

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

PLAINTIFF	:	CASE NO. _____
	:	
v.	:	JUDGE _____
	:	
DEFENDANT	:	AGREED JUDGMENT ENTRY TEMPORARY SUPPORT WITH CHILDREN
	:	
	:	

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

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

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

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

These orders are effective commencing _____.

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

_____ shall be paid by the party indicated:

	Plaintiff	Defendant
mortgage/rent payment	<input type="checkbox"/>	<input type="checkbox"/>
real estate taxes	<input type="checkbox"/>	<input type="checkbox"/>
homeowner's insurance	<input type="checkbox"/>	<input type="checkbox"/>
electricity	<input type="checkbox"/>	<input type="checkbox"/>
cable television	<input type="checkbox"/>	<input type="checkbox"/>
telephone (basic monthly charge)	<input type="checkbox"/>	<input type="checkbox"/>

gas/fuel oil/propane
water/sewer
internet service

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

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

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

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

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

CHILD(REN)'S HEALTH CARE

Uncovered Healthcare Expenses

Pursuant to Ohio Revised Code §3119.30(A), both parents are liable for the health care of the child who is not covered by private health insurance or cash medical support as calculated in accordance with Ohio Revised Code §3119.022 or §3119.023.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the child support obligor pay _____% and the child support obligee pay _____% of the annual costs of the health care needs of the child that exceed the amount of cash medical support ordered to be paid, if any, when private health insurance coverage is not available or is not being provided in accordance with this order, OR of the uninsured health care costs or co-payment or deductible cost required under the health insurance policy, contract or plan that covers the child(ren) when private health insurance coverage is being provided in accordance with this order.

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

Name of party _____
Address _____
Telephone number _____

Private Health Insurance
(Check one of the following two boxes)

The Court finds that neither party has accessible private health insurance available at a reasonable cost to cover the minor child.

IT IS THEREFORE ORDERED that the child support obligor and the child support obligee shall immediately inform the Cuyahoga Job and Family Services – Office of Child Support Services (CJFS – OCSS) if private health insurance coverage for the child becomes available to either of them. The CJFS-OCSS shall determine if the private health insurance is available at a reasonable cost and if coverage is reasonable, order the child support obligor or the child support obligee to obtain private health insurance.

-OR-

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

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

The Court further finds that the contributing cost (cost of adding the child to existing coverage **or** difference between self-only and family coverage) of the private health insurance available to Plaintiff and/or the Defendant **does not exceed** that party's Health Insurance Maximum.

(Check box if applicable)

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

-OR-

The Court further finds that the contributing cost (cost of adding the child to existing coverage **or** difference between self-only and family coverage) of the private health insurance available to Plaintiff and/or the Defendant **exceeds** that party's Health Insurance Maximum.

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

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

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

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

IT IS THEREFORE ORDERED that both Mother and Father are Mother is Father is hereby designated as the health insurance obligor(s), until further order of Court.

CHILD SUPPORT AND CASH MEDICAL SUPPORT

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

Full name of each child and Date of Birth

For purposes of this order Plaintiff Defendant is the child support obligor (pays support) and Plaintiff Defendant is the child support obligee (receives support).

This order for child support and cash medical support is effective _____.

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

CSEA Administrative Support Order

The Court finds that the parties have an administrative support order, case number P-_____, (SETS # _____) issued by the _____ County Child Support Enforcement Agency (copy attached as Exhibit _____) that requires Plaintiff Defendant to pay child support in the amount of \$ _____ per month when health insurance **IS** being provided by a party and \$ _____ per month plus cash medical support in the amount of \$ _____ when health insurance **IS NOT** being provided by a party, plus 2% processing charge, for the support of the above-named child. The Court finds it appropriate to adopt this order for the purpose of preserving and determining arrearage accrued under the administrative order.

IT IS THEREFORE ORDERED that the administrative order is hereby adopted, and any arrears and overpayments accrued under the administrative order are hereby preserved. The _____ County CSEA shall terminate any support withholding or deduction notice issued in case number P-_____. All support paid hereafter shall be under Cuyahoga County Domestic Relations case number _____. The child support obligor shall be given credit for any payments received under the administrative order.

Child Support Deviation

The Court finds that the actual **annual** child support obligation, as determined by the applicable worksheet, is \$ _____ when private health insurance **IS** being provided (Line 23c, Child Support Computation Worksheet – Sole Residential Parent or Shared Parenting Order or Line 22g, Child Support Computation Worksheet-Split Parental Rights and Responsibilities) and \$ _____ when private health insurance **IS NOT** being provided (Line 26c, Child Support Computation Worksheet – Sole Residential Parent or Shared Parenting Order or Line 24g, Child Support Computation Worksheet-Split Parental Rights and Responsibilities). Pursuant to Ohio Revised Code §3119.22, the actual annual obligation would be unjust and inappropriate and would not be in the best interest of the minor child(ren) for the following reason(s): _____.

