

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
COLUMBIANA COUNTY, OHIO**

JUDGE

**CASE NO.
CSEA SETS NO.**

MAGISTRATE'S DECISION
COMBINED ORDER FOR SUPPORT AND
HEALTH INSURANCE

This matter came before this Court to address child support and/or spousal support, and health insurance coverage.

THE COURT HEREBY ORDERS THE FOLLOWING:

CHILD SUPPORT ORDER:

The Obligee must complete an application for IV-D services if the same has not been previously filed.

The child(ren) covered by this order for Child Support are as follows:

Name	Address	DOB	SSN

_____The Obligor is ordered to pay \$_____,per month PER CHILD, (for _____child(ren)), FOR A TOTAL **CURRENT CHILD SUPPORT** ORDER PER MONTH OF \$_____, PLUS **2% CSEA ADMINISTRATIVE FEE**, AND \$_____ PER MONTH **ON CHILD SUPPORT ARREARAGE**, PLUS **2% CSEA ADMINISTRATIVE FEE**, effective __, as and for the child support.

SPOUSAL SUPPORT ORDER:

CURRENT SPOUSAL SUPPORT has been ordered in the amount of \$_____per month, PLUS **2% CSEA ADMINISTRATIVE FEE**. \$_____per month has been ordered on **SPOUSAL SUPPORT ARREARAGE**, PLUS 2% **CSEA ADMINISTRATIVE FEE**.

WITHHOLDING ORDERS AND PAYMENTS:

A withholding order in the amount of \$_____per month, inclusive of 2% CSEA Administrative Processing Fee will be issued. This amount reflects \$_____per month **CURRENT CHILD SUPPORT**, \$_____per month toward any **CHILD SUPPORT ARREARAGE**, \$_____per month **CURRENT SPOUSAL SUPPORT**, and \$_____per month toward **SPOUSAL SUPPORT ARREARAGE**

All child support, spousal support (if any), and the associated administrative processing fee, must be sent by **EMPLOYERS AND FINANCIAL INSTITUTIONS** to **Ohio Child Support Payment Central (CSPC), PO Box 182394, Columbus, OH 43218-2394**. In addition, the **OBLIGOR** is required to make direct payments to the **Ohio Child Support Payment Central, PO Box 182372, Columbus Ohio 43218-2372** until such time as an income withholding order becomes effective. Payments should list the Court case number, the CSEA SETS #, and the Obligor's Social Security Number.

ADDITIONAL PROVISIONS REGARDING SUPPORT:

- 1.) The Child Support guidelines worksheet is attached to this order, and incorporated by reference herein. If this entry is generated due to an administrative modification, a copy of the Basis of the Calculations is attached to the worksheet.
- 2.) This child support order is subject to modification only upon proper request to the Child Support Enforcement Agency or motion before this Court.
- 3.) Regardless of the frequency or amount of support payments to be made under this order, the CSEA is required to administer the order on a monthly basis, in accordance with Sections 3121.51 to 3121.54 of the Revised Code. Payments under the order are to be made in the manner specified above; if payments are to be made other than on a monthly basis, the required monthly administration by the agency does not affect the frequency or the amount of the support payments to payments to be made under the order. O.R.C. 3121.28
- 4.) **Termination of Child Support:** This child support order shall continue for each child until said child has: 1) turned 18 and graduated from High School OR 2) reached his/her 19th birthday, if the child continuously attended a recognized and accredited high school on a full-time basis on and after the child's eighteenth (18th) birthday, **WHICHEVER OCCURS FIRST.** ORC 3119.86

Child support should be ordered to terminate under the following circumstances, some of which may be before the child reaches age eighteen (18): the child's attainment of the age of majority if he/she 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; OR 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; OR the child's death; OR the child's marriage; OR the child's emancipation; OR the child's enlistment in the armed forces; OR the child's deportation; OR change of legal custody of the child. O.R.C. 3119.88

However, notwithstanding the previous paragraphs, **under certain circumstances child support may be ordered to continue beyond the child's eighteenth (18th) birthday**, including where a) the child is mentally or physically disabled and is incapable of supporting or maintaining himself or herself or b) the child's parents have agreed to continue support beyond the child's eighteenth (18th) birthday pursuant to a separation agreement that was incorporated into a decree of divorce or dissolution. O.R.C. 3119.86 (A).

