

IN THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY, OHIO  
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH

MAGISTRATE'S ORDER / ORDER AND NOTICES TO OBLIGOR AND OBLIGEE, PAYOR, AND INSURER

In the matter of: \_\_\_\_\_ or

**PLAINTIFF/PETITIONER**

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Health Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**DEFENDANT/PETITIONER**

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Health Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

CASE NO: \_\_\_\_\_

SETS NO: \_\_\_\_\_

JUDGE: \_\_\_\_\_

Full Names of Children Subject to Child Support Order:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

CHECK WHICH PARTY IS TO BE REIMBURSED FOR OUT-OF-POCKET MEDICAL, OPTICAL, HOSPITAL, DENTAL OR PRESCRIPTION EXPENSES PAID FOR THE CHILD AS PROVIDED IN PARAGRAPH 18 ON PAGE 3.

☐ Plaintiff

☐ Defendant

☐ Petitioner-Wife

☐ Petitioner-Husband

☐ Other Party (Specify Name and Address)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**PAYOR: Employer/ Income Withholder/Financial Institution:**

Address: \_\_\_\_\_

Employee Identification Number of Financial Institution Account Number

The Court has issued or modified a support order. Therefore, the following notices and orders shall issue.

**It is ORDERED, ADJUDGED, AND DECREED that the Health Plan Administrator do the following:**

1. A health plan administrator that receives a copy of an order or notice described in sections 3119.30, 3119.36 or 3119.421 of the Revised Code shall complete and comply with the notice in accordance with its instructions, federal regulations, and any rules adopted by the department of job and family services under Revised Code 3119.51. A health plan administrator that provides health insurance coverage for the children who are the subject of a child support order in accordance with the child support order or a notice sent by an employer pursuant to R. C.3119.36 **shall reimburse the individual who is designated to receive reimbursement in the child support order as stated on page one of this order, for covered out-of-pocket medical, optical, hospital, dental, or prescription expenses Incurred on behalf of the children.**

**For child support orders issued between July 21, 2008 and March 27, 2019, it is further ORDERED, ADJUDGED AND DECREED that: (Check applicable box in paragraphs 2 through 5)**

☐ 2. The obligor under the child support order shall obtain private health insurance coverage for the children if coverage is available through a group policy, contract, or plan available to the obligor at a more reasonable cost than coverage is available to the obligee.

☐ 3. The obligee under the child support order shall obtain private health insurance coverage for the children if coverage is available through a group policy, contract, or plan available to the obligee and is available at a more reasonable cost than coverage is available to the obligor.

☐ 4. If health insurance coverage for the children is not available at a reasonable cost to the obligor or the obligee, the obligor and the obligee shall immediately inform the child support enforcement agency that private health insurance coverage for the children has become available to either the obligor or obligee. The child support enforcement agency shall determine if private health insurance coverage is available at a reasonable cost and if coverage is available, shall apply R.C.3119.30(B)(2) or (3), as applicable.

☐ 5. Both the obligor and the obligee under the child support order shall obtain private health insurance coverage for the children if coverage is available for the children at a reasonable cost to both the obligor and the obligee and dual coverage would provide for coordination of medical benefits without unnecessary duplication of coverage.

**For child support orders issued on or after March 28, 2019, it is further ORDERED, ADJUDGED AND DECREED that: (Check applicable box in paragraphs 6 through 10)**

☐ 6. The child support obligee shall obtain or maintain private health insurance coverage for the children because the child support obligee has available private health insurance that is reasonable in cost and is rebuttably presumed to be the appropriate parent to provide health insurance coverage for the children.

☐ 7. Neither party shall be the health insurance obligor. The presumption that the child support obligee is presumed to be the health insurance obligor is rebutted because the child support obligee is a non-parent individual or agency that has no duty to provide medical support, and the obligor does not have health insurance available at a reasonable cost.

☐ 8. The child support obligor shall be the health insurance obligor and obtain private health insurance for the children because the child support obligor has health insurance coverage available for the children that is reasonable in cost, or has access to private health insurance for the children that is no reasonable in cost and requested to be named the health insurance obligor, or the child support obligor already has health insurance coverage in place for the children.

