

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

PLAINTIFF,	:	CASE NO. _____
	:	
	:	JUDGE _____
	:	
v.	:	AGREED JUDGMENT ENTRY
	:	TEMPORARY SPOUSAL SUPPORT
	:	
DEFENDANT,	:	

This matter came on for hearing on _____, 2018 before Magistrate _____, to whom this matter was referred by the Honorable _____, Judge of the Domestic Relations Division of the Court of Common Pleas upon the Plaintiff Defendant's Motion for Support *Pendente Lite* (# _____) filed _____, pursuant to Ohio Civil Rule 75(N)(1). Present were:

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | | , Plaintiff |
| <input type="checkbox"/> | | , Defendant |
| <input type="checkbox"/> | | , Attorney for Plaintiff |
| <input type="checkbox"/> | | , Attorney for Defendant |

The Court finds that all unrepresented parties have been advised of the right to counsel in this proceeding and have voluntarily and knowingly waived said right. The Court further finds that the parties have resolved their differences by agreement, the terms of which are set forth herein. The Court finds that said agreement is fair, just and equitable. The Court further finds that the parties waive any rights under Ohio Civil Rule 53 and 75.

PLAINTIFF **DEFENDANT'S MOTION FOR SUPPORT PENDENTE LITE**
_____ **IS HEREBY GRANTED.**

These orders are effective commencing _____.

IT IS ORDERED that the following expenses for the marital home located at:

shall be paid by the party indicated:		
mortgage/rent payment	Plaintiff	Defendant
real estate taxes	<input type="checkbox"/>	<input type="checkbox"/>
homeowner's insurance	<input type="checkbox"/>	<input type="checkbox"/>
electricity	<input type="checkbox"/>	<input type="checkbox"/>
cable television	<input type="checkbox"/>	<input type="checkbox"/>
telephone (basic monthly charge)	<input type="checkbox"/>	<input type="checkbox"/>

gas/fuel oil/propane
water/sewer
internet service

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

IT IS FURTHER ORDERED that the Plaintiff shall pay the following:

IT IS FURTHER ORDERED that the Defendant shall pay the following:

IT IS FURTHER ORDERED that if either party had health insurance coverage in effect for his/her spouse at the time of filing of this action, then that party, pursuant to RC 3105.71 and Local Rule 24, shall not cancel, or otherwise terminate or cause termination, or fail to renew such health insurance coverage during the pendency of these proceedings, until the Court determines that the party is no longer responsible for providing such health insurance coverage for that party's spouse.

IT IS FURTHER ORDERED that _____ shall pay spousal support in the sum of \$_____ per month to _____, plus 2% processing charge.

Spousal Support Arrearage

(Check one of the following two boxes)

The Court reserves jurisdiction to determine at final hearing whether this order should be made retroactive to a prior date.

-OR-

The arrearage computed as of _____ is undetermined \$_____. This sum includes all support arrears and processing charges. _____ has been credited with direct payments and all appropriate credits. _____ shall pay an additional \$_____ per month toward the arrearage.

IT IS THEREFORE ORDERED that the support obligor shall pay an additional \$_____ per month toward the existing arrearage.

Monthly Payment of Spousal Support

For purposes of this order, _____ is the Support **Obligor** and _____ is the Support **Obligee**.

The support obligor shall pay \$_____ per month, plus 2% processing charge. This amount includes spousal support and any payment toward arrearage.

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

The support obligor receives income from an income source or has nonexempt funds on deposit in an account at a financial institution.

IT IS THEREFORE ORDERED that a withholding or deduction notice shall issue to:

INCOME SOURCE/
FINANCIAL INSTITUTION _____
ADDRESS _____

If withholding from a financial account, the support obligor shall immediately notify the Cuyahoga County Job and Family Services, Office of Child Support Services, CJFS-OCSS of the number and description of the account from which support shall be deducted, and the name, branch, business address and routing number of the financial institution if not set forth above.