- 5.) If you are the **RESIDENTIAL PARENT and legal guardian** of a child for whom a child support order is issued, **or** he **PERSON** who otherwise **HAS CUSTODY of a child** for whom a child support order is issued, **you MUST IMMEDIATELY NOTIFY** the **Columbiana County Child Support Enforcement Agency (CSEA, 110 North Nelson Ave., Lisbon, OH 44432, phone (330) 424-7781, 1-800-353-0125), OF ANY REASON FOR WHICH THE CHILD SUPPORT ORDER SHOULD TERMINATE.** (See #4, above). A willful failure to notify the CSEA as required by this division is contempt of court. O.R.C. 3119.87

The child support **obligor may** notify the CSEA of any reason for which the child support order should terminate.

- 6.) CSEA will conduct an investigation upon notice from a person under O.R.C. 3119.87, or reason to believe a support order should terminate. O.R.C. Section 3119.89, et. seq.
- 7.) **Income Withholding Orders and Notifications:** If you are the **Obligor ordered to pay support**, and are receiving a **monetary payment from any source, you are required to have the payor of that income WITHHOLD from that income** the specified amount required satisfying the court order. You are required to **immediately NOTIFY** the Columbiana County Child Support Enforcement Agency, in writing, (CSEA, 110 North Nelson Ave., Lisbon, OH 44432, phone (330) 424-7781, 1-800-353-0125), of any **CHANGE** in the source of your income, and the availability of any **OTHER SOURCES OF INCOME** that can be the subject of any withholding order. You must include the name, business address, and telephone number of any new employer or income source, and any other information reasonably required by the Court or CSEA. *O.R.C. 3121.036(A), 3121.03, 3121.037*
- 8.) **Financial Institution Deductions and Notifications:** If you are the **Obligor ordered to pay support**, and have been ordered to pay your support obligation through **funds deposited in a financial institution account**, you must **immediately NOTIFY** the Columbiana County Child Support Enforcement Agency, in writing, (CSEA, 110 North Nelson Ave., Lisbon, OH 44432, phone (330) 424-7781, 1-800-353-0125), of any **CHANGE** in the status of the account from which the support is being deducted, or the opening of a **NEW** account with any financial institution, of the **COMMENCEMENT OF EMPLOYMENT**, including self-employment, or of the availability of any **OTHER SOURCES OF INCOME** that can be the subject of withholding or deduction. You must also immediately notify the agency, in writing, of the nature of any new account opened at a financial institution, the name and business address of that financial institution; the nature of any new employment or income source, and the name,

business address, and telephone number of the new employer or income source; and, any other information reasonably required by the Court or CSEA. *O.R.C. 3121.036 (A), 3121.03, 3121.037*

On commencement of employment, the Obligor may request that the Court or CSEA cancel its financial deduction notice, and instead issue a **withholding notice** to collect support amounts. On commencement of employment, the Court or CSEA may cancel its deduction notice and instead issue a withholding notice to collect support amounts. *O.R.C. 3121.036(C)*

- 9.) If you are the **Obligor ordered to pay support, and are UNEMPLOYED**, and an income withholding or financial institution deduction notice has not been issued, the Court has the authority to order you to **seek employment or participate in statutorily designated work activities**, (if you are able to engage in employment). The Obligor must **IMMEDIATELY NOTIFY** the Columbiana County Child Support Enforcement Agency, (**CSEA, 110 North Nelson Ave., Lisbon, OH 44432, phone (330) 424-7781, 1-800-353-0125**), on obtaining employment, obtaining any income, or obtaining ownership of any asset with a value of five hundred dollars or more. The **Obligor must also notify CSEA in writing** of the opening of an account in a financial institution, and the nature of the employment source, the name, business address, and telephone number of the employer or income source, and any other information reasonably required by the Court. *O.R.C. 3121.03(C) and (D), 3121.05*

