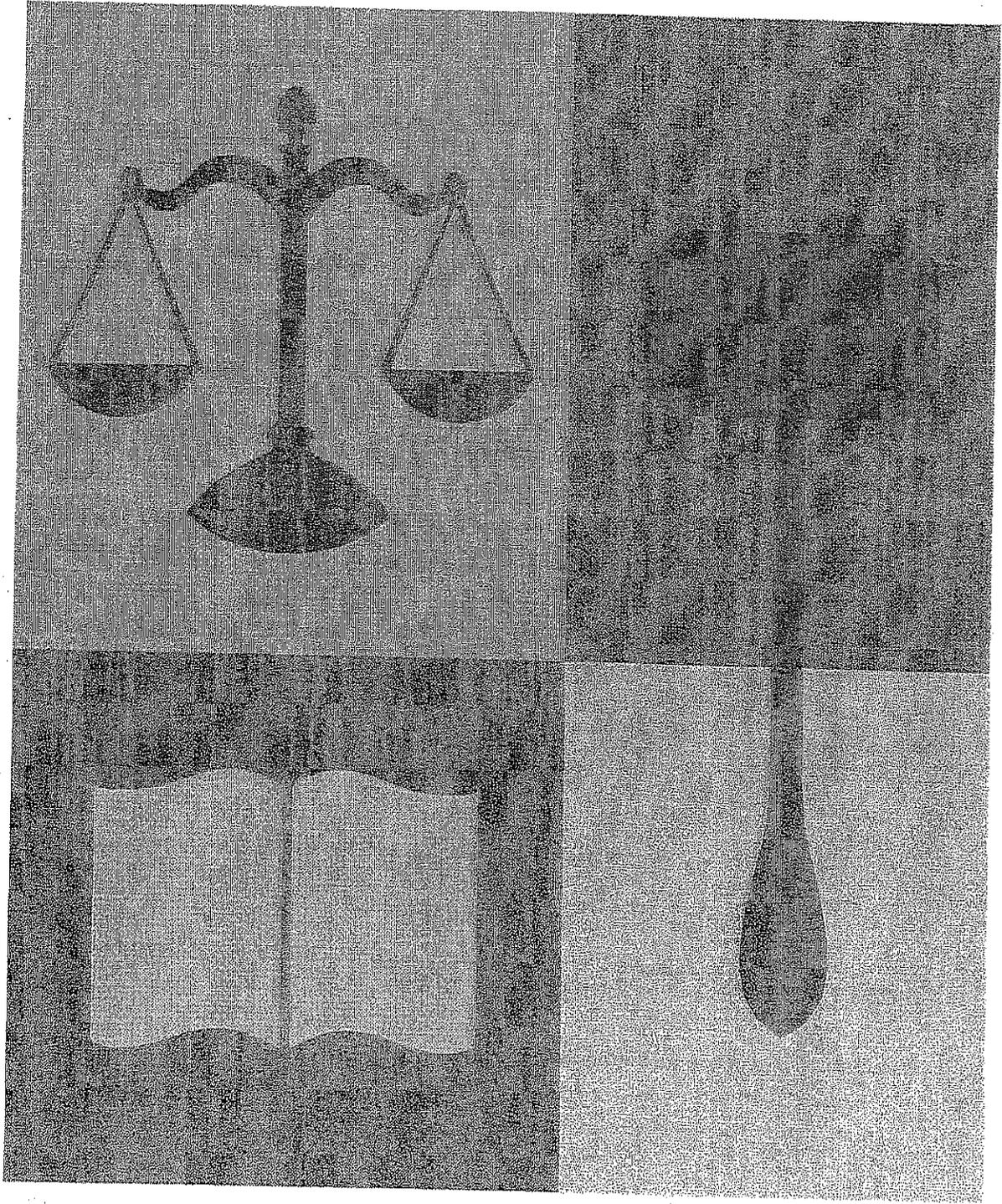


# Logan County Family Court Pro se Packet – Post-Decree Actions

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## Pro se - Representing Yourself in Court

As with any Court of this type, citizens are not required to have an attorney. Therefore, you may represent yourself if you choose. If you do choose to represent yourself, you will be held to the same standards and must meet the same legal requirements with respect to any of the documentation and evidence as an attorney must meet.

None of the employees of the Court, nor the Clerk of Courts, can provide any legal advice. You may contact Legal Aid (1-888-534-1432 or [www.lawolaw.org](http://www.lawolaw.org)) if you cannot afford an attorney and do not wish to represent yourself. If a case involves a possible finding of contempt which could result in a jail sentence, the Court may appoint an attorney if you meet the financial qualifications.

Generally, you should have an attorney if:

- You are going to have a contested hearing
- Your spouse/former spouse has an attorney
- There are substantial assets to be divided
- There is physical or emotional abuse

# PROCEDURE FOR FILING A POST-DECREE ACTION

What is a Post-Decree Action?

"Post Decree" means "after a decision has been made or a decree has been issued." A post-decree action is filed AFTER a divorce, dissolution or paternity action has been finalized. Modifications to previous orders are sometimes necessary as our lives change. Either parties are unable to resolve their differences on their own, or they wish to file an agreed motion.

These actions address the changes to our lives which include modifications to child support, custody, parenting time (visitation), etc. Motions for Contempt (disobeying a Court order) are also classified as post-decree actions.

As with the initial action in any case in this Court, a filing fee is payable upon the filing of the pleadings. Also, any unpaid previous Court costs must be paid in full.

## Required Pleadings – Post-Decree Proceedings

**Post-Decree Action with Children – Allocation of Parental Rights (Domestic Relations and Juvenile Divisions)**

- Praecipe (If none provided, service will be attempted by certified mail)
- Post Decree Motion
- Motion for Temporary Orders
- Affidavit in Support of Temporary Orders
- Judgment Entry/Temporary Orders
- Motion for ex parte Orders
- Affidavit in Support
- Judgment Entry/ex parte Orders
- Affidavit of Income, Expenses & Financial Disclosure (Form DR-10) and required attachments (2 of the 3 below)
  - Paycheck stubs for a one month period (most recent)
  - W-2 Forms (most recent)
  - Income Tax Return (most recent)
  - Or Affidavit in lieu of Financial Affidavit Attachments

- Parenting Proceeding Affidavit
- CSEA Application

If Motion for Temporary Order includes child support, include the following:

- Child Support Computation Worksheet

**Post-Decree Action with Children – Other Issues and/or Contempt**

- Praecipe (If none provided, service will be attempted by certified mail)
- Complaint/Motion
- Affidavit/Memorandum
- Judgment Entry (Court Order)
- Motion for Temporary Orders
- Affidavit in Support of Temporary Orders
- Judgment Entry (Court Order)

**Post Decree Action with Children - Allocation of Parental Rights (Custody) – Joint Motion & Entry**

- Joint Motion or Complaint
- Affidavit in Support
- Shared Parenting Plan (if applicable)
- Waiver of Service
- Waiver of Summons
- Waiver of Notice of Hearing
- Waiver of Magistrate's Decision and Objection Period
- Affidavit of Property
- Affidavit of Income, Expenses & Financial Disclosure (Form DR-10) and required attachments (2 of the 3 below)
  - Paycheck stubs for a one month period (most recent)
  - W-2 Forms (most recent)
  - Income Tax Return (most recent)
  - Or Affidavit in lieu of Financial Affidavit Attachments
- Parenting Proceeding Affidavit
- CSEA Application

If Motion for Temporary Order includes child support, include the following:

- Child Support Computation Worksheet

IN THE COURT OF COMMON PLEAS

Division  
COUNTY, OHIO

IN THE MATTER OF:

A Minor  
Plaintiff  
Street Address  
City, State, and Zip Code  
vs.  
Defendant  
Street Address  
City, State, and Zip Code

Case No.  
Judge  
Magistrate

Instructions: This form is used to be legally recognized as the parent of the child, be named as the residential parent, or obtain visitation with the child(ren). The Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) and the Affidavit of Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) are attached.