☐ 9. The child support obligor and child support obligee shall each be a health insurance obligor because both parents have health insurance coverage in place or health insurance coverage available for the children that is reasonable in cost and dual coverage would provide for coordination of medical benefits without unnecessary duplication of coverage.

☐ 10. Private health insurance is not available at a reasonable cost to the child support obligor or obligee.

11. In accordance with ORC section 3119.30(B) (2), the child support obligee shall obtain private health insurance coverage for the children not later than thirty days after it becomes available to the child support obligee at a reasonable cost, and to inform the child support enforcement agency when private health insurance coverage for the children has been obtained.

In accordance with ORC section 3119.30(B)(3), if private health insurance becomes available to the child support obligor at a reasonable cost, the child support obligor shall inform the child support enforcement agency and he/she may seek a modification of health insurance coverage from the Court with respect to a court child support order, or from the agency with respect to an administrative support order.

**It is further ORDERED, ADJUDGED AND DECREED that:**

12. All parties to this order shall notify the FCCSEA in writing of your current mailing address, current residence address, current residence telephone number, current driver's license number, and of any changes to that information. The parties affected by the support order shall inform the FCCSEA of any change of name or change of conditions that may affect the administration of the order. Until further notice, all parties shall notify the FCCSEA of any change in information immediately after the change occurs. A WILLFUL FAILURE TO SUPPLY THE FRANKLIN COUNTY CHILD SUPPORT ENFORCEMENT AGENCY WITH ALL CHANGES IS CONTEMPT OF COURT.

13. The obligor shall immediately notify the FCCSEA in writing of any change in your income source and of the availability of any other sources of income that can be the subject of withholding or deduction, the nature of any new employment or income source and the name, business address and telephone number of the new employer or income source. Additionally, if support is being deducted from the obligor's financial account, the obligor shall immediately notify the FCCSEA in writing 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, the nature of the new account opened at a financial institution and the name and business address of that financial institution, or 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. If support is being deducted from a financial account, upon commencement of employment the obligor may request that the Court or the FCCSEA cancel its deduction notice and issue a withholding notice to collect support amounts.

14. An obligor who fails to comply with a child support order issued in accordance with R.C. 3119.30, is liable to the obligee for any medical expenses incurred as a result of the failure to comply with the order. An obligee who fails to comply with a child support order issued in accordance with R.C. 3119.30, is liable to the obligor for any medical expenses incurred as a result of the failure to comply with the order.

15. Whoever violates an order issued under R.C. 3119.30 may be punished as for CONTEMPT under RC. Chapter 2705. If a person is found in contempt under RC. Chapter 2705 for failing to comply with a court child support order issued in accordance with RC. 3119.30 and the person previously has been found in contempt under that chapter, the Court shall consider the failure to comply with the order as a change of circumstances for the purpose of modification of the amount of support due under the court child support order issued in accordance with RC. 3119.30 to which the person is subject.

16. A party to a child support order issued in accordance with R.C. 3119.30 shall notify any physician, hospital, or other provider of medical services that provides medical services to a child who is the subject of the child support order of the number of any health insurance or health care policy, contract, or plan that covers the child if the child is eligible for medical assistance under R.C. sections 5161.15 to 5161.17 or Chapter 5111 or 5115 of the Revised Code. The party shall include in the notice the name and address of the insurer. Any physician, hospital, or other provider of medical services for which medical assistance is available under sections 5161.15 to 5161.17 or Chapter 5111 or 5115 of the Revised Code, who is notified of the existence of a health insurance or health care policy, contract, or plan with coverage for children who are eligible for medical assistance shall first bill the insurer for any services provided for those children. If the insurer fails to pay all or any part of a claim filed under R.C. 3119.54 and the services for which the claim is filed are covered by sections 5161.15 to 5161.17 or Chapter 5111 or 5115 of the Revised Code, the physician, hospital, or other medical services provider shall bill the remaining unpaid costs of the services in accordance with sections 5161.15 to 5161.17 or Chapter 5111 or 5115 of the Revised Code.