- 10.) **ALL SUPPORT UNDER THIS ORDER SHALL BE WITHHELD OR DEDUCTED FROM THE INCOMES OR ASSETS OF THE OBLIGOR PURSUANT TO A WITHHOLDING OR DEDUCTION NOTICE OR APPROPRIATE ORDER ISSUED IN ACCORDANCE WITH CHAPTERS 3119., 3121., 3123., AND 3125 OF THE REVISED CODE, OR A WITHDRAWAL DIRECTIVE ISSUED PURSUANT TO SECTIONS 3123.24 TO 3123.38 OF THE REVISED CODE, AND SHALL BE FORWARDED TO THE OBLIGEE IN ACCORDANCE WITH CHAPTERS 3119., 3121., 3123., AND 3125. OF THE REVISED CODE. *O.R.C. 3121.27***

ORDER FOR HEALTH INSURANCE COVERAGE:

NOTICE TO PARTIES, EMPLOYERS AND HEALTH INSURANCE PROVIDERS

PURSUANT TO OHIO REVISED CODE SECTIONS 3119.29 TO 3119.56, 3924.48, 3924.49.

The Court hereby orders that the following children be covered by this Health Insurance Order:

Name	Address	DOB	SSN

INDICATE BELOW, AS APPROPRIATE, THE ORDERED HEALTH INSURANCE COVERAGE:

_____ **THE OBLIGOR SHALL OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE FOR THE ABOVE NAMED MINOR CHILD(REN)**, as coverage is available at a reasonable cost through a group policy, contract, or plan offered by the Obligor's employer or through any other group policy, contract, or plan available to the Obligor and is not available for a more reasonable cost through a group policy, contract, or plan available to the Obligee. *O.R.C. 3119.30(A)*

_____ **THE OBLIGEE SHALL OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE FOR THE ABOVE NAMED MINOR CHILD(REN)**, as coverage is available through a group policy, contract, or plan offered by the Obligee's employer or through any other group policy, contract, or plan available to the Obligee and is available at a more reasonable cost than coverage is available to the Obligor. *O.R.C. 3119.30(B)*

_____ **NEITHER OBLIGOR NOR OBLIGEE HAS HEALTH INSURANCE AVAILABLE FOR THE ABOVE NAMED MINOR CHILDREN** at a reasonable cost through a group policy, contract, or plan offered by the Obligor's or Obligee's employer or through any other group policy, contract, or plan available to the Obligor or Obligee. **The FIRST \$100.00 PER CHILD PER CALENDAR YEAR OF UNINSURED MEDICAL/DENTAL EXPENSES SHALL BE PAID BY THE OBLIGEE (CUSTODIAL PARENT). THE PARTIES SHALL THEREAFTER DIVIDE THE COST OF MEDICAL/DENTAL EXPENSES OF THE CHILD(REN) IN ACCORDANCE WITH THEIR PRO RATA SHARE OF SUPPORT ACCORDING TO THE CHILD SUPPORT WORKSHEET, TO WIT, _____% TO OBLIGOR AND _____% TO OBLIGEE.** *O.R.C.3119.01(C)(4), 3119.05(F),3119.30(C).* Both parties are ordered to immediately notify the Court and Columbiana County Child Support Enforcement Agency, (**CSEA, 110 N. Nelson Ave., Lisbon, OH 44432 (330) 424-7781, 1-800-353-0125**) if health insurance coverage for the children becomes available at a reasonable cost through a group policy, contract, or plan offered by the Obligor's or Obligee's employer, or through any other group policy, contract, or plan available to the Obligor or Obligee, so that the child(ren) can be added to said coverage. *O.R.C. 3119.30(C)*

_____ **BOTH THE OBLIGOR AND THE OBLIGEE SHALL OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE FOR THE ABOVE NAMED MINOR CHILD(REN)**, as coverage is available for the children at a reasonable cost to both the Obligor and Obligee, and dual coverage would provide for coordination of medical benefits without unnecessary duplication of coverage. The _____'s insurance shall serve as the **primary insurance coverage**. O.R.C. 3119.30(D)

_____ **HEALTH INSURANCE IS TO BE CARRIED BY A THIRD PARTY, (NAME: _____), OTHER THAN THE OBLIGOR OR OBLIGEE, OR IN ADDITION TO THE OBLIGOR OR OBLIGEE, AS SPECIFIED BELOW.** _____ The _____ is ordered to provide coverage, if the third party's coverage is no longer available, only if available through employment and at reasonable cost.