COMPLAINT FOR PARENTAGE,  
ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY), AND  
PARENTING TIME (COMPANIONSHIP AND VISITATION)

- 1. I, \_\_\_\_\_ (name), am the Plaintiff and biological  
 Father  Mother (select one) of the following child(ren):  
Name of Child Date of Birth  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2. Defendant, \_\_\_\_\_ is the biological  Father  Mother (select one)  
of the child(ren).  
3. The child(ren) has/have resided in \_\_\_\_\_ County, Ohio since \_\_\_\_\_  
(date residence established) as set out in the Parenting Proceeding Affidavit (Uniform Domestic

Relations Form - Affidavit 3).

4. The father-child relationship  has  has not (select one) been established. If it has been established, a copy of the order establishing the father-child relationship is attached. A copy of the child(ren)'s birth certificate is also attached.

5.  No court has issued an order about the following child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following Court has issued an order about the following child(ren):

\_\_\_\_\_  
\_\_\_\_\_

6. I request that the Court (check all that apply):

Name \_\_\_\_\_ (Father's name) as the  
Father of the child(ren) \_\_\_\_\_  
\_\_\_\_\_ (child(ren)'s name).

Correct the child(ren)'s birth certificate to indicate the child(ren)'s father.

Order genetic testing and determine the father of the child(ren).

Name the  Plaintiff  Defendant (select one) as the residential parent and legal custodian of the child(ren).

Grant reasonable parenting time (visitation) to the  Mother  Father (select one).

Change the child(ren)'s name to \_\_\_\_\_

Adopt the proposed Shared Parenting Plan for the child(ren) which is attached.

Order the appropriate amount of child support for the child(ren), allocate the income tax dependency exemption for the child(ren), and determine who should provide health insurance coverage for the child(ren).

Other (specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Telephone number at which the Court may reach you  
or at which messages may be left for you

COURT OF COMMON PLEAS  
 \_\_\_\_\_ COUNTY, OHIO

Plaintiff/Petitioner \_\_\_\_\_ Case No. \_\_\_\_\_  
 v./and \_\_\_\_\_ Judge \_\_\_\_\_  
 \_\_\_\_\_ Magistrate \_\_\_\_\_  
 Defendant/Petitioner/Respondent \_\_\_\_\_

**Instructions:** Check local court rules to determine when this form must be filed.  
 By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. If more space is needed, add additional pages.

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**  
 Affidavit of \_\_\_\_\_  
 (Print Your Name)

Check and complete ALL THAT APPLY:

1.  I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2.  Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last FIVE years.

a. Child's Name	Date of Birth	Place of Birth	Sex	Period of Residence	Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
			<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
				_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
				_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
				_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

b. Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence	Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

b. Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence	Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

3. Participation in custody case(s): (Check only one box.)

- I HAVE NOT participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case.
- I HAVE participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For each case in which you participated, give the following information:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

4. Information about other civil case(s) that could affect this case: (Check only one box.)

- I HAVE NO INFORMATION about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.
- I HAVE THE FOLLOWING INFORMATION concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

5. Information about criminal case(s):

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

6. Persons not a party to this case who have physical custody or claim to have custody or visitation rights to children subject to this case: (Check only one box.)

I DO NOT KNOW OF ANY PERSON(S) not a party to this case who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.

I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child:

b. Name/Address of Person

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child:

c. Name/Address of Person

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child:

OATH

[Do Not Sign Until Notary is Present]

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

COURT OF COMMON PLEAS  
\_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_  
Plaintiff/Petitioner

v./and

\_\_\_\_\_  
Defendant/Petitioner

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate, and put "EST." If you need more space, add additional pages.

**AFFIDAVIT OF INCOME AND EXPENSES**

Affidavit of \_\_\_\_\_  
(Print Your Name)

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

**SECTION I - INCOME**

	<u>Husband</u>	<u>Wife</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

**A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS**

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____
Yearly overtime, commissions and/or bonuses	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____

**B. COMPUTATION OF CURRENT INCOME**

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	\$ _____	\$ _____
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

**SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS**

Minor and/or dependent child(ren) who are adopted or born of this marriage or relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household:

\_\_\_\_\_ adult(s)  
 \_\_\_\_\_ other minor and/or dependent child(ren).

**SECTION III – EXPENSES**

List monthly expenses below for your present household.

**A. MONTHLY HOUSING EXPENSES**

Real estate mortgage (including taxes and insurance)	\$
Real estate taxes (if not included above)	\$
Real estate/homeowner's insurance (if not included above)	\$
Second mortgage/equity line of credit	\$
Utilities	\$
<input type="checkbox"/> Electric	\$
<input type="checkbox"/> Gas, fuel or propane	\$
<input type="checkbox"/> Water and sewer	\$
<input type="checkbox"/> Telephone	\$
<input type="checkbox"/> Trash collection	\$
<input type="checkbox"/> Cable/satellite television	\$
Cleaning, maintenance, repair	\$
Lawn service, snow removal	\$
Other:	\$
	\$
	\$
	\$
<b>TOTAL MONTHLY:</b>	<b>\$</b> _____

**B. OTHER MONTHLY LIVING EXPENSES**

<b>Food</b>	
o Groceries (including food, paper, cleaning products, toiletries, other)	\$
o Restaurant	\$
<b>Transportation</b>	
o Vehicle loans/leases	\$
o Vehicle maintenance (oil, repair, license)	\$
o Gasoline	\$
o Parking, public transportation	\$
<b>Clothing</b>	
o Clothes (other than children's)	\$
o Dry cleaning, laundry	\$
<b>Personal grooming</b>	
o Hair, nail care	\$
o Other	\$
Cell phone	\$
Internet (if not included elsewhere)	\$
Other	\$
<b>TOTAL MONTHLY</b>	<b>\$</b> _____

**C. MONTHLY CHILD-RELATED EXPENSES**  
(for children of the marriage or relationship)

Work/education-related child care	\$
Other child care	\$
Unusual parenting time travel	\$
Special and unusual needs of child(ren) (not included elsewhere)	\$
Clothing	\$
School supplies	\$
Children's allowances	\$
Extracurricular activities, lessons	\$
School lunches	\$
Other	\$
<b>TOTAL MONTHLY</b>	<b>\$</b> _____

D. INSURANCE PREMIUMS

Life	\$	
Auto	\$	
Health	\$	
Disability	\$	
Renters/personal property (if not included in part A above)	\$	
Other	\$	
TOTAL MONTHLY		\$

E. MONTHLY EDUCATION EXPENSES

Tuition	\$	
o Self	\$	
o Child(ren)	\$	
Books, fees, other	\$	
College loan repayment	\$	
Other	\$	
TOTAL MONTHLY:		\$

F. MONTHLY HEALTH CARE EXPENSES  
(not covered by insurance)

Physicians	\$	
Dentists	\$	
Optometrists/opticians	\$	
Prescriptions	\$	
Other	\$	
TOTAL MONTHLY:		\$

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$
Spouse's support paid to former spouse(s)	\$
Subscriptions, books	\$
Entertainment	\$



GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): \$ \_\_\_\_\_

OATH

[Do not sign until notary is present.]