17. If an obligor is in default under a support order and has a claim against another person of more than one thousand dollars, the obligor shall notify the FCCSEA of the claim, the nature of the claim, and the name of the person against whom the claim exists in accordance with RC. 3123.19. If an obligor is in default under a support order and has a claim against another person or is a party in an action for any judgment, the FCCSEA or its attorney, on behalf of the obligor, immediately shall file with the Court in which the action is pending a motion to intervene in the action or a creditor's bill.

18. During the time that any child support order issued in accordance with R.C.3119.30 or a notice issued pursuant to section 3119.33 or 3119.34 of the Revised Code is in effect and after the employer has received a copy of the order or notice, the employer of the person required to provide health insurance coverage shall comply with the order or notice, and on request from the other parent, any person subject to an order issued under R.C.3109.19 or the FCCSEA, 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 FCCSEA all information about the health insurance coverage that is necessary to ensure compliance with R.C.3119.30, or a notice issued under R.C.3119.33 or R.C.3119.34, including, but not limited to, the name and address of the health plan administrator, and any policy, contract, or plan number. Any information provided by an employer pursuant to R.C.3119.362 shall be used only for the purpose of the enforcement of an order issued in accordance with R.C.3119.30, or a notice issued under R.C. 3119.33 or R.C.3119.34.

19. Any employer who receives a copy of an order or notice described in sections 3119.30, 3119.33 or 3119.34 of the Revised Code, shall notify the FCCSEA of any change in or the termination of the health insurance coverage that is maintained pursuant to the order or notice.

20. Pursuant to Revised Code Section 3119.32, the obligor, obligee, or both the obligor and obligee, whoever is required to provide private health insurance coverage for the children, shall 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

21. In addition to those plans listed on page 1 of this order, the Court finds the following group health insurance policies, contracts, and plans are available to the obligor or obligee at a reasonable cost: AVAILABLE TO OBLIGOR: \_\_\_\_\_ AVAILABLE TO OBLIGEE: \_\_\_\_\_

22. The health plan administrator that provides the private health insurance coverage for the children 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, and shall reimburse the person designated on page one of this order for out-of-pocket medical, optical, hospital, dental or prescription expenses paid for each child who is the subject of the support order.

23. The person 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.

24. The obligor, the obligee, or both of them under a formula established by the Court shall pay co-payment or deductible costs required under the private health insurance policy, contract, or plan that covers the children.

25. The obligor and the obligee shall comply with any requirement set forth in paragraphs 2, 3, 4, 5, 6, 7, 8, 9, 10, 20, and 23 of this order no later than thirty days after the issuance of the order.

26. The 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 R.C.3109.19, or the FCCSEA 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 R.C.3119.32 and any order or notice issued under R.C.3119.32.

27. If the person required to obtain health insurance coverage pursuant to a child support order issued in accordance with R.C.3119.30 does not obtain the required coverage within thirty days after the order is issued, the FCCSEA shall notify the Court in writing of the failure of the person to comply with the child support order.

28. 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.

29. **For child support orders issued between July 21, 2008 and March 27, 2019:** 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 calculated under the support guidelines required by the Revised Code sections in effect prior to March 28, 2019. 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 order and cash medical support without a hearing or additional notice to the parties.

31. Any notice required by this entry shall be sent to: **Franklin County Child Support Enforcement Agency, 80 East Fulton Street, Columbus, Ohio 43215, Attention: Notice Officer.**

32. If any orders contained herein conflict with orders contained in the decree of divorce, dissolution or legal separation, the orders contained in the decree of divorce, dissolution or legal separation shall control.

DATE PREPARED: \_\_\_\_\_

PREPARED BY: ☐ THE COURT - (614) 525-4232  
☐ FCCSEA / LITIGATION SECTION - (614) 525-3275  
☐ FCCSEA / ENFORCEMENT SECTION - (614) 525-3275  
☐ ATTORNEY FOR PLAINTIFF/PETITIONER / DEFENDANT/PETITIONER

ATTORNEY NAME: \_\_\_\_\_

ATTORNEY REGISTRATION NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_  
JUDGE / MAGISTRATE

Franklin County CSEA  
80 East Fulton Street  
Columbus, OH 43215

Telephone Number: (614) 525-3275  
Toll Free Number: (800) 827-3740  
Fax Number: (614) 525-8523

Financial Institution Name: \_\_\_\_\_  
Financial Institution Address 1: \_\_\_\_\_  
Financial Institution Address 2: \_\_\_\_\_  
Financial Institution City, St, Zip: \_\_\_\_\_

Obligor: \_\_\_\_\_ Date: \_\_\_\_\_  
Garnishment Order No.: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Case Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

# NOTICE TO DEDUCT FUNDS FOR CHILD AND SPOUSAL SUPPORT

(Ohio Revised Code Chapter 3121.)