MOTHER'S INFORMATION

NAME		ADDRESS	
PHONE NUMBER	SSN	DOB	
EMPLOYER: NAME, ADDRESS AND PHONE			
HEALTH INSURANCE PROVIDER: NAME, ADDRESS AND PHONE			
POLICY NUMBER		GROUP NUMBER	

FATHER'S INFORMATION

NAME		ADDRESS	
PHONE NUMBER	SSN	DOB	
EMPLOYER: NAME, ADDRESS AND PHONE			
HEALTH INSURANCE PROVIDER: NAME, ADDRESS AND PHONE			
POLICY NUMBER		GROUP NUMBER	

_____ **IF HEALTH INSURANCE IS TO BE CARRIED BY A THIRD PARTY OTHER THAN THE OBLIGOR OR OBLIGEE, OR IN ADDITION TO THE OBLIGOR OR OBLIGEE, SPECIFY BELOW:**

_____ The **THIRD PARTY** coverage below is **IN ADDITION** to the coverage above.
_____ The **THIRD PARTY** coverage below is the **ONLY COVERAGE** presently ordered.

NAME OF THIRD PARTY:		RELATIONSHIP TO OBLIGOR OR OBLIGEE, (e.g. spouse of Obligor):
ADDRESS:		
PHONE #:	SSN:	DOB:
EMPLOYER: NAME, ADDRESS AND PHONE		
HEALTH INSURANCE PROVIDER: NAME, ADDRESS AND PHONE		
POLICY NUMBER		GROUP NUMBER

DUTIES:

1. **The FIRST \$100.00 PER CHILD PER CALENDAR YEAR OF UNINSURED MEDICAL/DENTAL EXPENSES SHALL BE PAID BY THE OBLIGEE (CUSTODIAL PARENT). THE PARTIES SHALL THEREAFTER DIVIDE THE COST OF MEDICAL/DENTAL EXPENSES OF THE CHILD(REN), INCLUDING CO-PAYS AND DEDUCTIBLES, IN ACCORDANCE WITH THEIR PRO RATA SHARE OF SUPPORT ACCORDING TO THE CHILD SUPPORT WORKSHEET, TO WIT, _____% TO OBLIGOR AND _____% TO OBLIGEE. O.R.C.3119.01(C)(4), 3119.05(F), 3119.30(C), O.R.C. 3119.32(D).**
2. **If you have been ordered to maintain health insurance coverage, you must provide the other party, not later than thirty (30) days after the issuance of this order, information regarding the benefits, limitations and exclusions of the health insurance coverage, copies of any insurance forms necessary to receive reimbursement, payment, or other benefit under the health insurance coverage, and a copy of any necessary insurance cards. O.R.C. 3119.32 (A)**
3. **If you have been ordered to maintain health insurance coverage, you must designate the children as covered dependants under any health insurance, contract, or plan that covers the children, for which you contract. O.R.C. 3119.32(C).**
4. **The Obligor and Obligee shall comply with any requirement described in Section 3119.30 of the Ohio Revised Code, and divisions (A) and (C) of O.R.C. 3119.32 , within thirty (30) days after the issuance of the orders. O.R.C. 3119.32 (G)**
5. **During the time that any child support order issued in accordance with section 3119.30 of the Revised Code...is in effect, and after the employer has received a copy of the order, the employer of the person required to provide health insurance coverage shall comply with the order. O.R.C. 3119.361 (SEE ALSO O.R.C. 3119.422 REGARDING UNDERWRITING CRITERIA, AND O.R.C. 3924.49 REGARDING DUTIES OF THE EMPLOYER.) The Order under O.R.C. 3119.30 is binding on the obligor and obligee, their employers, and any health plan administrator that provides health insurance coverage for either the obligor or obligee or their children. O.R.C. 3119.42. (SEE ALSO O.R.C. 3924.48 REGARDING DUTIES OF THE INSURER)**
6. **Each parent listed above should be reimbursed for out-of-pocket medical, optical, hospital, dental or prescription expenses paid by said person for each child, provided the reimbursement occurs. THE PARTIES WILL STILL BE REQUIRED TO SHARE MEDICAL/DENTAL EXPENSES PER THE FORMULA IN #1, ABOVE. The health**

plan administrator that provides the health insurance coverage for the children may continue making payment for optical, hospital, dental or prescription services directly to any health care provider in accordance with the applicable health insurance policy, contract, or plan. O.R.C. 3119.32(B)