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

COURT OF COMMON PLEAS  
COUNTY, OHIO

Plaintiff/Petitioner \_\_\_\_\_

v./and

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

Defendant/Petitioner \_\_\_\_\_

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. If more space is needed, add additional pages.

HEALTH INSURANCE AFFIDAVIT

Affidavit of \_\_\_\_\_

(Print Your Name)

Mother

Father

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

Yes  No

Yes  No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

Yes  No

Yes  No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

Yes  No

Yes  No

If you are not enrolled, do you have health insurance available through a group (employer or other organization)?

Yes  No

Yes  No

Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?

Yes  No

Yes  No

Mother

Father

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes  No

Yes  No

Your spouse?

Yes  No

Yes  No

Minor child(ren) of this relationship?

Yes  No

Yes  No

Other individuals?

Number \_\_\_\_\_

Number \_\_\_\_\_

Yes  No

Yes  No

Number \_\_\_\_\_

Number \_\_\_\_\_

Name of group (employer or organization) that provides health insurance

Address

Phone number

**OATH**

[Do not sign until notary is present.]

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**APPLICATION FOR CHILD SUPPORT SERVICES  
NON-PUBLIC ASSISTANCE APPLICANT**

**IMPORTANT:** If you are receiving ADC or Medicaid, do not complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, \_\_\_\_\_ request Child Support Services from the \_\_\_\_\_ County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).

The Child Support Enforcement Agency can assist you in providing the following services:

**1. Location of Absent Parents.**

The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "Location Services Only", if the sole need is to find the whereabouts of the absent parent.

**2. Establishment or Modification of Child Support and Medical Support.**

The CSEA can assist you to obtain an order for support if you are separated, have been deserted or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (modification), and to establish a medical support order.

**3. Enforcement of Existing Orders.**

The CSEA can help you collect current and back child support.

**4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**

The agency can assist in collecting back support (arrears) by intercepting a non-payor's federal and state income tax refunds on some cases.

**5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**

The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.

**6. Establishment of Paternity.**

The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.

**7. Collection and Disbursement of Payments.**

The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.

**8. Interstate Collection of Child Support.**

The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

Type(s) of Service(s) Requested: All services listed \_\_\_\_\_ Location of absent parent only \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_

I understand that the Child Support Agency - within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant	Date
------------------------	------

Applicants Name (Last, First, Middle)		Telephone Number (Home)
Address (Street/Route, P.O. Box)		(Work)
City, State, Zip Code		

**INFORMATION ON CHILDREN**

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support <input type="checkbox"/> Yes <input type="checkbox"/> No				

**ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT**

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address (City, State, Zip Code)			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of Employer (City, State, Zip Code)			
Amount of Support Ordered (Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Date of Support Order			
Location Where Order Was Issued (City, County, State)			
Military Service Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
If the absent parent has been on Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			

\* Have you ever been on public assistance?  Yes  No

When (Date)	Where (City and State)	County
-------------	------------------------	--------

**FOR AGENCY USE ONLY**

Case Name	Date Requested	Date Mailed or Provided
Case Number	Date Returned or File Date	

IN THE COURT OF COMMON PLEAS

Division  
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Street Address

City, State and Zip Code

Plaintiff/Petitioner

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**Instructions:** This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box.

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

- Defendant/Petitioner at the address shown above.
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other (specify) \_\_\_\_\_

Plaintiff/Petitioner at the address shown above.

Supreme Court of Ohio  
 Uniform Domestic Relations Form - 28  
 Uniform Juvenile Form - 10  
 REQUEST FOR SERVICE  
 Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46  
 Effective Date: 7/1/2013

- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
- Other (specify) \_\_\_\_\_

\_\_\_\_\_ County Child Support Enforcement Agency (provide address below):

- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
- Other (specify) \_\_\_\_\_

Other (address): \_\_\_\_\_

- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
- Other (specify) \_\_\_\_\_

**SPECIAL INSTRUCTIONS TO SHERIFF:**

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\_\_\_\_\_  
Your Signature

IN THE COURT OF COMMON PLEAS

Division

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Plaintiff/Petitioner

Street Address

City, State and Zip Code

vs./and

Defendant/Petitioner

Street Address

City, State and Zip Code

Case No.

Judge

Magistrate

PARENTING JUDGMENT ENTRY

This case came before the Court on \_\_\_\_\_ for an Order allocating parental rights and responsibilities for the care of the following child(ren) (name and date of birth of each child):

Name of Child

Date of Birth

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

according to the  Parenting Plan or  Shared Parenting Plan attached.

The Court approves the Plan and incorporates it into this Judgment Entry.

A copy of this Judgment Entry shall be provided to the Child Support Enforcement Agency.

This Judgment Entry is effective on \_\_\_\_\_

Date

JUDGE

Your Signature (Father)

Your Signature (Mother)

Attorney for Father

Attorney for Mother

IN THE COURT OF COMMON PLEAS  
 \_\_\_\_\_ Division  
 \_\_\_\_\_ COUNTY, OHIO

IN THE MATTER OF:

\_\_\_\_\_  
 A Minor

\_\_\_\_\_  
 Plaintiff/Petitioner

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, and Zip Code

vs./and

\_\_\_\_\_  
 Defendant/Petitioner

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, and Zip Code

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

Instructions: The Parenting Time Schedule must be attached to this Plan. Parents are urged to consult the Planning for Parenting Time Guide: Ohio's Guide for Parents Living Apart available at <http://www.supremecourt.ohio.gov/Publications/JCS/parentingGuide.pdf>.

**PARENTING PLAN**

We, the parents, \_\_\_\_\_, "Father", and \_\_\_\_\_, "Mother", have \_\_\_\_\_ (number) child(ren) born from or adopted during the marriage or relationship. Of the child(ren), \_\_\_\_\_ (number) are emancipated adult(s) and not under any disability, and the following \_\_\_\_\_ (number) child(ren) are minor child(ren) and/or mentally or physically disabled child(ren) incapable of supporting or maintaining themselves (name and date of birth of each child):

\_\_\_\_\_

\_\_\_\_\_

The parents agree to the care, parenting, and control of their child(ren) as provided in this Parenting Plan.

**FIRST: PARENTS' RIGHTS**

We, the parents, shall have, unless limited:

- A. The right to reasonable telephone contact with the child(ren) when they are with the other parent.
- B. The right to be notified in case of an injury to or illness of the minor child(ren).
- C. The right to inspect and receive the minor child(ren)'s medical and dental records and the right to consult with any treating physician, dentist and/or other health care provider, including but not limited to psychologists and psychiatrists.
- D. The right to consult with school officials concerning the minor child(ren)'s welfare and educational status, and the right to inspect and receive the child(ren)'s student records to the extent permitted by law.
- E. The right to receive copies of all school reports, calendars of school events, notices of parent-teacher conferences, and school programs.
- F. The right to attend and participate in parent-teacher conferences, school trips, school programs, and other school activities to which parents are invited to participate.
- G. The right to attend and participate with the child(ren) in athletic programs and other extracurricular activities.

**SECOND: ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES**

**A. General Responsibilities**

Each parent shall take all measures necessary to foster respect and affection between the child(ren) and the other parent. Neither parent shall do anything that may estrange the child(ren) from the other parent, or impair the child(ren)'s high regard for the other parent.