☐ Original Notice

☐ Amended Notice

State: OHIO

FIPS Code: 3904900

County: \_\_\_\_\_

RE:

Financial Institution Name

Employee/Obligor's Name (Last, First, MI)

Financial Institution Address 1

Obligor's Social Security Number

Financial Institution Address 2

Custodial Party/Obligee's Name (Last, First, MI)

Financial Institution City, State, Zip

Financial Institution Account Number

Type of Account: ☐ Checking ☐ Savings

Child (ren)'s Name (s)

Date of Birth

Child (ren)' s Name (s)

Date of Birth

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ORDER INFORMATION

In accordance with Chapter 3121 of the Ohio Revised Code, withholding under this notice is binding and you are required to deduct these amounts at the specified interval from the obligor's account until further notice from the court or child support enforcement agency (CSEA).

\$ \_\_\_\_\_ Per MONTH current child support.  
\$ \_\_\_\_\_ Per MONTH past-due child support.  
\$ \_\_\_\_\_ Per MONTH current cash medical support.  
\$ \_\_\_\_\_ Per MONTH past-due cash medical support.  
\$ \_\_\_\_\_ Per MONTH current spousal support.  
\$ \_\_\_\_\_ Per MONTH past-due spousal support.  
\$ \_\_\_\_\_ Per MONTH other (must specify): Processing Charge.  
\$ \_\_\_\_\_ **TOTAL per month to be forwarded to the payee below.**

## REMITTANCE INFORMATION

You must begin withholding no later than 14 business days after the date of \_\_\_\_\_. You must send the payment immediately, but not later than 7 business days after the date the latest deduction was made. Include with each payment the obligor's case identifier \_\_\_\_\_ and the date on which the amount was deducted.

Make check payable to: Ohio Child Support Payment Central (CSPC)  
Send Check to: P.O Box 182394  
Columbus, OH 43218

For EFT/EDI instructions, contact the EFT/EDI Child Support Payment Central at 1-888-965-2676.

## ADDITIONAL INFORMATION

**STOP PAYMENT:** You must confirm that the payment has not already been processed by CSPC prior to stopping payment on a check remitted to CSPC. In addition, you must submit a stop payment affidavit within two business days to [OHSDU.finance@SMImail.net](mailto:OHSDU.finance@SMImail.net), indicating that the check was lost or stolen.

**Priority:** Except for deductions from lump sum payments made in accordance with section 3121.0311 of the Revised Code, the withholding in accordance with the notice has priority over any other legal process under the law of this state against the same income.

**Combining Payments:** In accordance with Ohio Revised Code (ORC) section 3121.20, a financial institution required to withhold a specified amount from the income of more than one obligor under a withholding notice and to forward the amounts

withheld or deducted to the office of child support may combine all of the amounts to be forwarded in one payment if the payment is accompanied by a list that clearly identifies all of the following: Each obligor covered by the payment; each child support case, numbered as provided on the withholding or deduction notice, that is covered by the payment; and the portion of the payment attributable to each obligor and each case number.

Obligor Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_ Order Number: \_\_\_\_\_

**Fee:** In accordance with ORC section 3121.18, a financial institution required to deduct funds from an account under a deduction notice may deduct from the account of the person, in addition to the amount deducted for purposes of support, a fee of the lesser of five dollars or an amount not exceeding the lowest rate it charges, if any, for a debit transaction in a similar account as a charge for its service in complying with the deduction notice.