The child support order, stated below, deviates from the actual annual obligation.

Monthly Child/Cash Medical Support Obligation

IT IS THEREFORE ORDERED that the child support obligor shall pay child support and/or cash medical support to the child support obligee, and/or his/her assignee(s), for the minor child named above in the following sums, plus 2% processing charge:

- when private health insurance **IS** being provided by a party in accordance with this order:
\$ _____ per month (\$ _____ per month per child) as child support
- when private health insurance **IS NOT** being provided by a party in accordance with this order:
\$ _____ per month (\$ _____ per month per child) as child support plus
\$ _____ per month (\$ _____ per month per child) as cash medical support

If private health insurance coverage is being provided and becomes unavailable or is terminated, the child support obligor shall begin paying cash medical support commencing the first day of the month immediately following the month in which private health insurance coverage became unavailable or is terminated, and shall cease paying cash medical support on the last day of the month immediately preceding the month in which private health insurance coverage begins or resumes. Cash medical support shall be paid in addition to child support.

Duration and Termination of Child/Cash Medical Support

The duty of support shall continue until further order of Court or until the above-named child(ren) reach(es) age 18 or so long as the child(ren) continuously attend(s), on a full-time basis, any recognized and accredited high school, however, no later than age 19, or as otherwise provided in Ohio Revised Code §3119.86.

The residential parent and legal custodian of the child(ren) shall immediately notify, and the obligor under a child support order may notify, the CJFS-OCSS of any reason for which the child support order should terminate, including but not limited to the child(ren)'s death, marriage, emancipation (age 18 or high school completion/termination), enlistment in the Armed Services, deportation or change of legal custody. A willful failure to notify the CJFS-OCSS is contempt of court.

Support Arrearage

(Check one of the following two boxes)

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

-OR-

(If an arrearage finding is made, check one of the following two boxes)

The arrearage computed as of _____ is undetermined \$ _____. This sum includes all spousal support, child support and cash medical support arrearages. _____ has been credited with direct payments and all appropriate credits. _____ shall pay an additional \$ _____ per month toward the arrearage.

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

-OR-

Monthly Payment of Support

The support obligor shall pay \$ _____ per month, plus 2% processing charge, because Private Health Insurance is is not ordered to be provided at this time. This amount includes all applicable child support, spousal support, cash medical support and payment toward arrearage.

All support under this order shall be withheld or deducted from the income or assets of the support obligor pursuant to a withholding or deduction notice or appropriate order issued in accordance with Chapters 3119., 3121., 3123., and 3125. of the Ohio Revised Code or a withdrawal directive issued pursuant to sections 3123.24 to 3123.38 of the Ohio Revised Code and shall be forwarded to the obligee in accordance with Chapters 3119., 3121., 3123., and 3125. of the Ohio Revised Code.

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

All support shall be paid through Ohio Child Support Payment Central (OCSPC), P.O. Box 182372, Columbus, Ohio 43218-2372. Any payments not made through OCSPC shall not be considered

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

Method to Secure Support Payments

(Check one of the following three boxes)

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

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

INCOME SOURCE/
FINANCIAL INSTITUTION _____
ADDRESS _____

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

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

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

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

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

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

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

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

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

FEDERAL INCOME TAX EXEMPTION

IT IS FURTHER ORDERED that in consideration of and pursuant to Ohio Revised Code §3119.82, the following person(s) shall claim the child who is the subject of this order as (a) dependent(s) for federal income tax purposes:

- Mother
 - Father
 - Both Mother and Father according to the following terms:
-
-

IT IS FURTHER ORDERED that the parties shall take whatever action is necessary, pursuant to section 152 of the “Internal Revenue Code of 1986,” 100 Stat. 2085, 26 U.S.C. 1, as amended, to enable the parent who has been awarded the right to claim the exemption(s) to claim the child(ren) as (a) dependent(s) for federal income tax purposes in accordance with this order. Failure of a party to comply with the order may be considered contempt of Court.

PARENTING TIME

- The Court finds that the parties shall exercise parenting time with the minor child(ren) in accordance with:
 - the temporary parenting time schedule attached as Exhibit ____.
 - this Court’s previous order journalized on _____.
- OR-***
- The Court finds that it is inappropriate to issue a parenting time schedule at this time because:
 - a domestic violence action is pending.
 - parenting time is the subject of another hearing pending in this Court.

NOTICES AND GENERAL INFORMATION

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

The parent(s) ordered to provide private health insurance for the child(ren), pursuant to Ohio Revised Code §3119.30, shall no later than thirty (30) days after the issuance of the order supply the other parent with information regarding the benefits, limitations and exclusions of the health insurance coverage, copies of any insurance forms necessary to receive reimbursement, payment or other benefits under the health insurance coverage and a copy of any necessary insurance cards.

The health plan administrator(s) of the health insurance obligor(s) may continue making payments for medical, optical, hospital, dental or prescription services directly to any health care provider in accordance with the applicable private health insurance policy, contract or plan.