**B. Medical Responsibilities**

The parents shall notify the other parent promptly if a child experiences a serious injury, has a serious or chronic illness or receives treatment in an emergency room or hospital. The notification shall include the emergency, the child's status, locale, and any other pertinent information as soon as practical, but in any event within 24 hours.

The parents shall consult with each other about the minor child(ren)'s medical care needs and the residential parent shall immediately notify the other parent about all major non-emergency medical decisions before authorizing a course of treatment. Parents have a right to know the necessity for treatment, proposed cost, and proposed payment schedule. Each parent may also secure an independent evaluation at his/her expense to determine the necessity for treatment. If the parties cannot agree regarding a course of treatment, the residential parent's decision shall control. The parents shall provide the other with the names and telephone numbers of all health care providers for the child(ren).

**C. Residential Parent and Legal Custodian**

Father shall be the residential parent and legal custodian of the following child(ren):

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Mother shall be the residential parent and legal custodian of the following child(ren):

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D. Parenting Time Schedule

Unless otherwise agreed, the parents shall have parenting time with the child(ren) according to the attached Parenting Time Schedule that shows the times that the child(ren) shall be with each parent on weekdays, weekends, holidays, and vacation times.

(The Parenting Time Schedule must be attached to this Plan.)

E. Transportation (select one):

Each parent shall be responsible for providing transportation for the child(ren) at the beginning of his/her parenting period. Each parent shall be responsible for providing transportation for the child(ren) to and from school and activities during his/her parenting period.

We agree to the following arrangements for providing transportation for our child(ren) at the beginning, during, or end of a parenting period: \_\_\_\_\_

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F. Current Address and Telephone Number

Father's current home address and telephone number, including cellular telephone number:

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Mother's current home address and telephone number, including cellular telephone number:

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G. Relocation Notice

Pursuant to section 3109.051(G) of the Revised Code:

If the residential parent intends to move to a residence other than the residence specified in the court order, the parent shall file a notice of intent to relocate with this Court. Except as provided in divisions (G)(2), (3), and (4) of section 3109.051 of the Revised Code, the Court shall send a copy of the notice to the parent who is not the residential parent. Upon receipt of the notice, the Court, on its own motion or the motion of the parent who is not the residential parent, may schedule a hearing with notice to both parents to determine whether it is in the best interests of the child(ren) to revise

the parenting time schedule for the child(ren).

The non-residential parent shall inform in writing the Court and the other parent of changes in address and telephone, including cellular telephone number, unless otherwise provided by court order.

The relocation notice must be filed with the Court granting the allocation of parental rights and responsibilities (name and address of the Court): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Records Access Notice

Pursuant to sections 3109.051(H) and 3319.321(B)(5)(a) of the Revised Code:

Subject to sections 3125.16 and 3319.321(F) of the Revised Code, the parent who is not the residential parent is entitled to access to any record that is related to the child(ren), and to which the residential parent is legally provided access under the same terms and conditions as the residential parent. Any keeper of a record who knowingly fails to comply with any record access order is in contempt of court.

Restrictions or limitations:

None

Restrictions or limitations to non-residential parents regarding records access are as follows:  
\_\_\_\_\_  
\_\_\_\_\_

I. Day Care Access Notice

Pursuant to section 3109.051(I) of the Revised Code:

In accordance with section 5104.11 of the Revised Code, the parent who is not the residential parent is entitled to access to any day care center that is or will be attended by the child(ren) with whom parenting time is granted, to the same extent that the residential parent is granted access to the center.

Restrictions or limitations:

None

Restrictions or limitations to non-residential parents regarding day care access are as follows:  
\_\_\_\_\_  
\_\_\_\_\_

J. School Activities Access Notice

Pursuant to section 3109.051(J) of the Revised Code:

Subject to section 3319.321(F), the parent who is not the residential parent is entitled to access to any student activity that is related to the child(ren) and to which the residential parent is legally

provided access, under the same terms and conditions as the residential parent. Any school employee or official who knowingly fails to comply with this school activities access order is in contempt of court.

Restrictions or limitations:

None

Restrictions or limitations to non-residential parents regarding school activities access are as follows:

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### THIRD: HEALTH INSURANCE COVERAGE

As required by law, the parties have completed a Child Support Worksheet, which is attached to and incorporated in this Agreement.

Select one:

- A.  Health Insurance Coverage Available to at Least One Parent
1. Private health insurance coverage is accessible and reasonable in cost through a group policy, contract, or plan to:  Father  Mother  Both parents.
  2. If both parents are ordered to provide private health insurance coverage for the benefit of the child(ren),  Father's  Mother's health insurance plan shall be considered the primary health insurance plan for the child(ren).
  3. The parent required to provide private health insurance coverage shall provide proof of insurance to the \_\_\_\_\_ County Child Support Enforcement Agency (CSEA) and the other parent.
  4. Both parents shall cooperate in the preparation of insurance forms to obtain reimbursement or payment of expenses, as applicable. A copy of medical bills must be submitted to the party holding the insurance and responsible for payment or the other parent within 30 days of receipt.
  5. Should the health insurance coverage be cancelled for any reason, the parent ordered to maintain insurance shall immediately notify the other parent and take immediate steps to obtain replacement coverage. Unless the cancellation was intentional, the uncovered expenses shall be paid as provided above. If the cancellation was intentionally caused by the parent ordered to maintain insurance coverage, that parent shall be responsible for all medical expenses that would have been covered had the insurance been in effect.
- B.  Health Insurance Coverage Unavailable to Either Parent
1. Private health insurance coverage is not accessible and reasonable in cost through a group policy, contract, or plan to either parent.

2. If private health insurance coverage becomes available to either parent at reasonable cost, he/she will immediately obtain the insurance, notify the other parent and the \_\_\_\_\_ County CSEA, and submit to the other parent proof of insurance, insurance forms and an insurance card. The CSEA shall determine whether the cost of the insurance is of sufficient amount to justify an administrative review of the amount of child support payable. In the event an administrative review is warranted, one shall be conducted.
- C. Division of Uninsured Expenses.
1. The cost of any uninsured medical expenses, incurred by or on the behalf of the child(ren) not paid by a health insurance plan, and exceeding \$100 per child per year including co-payments and deductibles, shall be paid by the parents as follows:
- \_\_\_\_\_ % by Father \_\_\_\_\_ % by Mother.
- The first \$100 per child per year of uninsured expenses shall be paid by the residential parent.

Other orders regarding payment of uninsured medical expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. The parent incurring the expenses shall provide the other parent the original or copies of all medical bills, and Explanation of Benefits (EOB), if available, within 30 days of the date on the bill or EOB, whichever is later, absent extraordinary circumstances. The other parent shall, within 30 days of receipt of the bill, 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.

D. Other Important Information about Medical Records and Expenses

1. Each party shall have access to all medical records of the child(ren) as provided by law.
2. The term "medical expense" or "medical records" shall include but not be limited to medical, dental, orthodontic, optical, surgical, hospital, major medical, psychological, psychiatric, outpatient, doctor, therapy, counseling, prosthetic, and/or all other expenses/records including preventative health care expenses/records related to the treatment of the human body and mind.

**FOURTH: CHILD SUPPORT**

As required by law, the parties have completed a Child Support Worksheet, which is attached to and incorporated in this Agreement.

