT OBLIGATION.

(NOTE: THE ABOVE LANGUAGE MUST BE IN BOLD AND IN ALL CAPS!)

The Residential Parent of a child for whom a support order is issued or the person who otherwise has custody of a child for whom a support order is issued must IMMEDIATELY, notify the CSEA, in writing, of any reason for which the child support order should terminate, including but not limited to, the child's attainment of the age of majority, if the child no longer attends an accredited high school on a full-time basis and the support order does not provide for the duty of support to continue beyond past the age of majority; the child ceasing to attend such a high school on a full-time basis after attaining the age of majority, if the support order does not provide for the duty of support to continue past the age of majority; or the death, marriage, emancipation, enlistment in the armed services, deportation, or change of legal or physical custody of the child. R.C. 3119.87, 3119.88.

Nothing in this Decision shall preclude the Mahoning County Child Support Enforcement Agency from intercepting Obligor's State or Federal Income Tax refund or any other lump sum to satisfy any outstanding arrearage.

MEDICAL SUPPORT OF CHILDREN

{NOTE: SELECT ONE OF THE FOLLOWING TWO SECTIONS}

{IF HEALTH INSURANCE IS AVAILABLE TO ONE OR BOTH OF THE PARTIES}

{select one} Plaintiff/Defendant/Petitioner-Father/Petitioner-Mother /Both parties have private health insurance coverage available for the child(ren) that is reasonable in cost and accessible. Therefore, {select one} Plaintiff/Defendant/Petitioner-Father/Petitioner-Mother/both parties shall be designated as the Health Insurance Obligor(s) until further order of the Court, and shall secure and maintain private health insurance for the child(ren) named in this order no later than thirty (30) days after the issuance of this support order, and shall designate the minor child(ren) as covered dependents under the private health insurance policy, contract or plan.

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

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.

{select one} Plaintiff/Defendant/Petitioner-Father/Petitioner-Mother shall be reimbursed at the address shown in the caption above by the health plan administrator for covered out-of-pocket medical, optical, hospital, dental, or prescription expenses paid for the above-named child(ren).

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.

{IF HEALTH INSURANCE IS NOT AVAILABLE TO ONE OR BOTH OF THE PARTIES}

Neither parent has private health insurance coverage available for the child(ren) that is reasonable in cost or accessible. Therefore, the Child Support Obligor and the Child Support Oblige shall immediately inform the CSEA if private health insurance coverage for the child(ren) becomes available to either the Obligor or the Oblige. 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 Oblige to obtain private health insurance.

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

TAX DEPENDENCY EXEMPTION

Pursuant to Revised Code 3119.82, _____ shall be entitled to claim all of the minor children as dependents for all tax purposes commencing with tax year _____.

OR

Pursuant to Revised Code 3119.82 the parties shall share the claiming of the children as dependents as follows:

The Residential Parent is ordered to 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 Non-Residential Parent to claim the child(ren) as dependents for federal income tax purposes.

COURT COSTS

Costs assessed to **{select one} Plaintiff/Defendant/Petitioner-Father/Petitioner-Mother/ equally to both parties** after application of deposit.

