

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

PLAINTIFF/PETITIONER-01	:	Case No. _____
	:	
	:	JUDGE _____
	:	
	:	MAGISTRATE _____
v.	:	AGREED JUDGMENT ENTRY
	:	CHILD SUPPORT AND MEDICAL
	:	SUPPORT
DEFENDANT/PETITIONER-02/RESPONDENT	:	ESTABLISHMENT
	:	MODIFICATION

This matter came on for hearing on _____ 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 following:

Present were:

	Plaintiff/Petitioner-01
	Defendant/Petitioner-02/Respondent
	Attorney for Plaintiff/Petitioner-01
	Attorney for Defendant/Petitioner02-Respondent

Assistant County Prosecuting Attorney _____ on behalf of the Cuyahoga Job and Family Services, Office of Child Support Services, (CJFS – OCSS).

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.

The Court finds that: *(Check one of the following two boxes)*

- Neither Plaintiff nor Defendant is in the military service of the United States.
- Plaintiff and/or Defendant is/are in the military service of the United States and his/her military service did not impact his/her ability to defend this action.

The Court finds that the parents owe a duty of support for the child(ren) named below:

Full name and Date of Birth of each child:

The Court finds that: *(Check appropriate box)*
 an order for the Child Support Obligor to pay current child support and medical support for the above minor is hereby established.
 a substantial change of circumstance has occurred and the existing order to pay current support and medical support for the above minor child(ren) is hereby modified.

CHILD(REN)'S HEALTH CARE

Extraordinary Medical Expenses

The Court finds that pursuant to Ohio Revised Code §3119.30(A), both parents are liable for the health care expenses of the child(ren) who is/are not covered by private health insurance.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Plaintiff pay ____% and the Defendant pay ____% of the extraordinary medical expenses of the child(ren).

Extraordinary medical expenses are any uninsured medical expenses incurred for a child during a calendar year that exceed the total cash medical support amount owed by the parents during that year, including orthodontia, dental, optical and psychological services.

Cash medical support means an amount paid in a child support order toward the ordinary medical expenses incurred during a calendar year. Ordinary medical expenses include copayments and deductibles, and uninsured medical-related costs for the children of the order. Each parent's annual cash medical support obligation is found on Line 23b of the Sole/Shared Parenting Child Support Computation Worksheet and the Split Parenting Child Support Computation Worksheet.

The parent who receives a medical bill, and/or an Explanation of Benefits (EOB), or who incurs a medical expense, shall provide the other parent the original or a copy of the bill, and/or EOB, if available, within 30 days of the date on the bill or EOB, or a receipt, absent extraordinary circumstances. The other parent shall reimburse the parent incurring the expenses or pay directly to the health care provider, that parent's percentage share of the bill as shown above.

The following parent shall be reimbursed by the health plan administrator(s) for covered out-of-pocket medical, optical, hospital, dental or prescription expenses paid for the child(ren) subject to this order:

Name of party _____
Address _____
Telephone number _____

Health Insurance Coverage

(Check one of the following two boxes)

The Court finds that neither parent has accessible health insurance coverage available at a reasonable cost to cover the minor children at the time of the issuance of this order.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that if health insurance coverage for the children named above becomes available at a reasonable cost to the child support obligee, the child support obligee shall obtain health care coverage for the child(ren) not later than 30 days after it becomes available to the child support obligee at a reasonable cost, and shall inform the Cuyahoga Job and Family Services - Office of Child Support Services (CJFS-OCSS) when health care coverage for the children has been obtained.

If health insurance coverage becomes available to the obligor at a reasonable cost, the obligor shall inform the child support enforcement agency and may seek a modification of health care coverage from the court with respect to a court child support order.

-OR-

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The Court finds that Plaintiff has Defendant has both parents have private health insurance available to cover the child(ren) through a group policy, contract or plan, which is accessible because:

(Check one of the following three boxes)

Primary care services are within 30 miles of the child(ren)'s residence.

The Court permits primary care service farther than 30 miles of the child(ren)'s residence because residents in the geographic area customarily travel farther distances.

Primary care services are accessible by public transportation because public transportation is the obligee's only source of transportation.

(If one of the above boxes is checked, check one of the following two boxes)

The Court further finds that the cost (*total out-of-pocket cost for family coverage*) of the private health insurance available to Plaintiff and/or the Defendant **does not exceed** that parent's Health Insurance Maximum.

(Check box if applicable)

The Court further finds that it is not in the best interest of the child(ren) for the parties to obtain or maintain the private health insurance coverage that does not exceed the parties' respective health insurance maximum because _____.