A. Child Support with Private Health Insurance Coverage

When private health insurance coverage is being provided for the child(ren),  Father  Mother, Obligor, shall pay child support in the amount of \$ \_\_\_\_\_ per child per month, for \_\_\_\_\_ (number) of child(ren) for a total of \$ \_\_\_\_\_ per month.

B. Child Support without Private Health Insurance Coverage

When private health insurance coverage is **not** available for the child(ren),  Father  Mother, the Obligor, shall pay child support in the amount of \$ \_\_\_\_\_ per child per month and \$ \_\_\_\_\_ per child per month as cash medical support. The total of child support and cash medical support for \_\_\_\_\_ (number) of child(ren) is \$ \_\_\_\_\_ per month.

C. Child Support Payment

Child support payment (including cash medical support, if any) plus a 2% processing charge shall commence on and shall be paid to the Ohio Child Support Payment Center, P. O. Box 182372, Columbus, Ohio 43218-2372, as administered through the \_\_\_\_\_ County CSEA by income withholding at Obligor's place of employment, or from nonexempt funds on deposit at a financial institution.

D. Deviation of Child Support Amount

The child support amount agreed upon is different than the amount calculated on the attached Child Support Worksheet, because the amount calculated on the Worksheet would be unjust or inappropriate and would not be in the best interests of the child(ren) for the following reason(s) as provided in R.C. 3119.22, 3119.23, and 3119.24 and shall be adjusted as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special and unusual needs of the child(ren) as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extraordinary obligations for minor child(ren) or obligations for handicapped child(ren) who is/are not stepchild(ren) and who are not offspring from the marriage or relationship that is the basis of the immediate child support determination as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other court-ordered payments as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Obligor obtained additional employment after a child support order was issued to support a second family as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extended parenting time or extraordinary costs associated with parenting time, provided that this division does not authorize and shall not be construed as authorizing any deviation from the schedule and the applicable worksheet, through the line establishing the actual annual obligation, or any escrowing, impoundment, or withholding of child support because of a denial of or interference with a right of parenting time granted by court order as follows: \_\_\_\_\_

The financial resources and the earning ability of the child(ren) as follows: \_\_\_\_\_

Disparity in income between parents or households as follows: \_\_\_\_\_

Benefits that either parent receives from remarriage or sharing living expenses with another person as follows: \_\_\_\_\_

The amount of federal, state, and local taxes actually paid or estimated to be paid by a parent or both of the parents as follows: \_\_\_\_\_

Significant, in-kind contributions from a parent, including, but not limited to, direct payment for lessons, sports equipment, schooling, or clothing as follows: \_\_\_\_\_

The relative financial resources, other assets and resources, and needs of each parent as follows: \_\_\_\_\_

The standard of living and circumstances of each parent and the standard of living the child(ren) would have enjoyed had the marriage continued or had the parents been married as follows: \_\_\_\_\_

The physical and emotional condition and needs of the child(ren) as follows: \_\_\_\_\_

The need and capacity of the child(ren) for an education and the educational opportunities that would have been available to the child(ren) had the circumstances requiring a court order for support not arisen as follows: \_\_\_\_\_

The responsibility of each parent for the support of others as follows: \_\_\_\_\_

Any other relevant factor: \_\_\_\_\_

E. Duration of Child Support.

The child support order will terminate upon the child's 18<sup>th</sup> birthday unless one of the following circumstances applies:

- The child is mentally or physically disabled and incapable of supporting or maintaining himself or herself.
- The parents have agreed to continue child support beyond the date it would otherwise terminate as set out below.
- The child continuously attends a recognized and accredited high school on a full-time basis so long as the child has not, as yet, reached the age of 19 years old.

(Under these circumstances, child support will end at the time the child ceases to attend a recognized and accredited high school on a full-time basis or when he or she reaches the age of 19, whichever occurs first.)

This Support Order will remain in effect during seasonal vacation periods until the order terminates.

The parents agree that child support will extend beyond when it would otherwise end. The terms and conditions of that agreement are as follows: \_\_\_\_\_

The parents have a child(ren) who is/are mentally or physically disabled and incapable of supporting or maintaining themselves. The name of the child and the nature of the mental or physical disability is as follows: \_\_\_\_\_

F. Important Child Support Orders and Information.

Obligee must immediately notify and Obligor may notify the CSEA of any reason for which the support order should terminate. A willful failure to notify the CSEA as required is contempt of court. The following are reasons for termination of the Order:

- 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 past the age of majority

- Child stops attending an accredited high school on a full-time basis after attaining the age of majority
- Child's death
- Child's marriage
- Child's emancipation
- Child's enlistment in the Armed Services
- Child's deportation
- Change of legal custody of the child

All support payments must be made through the CSEA or the office of child support in the Ohio Department of Job and Family Services (Child Support Payment Central). Any payment of money not made through the CSEA will be presumed to be a gift, unless the payment is made to discharge an obligation other than support.

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 Obligees in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code.

The Obligor and/or Obligees required under this Order to provide private health insurance coverage for the child(ren) is also required to provide the other party within 30 days after the issuance of the Order, the following:

- Information regarding the benefits limitations and exclusions of the health insurance coverage
- Copies of any insurance form necessary to receive reimbursement, payment, or other benefits under the coverage
- A copy of any necessary health insurance cards

The Health Plan Administrator that provides 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 Obligor and/or Obligees required to provide private health insurance for the child(ren) must designate said child(ren) as dependents under any private health insurance policy, contract, or plan for which the person contracts.

The employer of the person required to provide private health insurance coverage is required to release to the other parent, any person subject to an order issued under section 3109.19 of the Revised Code, or the CSEA, upon written request, any necessary information regarding health insurance coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and the employer will otherwise comply with all orders and notice issued.

If the person required to obtain private health insurance coverage for the child(ren) subject to this Support Order obtains 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.

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 section 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 or administrative order and cash medical support without a hearing or additional notice to the parties.

An Obligor that is in arrears in his/her child support obligation is subject to having any federal, state and/or local income tax refund to which the Obligor may be entitled forwarded to the CSEA for payment toward these arrears. Such refunds will continue to be forwarded to the CSEA for payment until all arrears owed are paid in full. If the Obligor is married and files a joint tax return, the Obligor's spouse may contact the CSEA about filing an "Injured Spouse" claim after the Obligor is notified by the Internal Revenue Service that his/her refund is being forwarded to the CSEA.

Pursuant to section 3121.29 of the Revised Code, the parties are notified as follows:

**EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT 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. IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY BE FINED UP TO \$50.00 FOR A FIRST OFFENSE, \$100.00 FOR A SECOND OFFENSE, AND \$500.00 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER ANY SUPPORT ORDER AND YOU WILLFULLY FAIL TO MAKE THE REQUIRED NOTIFICATIONS YOU MAY BE SUBJECTED TO FINES OF UP TO \$1,000.00 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.**

**IF YOU ARE AN OBLIGOR AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, 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 RESTRICTIONS AND DEDUCTIONS FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU AND TO SATISFY YOUR SUPPORT OBLIGATION.**

G. Payment shall be made in accordance with chapter 3121. of the Revised Code.

H. Arrearage

- Any temporary child support arrearage will survive this judgment entry.
- Any temporary child support arrearage will not survive this judgment entry.
- Other: \_\_\_\_\_

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**FIFTH: TAX EXEMPTIONS**

Income tax dependency exemptions (check all that apply):

A.  The Father shall be entitled to claim the following minor child(ren) for all tax purposes for  
 even-numbered tax years  odd-numbered tax years  all eligible tax years, so long as he is  
substantially current in any child support he is required to pay as of December 31 of the tax year  
in question: \_\_\_\_\_

---

The Mother shall be entitled to claim the following minor child(ren) for all tax purposes for  
 even-numbered tax years  odd-numbered tax years  all eligible tax years, so long as she is  
substantially current in any child support she is required to pay as of December 31 of the tax year  
in question: \_\_\_\_\_

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B.  Other orders regarding tax exemptions (specify): \_\_\_\_\_

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If a non-residential parent is entitled to claim the child(ren), the residential parent is required to execute and deliver Internal Revenue Service Form 8332, or its successor, together with any other required forms as set out in section 152 of the Internal Revenue Code, as amended, on or before February 15<sup>th</sup> of the year following the tax year in question, to allow the non-residential parent to claim the minor child(ren).