7. **On written request** from the other parent, any person subject to an order issued under section 3109.19 of the Revised Code, or the child support enforcement agency, the employer of a person required to provide health insurance coverage under a child support order shall release to the other parent, person, and the Agency, **all information about the health insurance coverage that is necessary to ensure compliance** with Section 3119.30 of the revised Code, including the name and address of the health plan administrator, and any policy, contract, or plan number. O.R.C. 3119.362
9. **Any employer** who receives a copy of an order or notice described in section 3119.30, 3119.33, or 3119.34 of the Revised Code shall **notify the Columbiana County Child Support Enforcement Agency, (CSEA, 110 North Nelson Ave., Lisbon, OH 44432, phone (330) 424-7781, 1-800-353-0125), of any change in or termination of the health insurance** coverage that is maintained pursuant to the order or notice. O.R.C. 3119.364
10. **If the person required to obtain health insurance coverage** pursuant to a child support order issued in accordance with section 3119.30 of the Revised Code **does not obtain the required coverage within thirty (30) days** after the order is issued, the child support enforcement agency shall **notify the court** that issued the court child support order...in writing of the failure of the person to comply with the child support order. O.R.C. 3119.43
11. **Whoever violates a court child support order** issued in accordance with Section 3119.30 (regarding health insurance/coverage) of the Revised Code may be punished as for **contempt** under Chapter 2705. of the Revised Code. O.R.C. 3119.44
12. **An obligor or obligee who fails to comply** with a child support order issued in accordance with section 3119.30 of the Revised Code **is liable to the other for any medical expenses** incurred as a result of the failure to comply with the order. O.R.C. 3119.56
13. See O.R.C. Sections 3119.29-.56, 3924.48 and 3924.49 for the complete provisions regarding health insurance.

NOTICE:

If the **person required to provide health care insurance coverage** for the children subject to this child support order obtains **new employment**, the agency (CSEA) 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 health care insurance coverage provided by the new employer *O.R.C. 3119.32(H)*.

The **employer of the obligor or obligee required to obtain 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, upon written request any necessary information on the 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 court order or notice issued under this section. *O.R.C. 3119.32(E)*.

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE COLUMBIANA 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. (Attn: CSEA, 110 North Nelson Ave., Lisbon, OH 44432, phone (330) 424-7781, 1-800-353-0125) 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 AND YOU WILLFULLY FAIL TO MAKE THE REQUIRED NOTIFICATIONS YOU MAY BE FOUND TO BE IN CONTEMPT OF COURT AND BE SUBJECTED TO FINES UP TO \$1,000 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS. O.R.C. 3121.29

IF YOU ARE AN OBLIGOR AND YOU FAIL TO GIVE THE REQUIRED NOTIFICATIONS, YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS AGAINST YOU: IMPOSITION HAVE 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. O.R.C. 3121.29.

Costs taxed to _____.

ALL UNTIL FURTHER ORDERED BY THIS COURT.

Magistrate

Approved:

Attorney for

OBJECTIONS:

OBJECTIONS MUST BE FILED WITHIN 14 DAYS OF THIS MAGISTRATE'S DECISION. OBJECTIONS MUST BE IN WRITING, MUST BE SPECIFIC, AND STATE WITH PARTICULARITY THE GROUNDS OF THE OBJECTION. FOR OTHER REQUIREMENTS, SEE CIVIL RULE 53 AND LOCAL RULES OF COURT.

A PARTY SHALL NOT ASSIGN AS ERROR ON APPEAL THE COURT'S ADOPTION OF ANY FINDING OF FACT OR CONCLUSION OF LAW IN THE DECISION UNLESS THE PARTY TIMELY AND SPECIFICALLY OBJECTS TO THE FINDING OR CONCLUSION AS REQUIRED BY CIVIL RULE 53.

INSTRUCTIONS FOR SERVICE:

THE CLERK OF COURTS SHALL SERVE A COPY OF THIS ENTRY UPON THE OBLIGOR AND OBLIGEE, THE CHILD SUPPORT ENFORCEMENT AGENCY, AND THE INDIVIDUALS/ENTITIES LISTED BELOW, IF ANY.

1.

2.

3.