-OR-

The Court further finds that the cost (*total out-of-pocket cost for family coverage*) of the private health insurance available to Plaintiff and/or the Defendant **exceeds** that parent's Health Insurance Maximum.

The Court further finds that: *(If the above box is checked one of the following boxes must be checked)*

both parents agree that Plaintiff Defendant both parents shall obtain or maintain private health insurance the cost of which exceeds the Health Insurance Maximum for that parent.

Plaintiff Defendant has requested to obtain or maintain private health insurance the cost of which exceeds the Health Insurance Maximum for that parent.

it is in the best interest of the child(ren) for Plaintiff Defendant to obtain or maintain private health insurance the cost of which exceeds that parent's Health Insurance Maximum because _____.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that Plaintiff is Defendant is both Plaintiff and Plaintiff are hereby designated as the health insurance obligor(s), and shall secure and maintain private health insurance for the child(ren) and shall hereafter by referred to as the health insurance obligor until further order of Court for the following reasons:

(Check one of the following five boxes)

The child support obligee is rebuttably presumed to be the appropriate parent to provide health insurance coverage for the child(ren).

The child support obligor already has health insurance coverage available for the child(ren) that is reasonable in cost.

The child support obligor already has health insurance coverage in place for the child(ren) that is not reasonable in cost, but the child support obligor wishes to be named the health insurance obligor and provide coverage.

The child support obligee is a non-parent individual or agency that has no duty to provide medical support.

Both parents wish to be named the health insurance obligor and already have health insurance coverage in place or have health insurance coverage available for the child(ren). Plaintiff's Defendant's health insurance plan shall be considered the primary health insurance plan for the child(ren).

Should health insurance coverage be cancelled for any reason, the parent ordered to maintain insurance shall immediately notify the other parent of the cancellation.

PRIVATE EDUCATION AND OTHER EXPENSES

Plaintiff shall pay the following expenses on behalf of the child(ren):

Defendant shall pay the following expenses on behalf of the child(ren):

CHILD SUPPORT AND CASH MEDICAL SUPPORT

The Court finds that, for purposes of this order Plaintiff Defendant is the child support obligor (pays support) and Plaintiff Defendant is the child support obligee (receives support).

The worksheet used to compute child support and cash medical support under Ohio Revised Code §3119.022 or §3119.023 is attached hereto as Exhibit _____.

Child Support Deviation

The Court finds that the **annual** child support obligation, as determined by the applicable worksheet, is \$ _____ (Line 22, *Sole/Shared Parenting Child Support Computation Worksheet* or Line 22, *Split Parenting Child Support Computation Worksheet*). The **annual** cash medical support obligation, as determined by the applicable worksheet, is \$ _____ (Line 23b, *Sole Shared Parenting Child Support Computation Worksheet* or Line 23b, *Split Parenting Child Support Computation Worksheet*) Pursuant to Ohio Revised Code §3119.22, the actual annual obligation would be unjust and inappropriate and would not be in the best interest of the minor children for the following reason(s): _____

The child support order deviates downward upward from the annual obligation by \$ _____ or _____%.

The cash medical support order deviates downward upward from the annual obligation by \$ _____ or _____ %.

Monthly Child/Cash Medical Support Obligation

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the child support obligor shall pay child support and cash medical support to the child support obligee, and/or his/her assignee(s), for the minor child(ren) named above in the following sum:

\$ _____ per month (\$ _____ per month per child) as child support plus
\$ _____ per month (\$ _____ per month per child) as cash medical support,
for a total of \$ _____ per month.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that this order for child support and cash medical support is effective _____.

Duration and Termination of Child/Cash Medical Support

The duty of support shall continue until further order of Court or until the above-named child(ren) 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 residential parent and legal custodian of the child(ren) shall immediately notify, and the obligor under a child support order may notify, the CJFS-OCSS of any reason for which the child support order should terminate, including but not limited to the child(ren)'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 CJFS-OCSS is contempt of court.

Support Arrearage

(Check one of the following two boxes)

The Court finds that there is no spousal support, child support or cash medical support arrearages, and no arrearage owed for uncovered health care expenses.

-OR-

The Court finds that as of the date of _____, an arrearage is owed by Plaintiff Defendant in the amount of \$ _____. This arrearage includes all child support and cash medical support arrearages, and arrearage owed for uncovered health care expenses under the previous orders issued, if any.