**SIXTH: MODIFICATION**

This Parenting Plan may be modified by agreement of the parties or by the Court.

**SEVENTH: OTHER**

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Upon approval by the Court, this Parenting Plan shall be incorporated in the Judgment Entry.

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Your Signature (Husband)

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Your Signature (Wife)

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Date

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Date

IN THE COMMON PLEAS COURT  
 OF LOGAN COUNTY, OHIO  
 DOMESTIC RELATIONS, JUVENILE,  
 AND PROBATE DIVISIONS

NAME: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 PO Box: \_\_\_\_\_

First Petitioner/Plaintiff  
 Obligee/Obligor,

and/vs.

Case No. \_\_\_\_\_  
 IV-D Case No.: \_\_\_\_\_

NAME: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 PO Box: \_\_\_\_\_

Second Petitioner/Defendant  
 Obligee/Obligor.

\* \* \* \* \*  
JUDGMENT ENTRY/CHILD SUPPORT AND MEDICAL SUPPORT

This matter comes before the Court concerning the child support order within the Judgment Entry attached hereto. Pursuant to the attached entry and other documentation, the Court FINDS as follows:

FINDINGS

1. The following child or children shall be subject to the following Orders of support and health insurance:

Child's Name	Child's Date of Birth	Child's Social Security Number

2. The statutory amount of child support should be ordered herein. The appropriate child support computation worksheet is attached reflecting the statutory amount of child support to be ordered herein.

3. A deviation from the statutory amount of child support should be ordered herein. The appropriate child support computation worksheet is attached reflecting the statutory amount of child support to be ordered herein. The Court FINDS that the statutory child support obligation should be \$ \_\_\_\_\_ per month as and for support of the parties child or children. The parties agree that a deviation to the amount of \$ \_\_\_\_\_ per month is appropriate. The value of the deviation is \$ \_\_\_\_\_ per month. The deviation is warranted for the following statutory reasons:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Therefore, the Court FINDS that to require payment of child support at the statutory rate would be unjust, inappropriate, and not in the best interest of the parties' minor child or children and therefore, the Court APPROVES this deviation.

4. The following party should be ordered to provide health insurance coverage pursuant to ORC 3119.30 (select only one of the following):

\_\_\_\_ 4(A). Pursuant to ORC 3119.30(B)(1), both the Obligor and the Obligee have health insurance coverage available at a reasonable cost and that is accessible to both the Obligor and the Obligee and the dual coverage does provide for coordination of medical benefits without unnecessary duplication of coverage. Therefore, both parties should be ordered to provide this coverage.

\_\_\_\_ 4(B). Pursuant to ORC 3119.30(B)(2) Obligee has private health insurance coverage available for the parties' child or children at a reasonable cost and said coverage is available to the Obligee through a group policy, contract, or plan at a more reasonable cost than coverage available to the Obligor. Therefore, Obligee should be ordered to provide this coverage.

\_\_\_\_ 4(C). Pursuant to ORC 3119.30(B)(3) Obligor has private health insurance coverage available for the parties' child or children at a reasonable cost and said coverage is available to the Obligor through a group policy, contract, or plan at a more reasonable cost than coverage available to the Obligee. Therefore, Obligor should be ordered to provide this coverage.

\_\_\_\_ 4(D). Neither party has private health insurance coverage available to him or her at a reasonable cost and therefore both parties SHALL immediately report to the Logan County CSEA when private health insurance coverage becomes available to either of them. The Logan County CSEA shall determine if the private health insurance coverage is available at a reasonable cost to the party and shall convert the support order pursuant to ORC 3119.30 (B)(2) or (B)(3) whichever is applicable.

5. In accordance with ORC 3119.302(A)(2), the Court FINDS that the contributing cost of private health insurance to either parent exceeds five per cent of that parent's annual gross income and the Court further FINDS as follows (select only one when applicable):

\_\_\_\_ 5(A) Both parents have agreed that one or both of the parents shall obtain or maintain the private health insurance that exceeds five percent of that parent's annual gross income.

\_\_\_\_ 5(B) (Party Name) \_\_\_\_\_ has requested to obtain or maintain the private health insurance that exceeds five per cent of that parent's annual gross income.

\_\_\_\_ 5(C) The Court FINDS that it is in the best interests of the parties' child or children for a parent to obtain and maintain private health insurance that exceeds five per cent of that parent's annual gross income and the cost will not impose an undue financial burden on either parent. The Court has based this decision on the following facts and circumstances: \_\_\_\_\_

Based upon the foregoing, it is therefore ORDERED as follows:

**CHILD SUPPORT**

\_\_\_\_ 1. For the current order, the guideline amount of child support is appropriate. Therefore, it is ORDERED that Mother/Father (Name) \_\_\_\_\_ hereinafter referred to as Obligor shall pay the following support obligation based upon the attached Child Support Worksheet in accordance with ORC 3119.02:

	Column I Obligation when private health insurance is being provided for parties' child or children	Column II Obligation when private health insurance is not being provided for the parties' child or children
Current Child Support		
Cash Medical Support	ZERO WHEN INSURANCE IS PROVIDED	
Support Arrears Payment		
Administrative Fees		
<b>TOTAL</b>		

\_\_\_\_ 2. Select one of the following:

\_\_\_\_ 2(A). Health insurance is currently being provided. Therefore, the total monthly support obligation is \$ \_\_\_\_\_ as shown in Paragraph 1 Column I. This obligation is effective \_\_\_\_\_.

\_\_\_\_ 2(B). Health insurance is not being provided. Therefore, the total monthly support obligation is \$ \_\_\_\_\_ as shown in Paragraph 1 Column II. This obligation is effective \_\_\_\_\_.

\_\_\_\_ 3. For the current order, a deviation is warranted in this case pursuant to the findings herein. Therefore, Mother/Father (Name) \_\_\_\_\_ hereinafter referred to as Obligor shall pay the following support obligation based upon the attached Child Support Worksheet in accordance with ORC 3119.02:

	Column III Obligation when private health insurance is being provided for parties' child or children	Column IV Obligation when private health insurance is not being provided for the parties' child or children
Current Child Support		
Cash Medical Support	ZERO WHEN INSURANCE IS PROVIDED	
Support Arrears Payment		
Administrative Fees		
<b>TOTAL</b>		

4. For the current order including the deviation, select one of the following (medical support order cannot be deviated):

\_\_\_\_ 4(A). Health insurance is currently being provided. Therefore, the total monthly support obligation is \$ \_\_\_\_\_ as shown in Paragraph 3 Column III. This obligation is effective \_\_\_\_\_.