The employer(s) of the health insurance obligor(s) is/are required to release to the other parent, any person subject to an order issued under §3109.19 of the Ohio Revised Code, or the CJFS-OCSS, on written request, any necessary information on the private health insurance coverage, including the name and address of the health plan administrator and any policy, contract or plan number, and to otherwise comply with Ohio Revised Code §3119.32 and any order or notice issued under this section.

If the person(s) required to obtain private health insurance coverage for the child(ren) subject to this child support order obtain(s) new employment, the CJFS-OCSS shall comply with the requirements of §3119.34 of the Ohio Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child(ren) in private health insurance coverage provided by the new employer.

The child support obligor and the child support obligee shall comply with the request of the CJFS-OCSS in advance of an administrative review of a support order to provide the following: copy of federal income tax return from the previous year, copy of all pay stubs within the preceding six (6) months, copy of all other records evidencing the receipt of any other salary, wages or compensation within the preceding six (6) months and, if the child support obligor is a member of the uniformed services and on active military duty, a copy of the child support obligor's Internal Revenue Service Form W-2, "Wage and Tax Statement," and a copy of a statement detailing the child support obligor's earnings and leave with the uniformed services. The child support obligor and the child support obligee shall also provide a list of available group health insurance and health care policies, contracts and plans and their costs, the current health insurance or health care policy, contract or plan under which the child support obligee and/or obligor is/are enrolled and their costs, including any Tricare program offered by the United States Department of Defense available to the child support obligee, and any other information necessary to properly review the child support order.

Upon receipt of notice by the CJFS-OCSS that private health insurance coverage is not available at a reasonable cost, cash medical support shall be paid in the amount as determined by the child support computation worksheet in §3119.022 or §3119.023 of the Ohio Revised Code, as applicable. The CJFS-OCSS may change the financial obligations of the parties to pay child support in accordance with the terms of the Court order and cash medical support without a hearing or additional notice to the parties.

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT RESIDENCE TELEPHONE NUMBER, CURRENT DRIVER'S LICENSE NUMBER AND OF ANY CHANGES IN THAT INFORMATION. EACH PARTY MUST NOTIFY THE AGENCY OF ALL CHANGES UNTIL FURTHER NOTICE FROM THE COURT OR AGENCY, WHICHEVER ISSUED THE SUPPORT ORDER. IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY BE FINED UP TO \$50 FOR A FIRST OFFENSE, \$100 FOR A SECOND OFFENSE AND \$500 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER ANY SUPPORT ORDER ISSUED BY A COURT AND YOU WILLFULLY FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY BE FOUND IN CONTEMPT OF COURT AND BE SUBJECTED TO FINES UP TO \$1,000 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.

IF YOU ARE AN OBLIGOR AND YOU FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS AGAINST YOU: IMPOSITION OF LIENS AGAINST YOUR PROPERTY; LOSS OF YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, DRIVER'S LICENSE OR RECREATIONAL LICENSE; WITHHOLDING FROM YOUR INCOME; ACCESS RESTRICTION AND DEDUCTION FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS, AND ANY OTHER

ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU TO SATISFY YOUR SUPPORT OBLIGATION.

Failure to comply with this support order can result in a contempt action; and, as provided in Ohio Revised Code §2705.05, the penalty for which may be imprisonment for not more than thirty (30) days in jail and/or fine of not more than \$250.00 for a first offense, not more than sixty (60) days in jail and/or fine of not more than \$500.00 for a second offense, and not more than ninety (90) days in jail and/or not more than \$1,000.00 fine for a third or subsequent offense.

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

SUPPORT OBLIGEE (receives support):

Name _____

Social Security Number xxx-xx-_____

SUPPORT OBLIGOR (pays support):

Name _____

Social Security Number xxx-xx-_____

Date of Birth _____

Costs are passed to final hearing.

IT IS SO ORDERED.

JUDGE

MAGISTRATE

APPROVED:

Plaintiff/Petitioner-01

Defendant/Petitioner-02/Respondent

Attorney for Plaintiff/Petitioner-01

Attorney for Defendant/Petitioner-02/Respondent

ACKNOWLEDGMENT AND WAIVER OF EACH PARTY APPEARING WITHOUT COUNSEL

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

Check applicable box(es)

- I am aware that my spouse/former spouse is represented by an attorney.
- I am aware that the Assistant Prosecuting Attorney represents only the interests of the State of Ohio and the Cuyahoga County Support Enforcement Agency.
- I am aware that the Guardian ad Litem (GAL) represents our minor child(ren).

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

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

Date

Print Name

Signature

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

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- I am aware that the Assistant Prosecuting Attorney represents only the interests of the State of Ohio and the Cuyahoga County Support Enforcement Agency.
- I am aware that the Guardian ad Litem (GAL) represents our minor child.

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

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

Date

Print Name

Signature