IT IS FURTHER ORDERED that the support obligor immediately notify the CJFS-OCSS, in writing, of any change in employment (including self-employment), receipt of additional income/monies or termination of benefits. The support obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer. The support obligor shall immediately notify the CJFS-OCSS of any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution.

The support obligor has no attachable income source and has the ability to post a cash bond.

IT IS THEREFORE ORDERED that the support obligor post a cash bond in the amount of \$_____ with the Clerk of the Common Pleas Court.

IT IS FURTHER ORDERED that the support obligor shall immediately notify the CJFS-OCSS, in writing, if the support obligor begins to receive income from a payor. The notice shall include a description of the nature of any new employment, and the name, business address and telephone number of any new employer.

When the support obligor begins to receive income from a payor, he/she may request that the Court cancel its bond order and instead issue a notice requiring the withholding of an amount from income for support in accordance with Ohio Revised Code § 3121.03(A).

When the support obligor begins to receive income from a payor, the Court will collect on the bond if the Court determines that payments due under this support order have not been made and that the amount that has not been paid is at least equal to the support owed for one month under this support order. The Court shall issue a notice requiring the withholding of an amount from the support obligor's income for support in accordance with Ohio Revised Code § 3121.03(A).

The support obligor has no attachable income and has no assets to post a bond.

IT IS THEREFORE ORDERED that the support obligor shall seek employment, if able to engage in employment, and shall immediately notify the CJFS-OCSS, in writing, upon commencement or change of employment (including self-employment), receipt of additional income/monies, obtaining ownership of asset of value of \$500.00 or more, receipt or termination of benefits or the opening of an account at a financial institution. The support obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer. The support obligor shall immediately notify the CJFS-OCSS of any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution.

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., 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.

All support shall be paid through the 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. Cash payments may be made at the Cuyahoga County Treasurer's Office, County Administration Building, 1st Floor –Cashier, 1219 Ontario Street, Cleveland, Ohio 44113. All payments are due on the _____of the month, for that month, unless support is being collected by way of a withholding or deduction notice. All payments shall include the following: Obligor's name, Social Security Number, SETS case number, and Domestic Relations Court case number.

IT IS FURTHER ORDERED that the Obligor immediately notify the CJFS-OCSS, in writing, of any change in employment (including self-employment), receipt of additional income/monies or termination of benefits. The Obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer. The Obligor shall immediately notify the CJFS-OCSS of any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution and account number(s).

The following information is provided in accordance with §3105.72 and §3121.30 of the Ohio Revised Code:

SUPPORT OBLIGEE (receives support):

Name: _____

Social Security Number xxx-xx-_____

SUPPORT OBLIGOR (pays support):

Name: _____

Social Security Number xxx-xx-_____

Date of Birth: _____

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 order can result in a contempt action as provided in Ohio Revised Code Section 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 the first offense, sixty (60) days in jail and/or \$500.00 fine for the second offense, and up to \$1,000.00 fine and/or ninety (90) days in jail for third or subsequent offenses.

Costs are passed to final hearing.

IT IS SO ORDERED.

JUDGE

MAGISTRATE

APPROVED:

Plaintiff/Petitioner-01

Defendant/Petitioner-02/Respondent

Attorney for Plaintiff/Petitioner-01

Attorney for Defendant/Petitioner-02/Respondent

ACKNOWLEDGMENT AND WAIVER OF EACH PARTY APPEARING WITHOUT COUNSEL

I have been informed that I have the right to be represented by an attorney at this hearing. I have decided not to have a lawyer assist me. By signing this Waiver, I confirm that I am waiving my right to legal representation at this hearing.

Check applicable box(es)

- I am aware that my spouse/former spouse is represented by an attorney.
- I am aware that the Assistant Prosecuting Attorney represents only the interests of the State of Ohio and the Cuyahoga County Support Enforcement Agency.

This waiver is being made voluntarily, with my full understanding and the same is of my own free will. It is my decision to proceed without counsel.

Date

Print Name

Signature

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Print Name

Signature