\_\_\_\_ 4(B). Health insurance is not being provided. Therefore, the total monthly support obligation is \$ \_\_\_\_\_ as shown in Paragraph 3 Column IV. This obligation is effective \_\_\_\_\_.

5. If there is a change in the provider of private health insurance as ordered by this Judgment Entry, the alternative medical support obligation under this order becomes effective on the first day of the month immediately following the month in which private health insurance coverage that had been in effect for the child or children of this order becomes unavailable or terminates. The obligation to pay the cash medical support shall terminate on the last day of the month immediately preceding the month in which private health insurance coverage begins or resumes.

6. Obligor will make payments by check or money order until such time as the amount is withheld pursuant to an order/notice to withhold. Payments from Obligor must be made payable to Ohio CSPC, and mailed to Ohio CSPC, P.O. Box 182372, Columbus, Ohio 43218-2372. In order for payments to be processed correctly, the SETS case number and Court order number must be included with any payment.

\_\_\_\_ 7. Obligor is employed. **AN ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT** will be issued to : \_\_\_\_\_

\_\_\_\_ 8. It is determined that Obligor is unemployed, has no income, and does not have an account at any financial institution. Therefore, it is ordered that Obligor is required to seek employment or participate in a work activity to which a recipient of assistance under 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. The Obligor shall notify the Logan County Child Support Enforcement Agency on obtaining employment, obtaining any income, or obtaining ownership of any asset with a value of five hundred dollars or more.

The Order to Seek Work is issued with this Entry. Obligor will send an Employment Search Form to the Logan County Child Support Enforcement Agency, P.O. Box 517, Bellefontaine, Ohio 43311, every other Tuesday by regular U.S. Mail. The first Employment Search Form is due on or before the second Tuesday of the month following the date of the filing of this entry. The initial Employment Search Form to be completed and properly executed by Obligor may be obtained from the Child Support Enforcement Agency.

OBLIGOR WILL IMMEDIATELY NOTIFY THE LOGAN COUNTY CHILD SUPPORT ENFORCEMENT AGENCY, IN WRITING, UPON FINDING GAINFUL EMPLOYMENT AND WILL PROVIDE SAID AGENCY WITH THE FULL NAME AND ADDRESS OF HIS OR HER EMPLOYER, ANTICIPATED EARNINGS AND THE NUMBER OF HOURS TO BE WORKED EACH WEEK. AT SAID TIME, AN ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT WILL AUTOMATICALLY BE ISSUED BY THE LOGAN COUNTY CHILD SUPPORT ENFORCEMENT AGENCY.

9. Pursuant to Section 3119.86 of the Ohio Revised Code, the duty of support to a child imposed pursuant to a court child support order shall continue beyond the child's eighteenth birthday only under the following circumstances: (a) the child is mentally or physically disabled and is incapable of supporting or maintaining himself or herself; (b) the child's parents have agreed to continue support beyond the child's eighteenth birthday pursuant to a separation agreement that was incorporated into a decree of divorce or dissolution; and (c) the child continuously attends a recognized and accredited high school on a full-time basis on and after the child's eighteenth birthday.

The duty of support shall not remain in effect after the child reaches nineteen (19) years of age unless the order provides that the duty of support continues under circumstances previously listed in (a) or (b) for any period after the child reaches age nineteen(19).

10. Obligor will take notice that despite the payment toward the arrearage, the Logan County Child Support Enforcement Agency and the Ohio Department of Job and Family Services will be permitted to take all legal action necessary to intercept state and federal income tax refunds, and any other lump sums due Obligor from any other source, until the arrearage is paid in full. The Logan County CSEA will issue an administrative order for the interception of lump sum funds and distribute the lump sum in accordance with administrative rules and regulations.

11. At any time Obligor should become unemployed for any reason, the Logan County Child Support Enforcement Agency will be permitted to automatically submit an Order to Seek Work to this Court to be issued to Obligor. Obligor will be required to obtain the necessary Employment Search Forms from the Logan County Child Support Enforcement Agency to comply with the Order to Seek Work. Further, Obligor will be required to submit an Employment Search Form to the CSEA every other Tuesday by regular U.S. Mail. The first Employment Search Form will be due the second Tuesday immediately following the file-stamped date set forth on the Order to Seek Work.

12. Upon any change of employment, Obligor will, within three days, notify the Logan County Child Support Enforcement Agency, by calling 937-599-7232 or writing at P.O. Box 517, Bellefontaine, Ohio 43311. Upon finding employment, Obligor will provide said Agency with the full name and address of his or her employer, anticipated earnings and the number of hours to be worked each week. At said time, AN ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT will automatically be issued by the Logan County Child Support Enforcement Agency.

13. Obligor will take notice that should Obligor become unemployed and be determined eligible to receive Unemployment Compensation, it will be the responsibility of Obligor to provide the Logan County Child Support Enforcement Agency with written verification setting forth the amount to be received by Obligor. FAILURE TO COMPLY WITH THIS PROVISION WILL BE DEEMED CONTEMPT OF COURT.

14. EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE LOGAN COUNTY CHILD SUPPORT ENFORCEMENT AGENCY OF HIS OR HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT RESIDENCE TELEPHONE NUMBER, CURRENT DRIVER'S LICENSE NUMBER AND 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.

15. Obligor is restrained from making direct payments to Obligee and Obligee is enjoined from accepting direct payments from Obligor. Any payments of support not made through the CSEA will be deemed a gift.

16. THE PARENT WHO IS THE RESIDENTIAL PARENT AND LEGAL CUSTODIAN OF A CHILD FOR WHOM A CHILD SUPPORT ORDER IS ISSUED OR THE PERSON WHO OTHERWISE HAS CUSTODY OF A CHILD FOR WHOM A CHILD SUPPORT ORDER IS ISSUED IMMEDIATELY SHALL NOTIFY, AND THE OBLIGOR UNDER A CHILD SUPPORT ORDER MAY NOTIFY, THE LOGAN COUNTY CHILD SUPPORT ENFORCEMENT AGENCY OF ANY REASON FOR WHICH THE CHILD SUPPORT ORDER SHOULD TERMINATE. WITH RESPECT TO A COURT CHILD SUPPORT ORDER, A WILLFUL FAILURE TO NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY AS REQUIRED

**BY THIS DIVISION IS CONTEMPT OF COURT.**

17. Reasons for which a child support order should terminate include all of the following:

(A) 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 child support order requires support to continue past the age of majority only if the child continuously attends such a high school after attaining that age; (B) the child ceasing to attend an accredited high school on a full-time basis after attaining the age of majority, if the child support order requires support to continue past the age of majority only if the child continuously attends such a high school after attaining that age; (C) the child's death; (D) the child's marriage; (E) the child's emancipation; (F) the child's enlistment in the armed services; (G) the child's deportation; (H) change of legal custody of the child.

18. The parties will take notice that upon the termination of child support for a minor child, Obligor's child support will be reduced proportionately dependent upon the number of remaining minor children. If only one child is subject the support order, this paragraph does not apply.

19. Both parties will take notice of the Obligee's Rights and Remedies for Enforcement of Support, attached hereto, available to Obligee in the event Obligor fails to make payment of support as ordered herein.

20. Obligor and Obligee will take notice that they each have a right to request a review of this order concerning child support thirty-six (36) months from the establishment of this order or from the date of the most recent review, or sooner, if certain circumstances are present. Further details will be provided by the Logan County Child Support Enforcement Agency, if requested.

21. 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 COURT 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.