-AND (if applicable)-

The Court finds that Plaintiff Defendant agrees to waive the child support arrearage owed as of the date of _____ by Plaintiff Defendant except for any arrearage owed for cash medical, processing fees and any other monies owed to the State of Ohio.

-OR-

The Court finds that the parties agree that Plaintiff Defendant shall pay an additional \$ _____ per month toward the existing arrearage. *(This amount shall be added to the current monthly child support to be paid)*

-AND-

(check one of the following boxes)

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that there are no child support or cash medical support arrearages, and no arrearage owed for uncovered health care expenses.

-OR-

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the total child support arrearage owed as of the date of _____ by Plaintiff Defendant is waived except for any arrearage owed for cash medical, processing fees and any other monies owed to the State of Ohio.

-OR-

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the support obligor shall pay \$ _____ per month toward the existing arrearage in addition to the current monthly child support amount.

Monthly Payment of Support

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

All support under this order shall be withheld or deducted from the income or assets of the 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 obligee in accordance with Chapters 3119., 3121., 3123., and 3125. of the Ohio Revised Code.

Payments shall be made in the manner ordered by the Court. If payments are to be made other than on a monthly basis, the required monthly administration by the CJFS-OCSS does not affect the frequency or the amount of the support payments to be made under the order.

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". Cash payments to OCSPC may be made at the Cuyahoga County Treasury, Cashier's Department, Cuyahoga County Administrative Headquarters, 2079 East 9th Street- 1st Floor, Cleveland, Ohio 44115. All payments shall include the following: Obligor's name, Social Security Number, SETS case number and Domestic Relations Court case number. **If there is to be a withholding/deduction order, the support obligor shall make payments directly to OCSPC until the income source/financial institution begins withholding/deducting in the appropriate amount.**

Method to Secure Support Payments

(Check one of the following three boxes)

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, ADJUDGED AND DECREED 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 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, ADJUDGED AND DECREED 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, ADJUDGED AND DECREED that the support obligor post a cash bond in the amount of \$ _____ with the Clerk of the Common Pleas Court.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED 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, ADJUDGED AND DECREED 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.

FEDERAL INCOME TAX

The Court finds upon considering Ohio Revised Code §3119.82, the parent(s) set forth below is/are entitled to claim the child(ren) who is/are the subject of this order as dependent(s) for federal income tax purposes.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the following person(s) shall claim the child(ren) who is/are the subject of this order as dependents for federal income tax purposes:

- Plaintiff
- Defendant
- Both Plaintiff and Defendant according to the following terms: _____

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the parties shall take whatever action is necessary, pursuant to the Internal Revenue Code to enable the parent who has been awarded the right to claim the children 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.

NOTICES AND GENERAL INFORMATION

The health insurance obligor(s) shall provide private health insurance and shall designate the child(ren) subject to this order as (a) covered dependent(s) under the private health insurance policy, contract or plan.

The parent(s) ordered to provide private health insurance for the child(ren), pursuant to Ohio Revised Code §3119.30, shall no 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.

The health plan administrator(s) of the health insurance obligor(s) may continue making payments 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(s) 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 CJFS-OCSS, 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 CJFS-OCSS shall comply with the requirements of §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.

The child support obligor and the child support obligee shall comply with the request of the CJFS-OCSS 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 obligee and/or obligor 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.

Upon receipt of notice by the CJFS-OCSS 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 worksheet in §3119.022 or §3119.023 of the Ohio Revised Code, as applicable. The CJFS-OCSS 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.

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, DRIVERS 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.

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-_____
(fill in last four digits)

SUPPORT OBLIGOR (pays support):

Name: _____
Social Security Number: XXX-XX-_____
(fill in last four digits)

Date of Birth: _____

Any orders not modified herein shall remain in full force and effect.

Costs adjudged against: Plaintiff
 Defendant
 Both parties equally

IT IS SO ORDERED.

JUDGE

MAGISTRATE

APPROVED:

Plaintiff/Petitioner-01

Defendant/Petitioner-02/Respondent

Attorney for Plaintiff/Petitioner-01

Attorney Defendant/Petitioner-02/Respondent

Assistant County Prosecuting Attorney for CJFS-OCSS/UIFSA Petitioner

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.

I am aware that the Guardian ad Litem (GAL) represents our minor child(ren).

I have freely and voluntarily signed the attached Agreed Judgment entry and any attached documents with a full understanding of these documents.

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

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.

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I have freely and voluntarily signed the attached Agreed Judgment entry and any attached documents with a full understanding of these documents.

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