**MEDICAL SUPPORT**

22. In accordance with ORC 3119.30 and the findings contained herein, the Court hereby issues the following ORDER of medical support (only one applies):

22(A). ORC 3119.30(B)(1) Both the Obligor and the Obligee shall obtain private health insurance coverage for the parties' child or children. The parties' insurance information is as follows:

Mother's Information - If spouse Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Name of health plan \_\_\_\_\_  
Name of insurance company \_\_\_\_\_  
Claims address of insurance company \_\_\_\_\_  
Customer service telephone number \_\_\_\_\_  
Group number \_\_\_\_\_  
Identification/Subscriber number \_\_\_\_\_

Father's Information - If spouse Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Name of health plan \_\_\_\_\_  
Name of insurance company \_\_\_\_\_  
Claims address of insurance company \_\_\_\_\_  
Customer service telephone number \_\_\_\_\_  
Group number \_\_\_\_\_  
Identification/Subscriber number \_\_\_\_\_

\_\_\_\_\_ 22(B). Oblige shall obtain private health insurance coverage for the parties' child or children in accordance with the finding herein.

Obligee's Information - if spouse Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 Name of employer: \_\_\_\_\_  
 Address of employer: \_\_\_\_\_  
 Name of health plan \_\_\_\_\_  
 Name of insurance company \_\_\_\_\_  
 Claims address of insurance company \_\_\_\_\_  
 Customer service telephone number \_\_\_\_\_  
 Group number \_\_\_\_\_  
 Identification/Subscriber number \_\_\_\_\_

\_\_\_\_\_ 22(C). Obligor shall obtain private health insurance coverage for the parties' child or children in accordance with the finding herein.

Obligor's Information - if spouse Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 Name of employer: \_\_\_\_\_  
 Address of employer: \_\_\_\_\_  
 Name of health plan \_\_\_\_\_  
 Name of insurance company \_\_\_\_\_  
 Claims address of insurance company \_\_\_\_\_  
 Customer service telephone number \_\_\_\_\_  
 Group number \_\_\_\_\_  
 Identification/Subscriber number \_\_\_\_\_

\_\_\_\_\_ 22(D). Neither party has private health insurance coverage available to him or her at a reasonable cost and therefore both parties SHALL immediately report to the Logan County CSEA when private health insurance coverage becomes available to either of them. The Logan County CSEA shall determine if the private health insurance coverage is available at a reasonable cost to the party and shall convert the support order pursuant to ORC 3119.30 (B)(2) or (B)(3) whichever is applicable.

\_\_\_\_\_ 23. In accordance with ORC 3119.302(A)(2), it is ORDERED that although the contributing cost of private health insurance exceeds five percent of Oblige/Obligor's annual gross income, that parent SHALL obtain private health insurance in accordance with the previous findings of this Court.

24. Any and all uninsured medical, dental, optical and pharmaceutical, including orthodontia and psychological, expenses incurred on behalf of the parties' minor child or children shall be divided with Oblige being responsible for \_\_\_\_\_% of said expenses and Obligor being responsible for \_\_\_\_\_% of said expenses.

25. In the event that health insurance coverage is available and obtained for the minor child(ren) of this action through an employer of the spouse of Obligor, the spouse's health insurance coverage shall satisfy the requirement of Obligor to maintain health insurance. In the event that health insurance coverage is available and obtained for the minor child(ren) of this action through an employer of the spouse of Oblige, the spouse's health insurance coverage shall satisfy the requirement of Oblige to maintain health insurance.

26. Pursuant to Ohio Revised Code §3119.32 the party or parties ordered to provide private health insurance for the child or children 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.

27. The following individual shall be reimbursed for covered out-of-pocket medical, optical, hospital, dental, or prescription expenses paid for the child or children listed in this order:

PARENT NAME:
PARENT ADDRESS:
CITY, STATE, ZIP:
TELEPHONE NUMBER:

28. 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.

29. If the Obligor, Obligee, or both Obligor and Obligee, are required under section 3119.30 of the Revised Code to provide private health insurance coverage for the children, pursuant to section 3119.30 of the Revised Code whoever is required to provide private health insurance coverage provide to the other, not later than thirty days after the issuance of the order, 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.

30. The party required to provide private health insurance coverage for the children shall designate the children as covered dependents under any private health insurance policy, contract, or plan for which the person contracts.

31. Any employer of the person required to obtain private health insurance coverage is required to release to the other parent, any person subject to an order issued under section 3109.19 of the Revised Code, or the child support enforcement agency 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 this section and any order or notice issued under this section.

32. Obligor and Obligee shall comply with any requirement described in section 3119.30 of the Revised Code and divisions (A) and (C) of this section that is contained in an order issued in compliance with this section no later than thirty days after the issuance of the order.

**33. NOTICE: IF THE PERSON REQUIRED TO OBTAIN PRIVATE HEALTH CARE INSURANCE COVERAGE FOR THE CHILDREN SUBJECT TO THIS CHILD SUPPORT ORDER OBTAINS 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 CHILDREN IN PRIVATE HEALTH CARE INSURANCE COVERAGE PROVIDED BY THE NEW EMPLOYER.**

34. NOTICE: Upon receipt of notice by the child support enforcement agency 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 section 3119.022 or 3119.023 of the Revised Code, as applicable. The child support enforcement agency may change the financial obligations of the parties to pay child support in accordance with the terms of the court or administrative order and cash medical support without a hearing or additional notice to the parties.

35. Court costs are assessed to the following to be paid within thirty days of the date of this entry:

- Plaintiff
- First Petitioner
- Defendant
- Second Petitioner
- Equally to both parties

\_\_\_\_\_  
Magistrate

\_\_\_\_\_  
Judge

cc: All Counsel of Record  
Obligee  
Obligor  
LCCSEA

IN THE COMMON PLEAS COURT OF LOGAN COUNTY, OHIO

OBLIGEE'S RIGHTS AND REMEDIES FOR ENFORCEMENT OF SUPPORT

Upon Obligor's failure to pay child support and/or spousal support as ordered in the final decree, the Obligee has the right to apply to the Logan County Child Support Enforcement Agency for any of the following:

A. An order for either:

1. withholding of spousal and/or child support from the personal earnings of the Obligor under Section 3123.28 of the Ohio Revised Code;
2. the assignment of the wages of the Obligor under Section 1321.33 of the Ohio Revised Code.

B. Judgment and execution on the judgment through any available procedure, including but not limited to:

1. an execution against the property of the judgment debtor under Chapter 2329 of the Ohio Revised Code;
2. an execution against the person of the judgment debtor under Chapter 2331 of the Ohio Revised Code;
3. a proceeding in aid of execution under Chapter 2333 of the Ohio Revised Code, including:
  - a. a proceeding for the examination of the judgment debtor under Section 2333.09 to 2333.12, and 2333.15 to 2333.27 of the Ohio Revised Code;
  - b. a proceeding for examination of the person holding property, money, or credits of the judgment debtor which is in the nature of garnishment or attachment by notice under Title 23 of the Ohio Revised Code;
  - c. a proceeding for attachment of the person of the judgment debtor under Section 2333.28 of the Ohio Revised Code;
  - d. a creditor's suit under Section 2333.01 of the Ohio Revised Code.
4. the attachment of the property of the judgment debtor under Chapter 2715 of the Ohio Revised Code.

Failure of an Obligee to request the Logan County Child Support Enforcement Agency or the Prosecuting Attorney to maintain an action under Title 23 of the Ohio Revised Code shall not operate as a waiver of any right of the Obligee to seek enforcement of a support order.