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#### **NOTIFICATION OF TERMINATION OF ACCOUNT**

In accordance with ORC section 3121.037, you must promptly notify the CSEA in writing, within ten (10) business days after the date of any termination of the account from which the deduction is being made and notify the agency, in writing, of the opening of a new account at that financial institution, the account number of the new account, the name of any other known financial institutions in which the obligor has any accounts, and the numbers of those accounts. You must also provide:

Social Security Number: \_\_\_\_\_  
Last Known Home Address: \_\_\_\_\_  
\_\_\_\_\_

#### **CONTACT INFORMATION**

If you or your obligor have questions about the provisions of the notice or other communication, contact:

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Primary Worker Name  
Franklin County CSEA  
80 E. Fulton Street  
Columbus, Ohio 43215

Telephone Number: (614) 525-3275  
Toll Free Number: (800) 827-3740  
Fax Number: (614) 525-8523

Franklin County CSEA  
80 East Fulton Street  
Columbus, OH 43215

Telephone Number: (614) 525-3275  
Toll Free Number: (800) 827-3740  
Fax Number: (614) 525-8523

Obligor First and Last Name: \_\_\_\_\_  
Obligor Address 1: \_\_\_\_\_  
Obligor Address 2: \_\_\_\_\_  
Obligor City, State, Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Obligee Name: \_\_\_\_\_ Order Number: \_\_\_\_\_

### ADDENDUM TO A WITHHOLDING ORDER

This notice was issued in accordance with section 3121.036 of the Revised Code, which requires an additional notice be issued to you each time an income withholding order has been issued. If you have any changes to report, please complete the second page of the form to the child support enforcement agency (CSEA) named above. You are required to provide written notification of any of the following:

1. Any change in your income source and of the availability of any other sources of income that can be the subject of withholding or deduction.
2. The nature of any new employment or income source and the name, business address, and telephone number of the new employer or income source.
3. 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, 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.
4. The nature of any new account opened at a financial institution and the name and business address of that financial institution.
5. Any other information reasonably required by the court or child support enforcement agency.

On commencement of employment, you may request that the court or CSEA cancel its deduction notice to a financial institution and instead issue a withholding notice to your employer to collect support amounts. On commencement of employment, the court or CSEA may cancel its deduction notice to a financial institution and instead issue a withholding notice to your employer to collect support amounts.

In accordance with section 3121.99 of the Ohio Revised Code, if you fail to comply with the reporting requirements listed above, you can be fined not more than fifty dollars for a first offense, not more than one hundred dollars for a second offense, and not more than five hundred dollars for each subsequent offense.

As an obligor, you are responsible for payment of support between the effective date of the support order and the date income withholding or deduction is initiated.

If you have any information to report to the CSEA, complete the next page and return the form to:

Franklin County CSEA  
80 East Fulton Street  
Columbus, OH 43215

1. ☐ I am no longer employed effective: \_\_\_\_\_.
2. ☐ I have applied for or receive unemployment benefits of: \_\_\_\_\_ per \_\_\_\_\_.
3. ☐ I have a new employer:

\_\_\_\_\_  
Name of Employer\_\_\_\_\_  
Employer/Payroll Address\_\_\_\_\_  
Employer/Payroll City, State, ZIP\_\_\_\_\_  
Employee/Payroll Phone Number

My rate of pay is \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly

Health Insurance is available: ☐ Yes ☐ No

4. ☐ I am self-employed.

\_\_\_\_\_  
Type of Business\_\_\_\_\_  
Name of Financial Institution for Income Deduction\_\_\_\_\_  
Account Type and Account Number\_\_\_\_\_  
Financial Institution Address\_\_\_\_\_  
Financial Institution City, State, ZIP

5. ☐ I receive: ☐ Social Security Disability ☐ SSI benefits in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_.
6. ☐ I receive Workers Compensation benefits in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_.
7. ☐ I have funds on deposit in a financial institution:

\_\_\_\_\_  
Name of Financial Institution for Income Deduction\_\_\_\_\_  
Account Type and Account Number\_\_\_\_\_  
Financial Institution City, State, ZIP

8. ☐ I receive retirement benefits in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_.

\_\_\_\_\_  
Source of Benefits\_\_\_\_\_  
Address\_\_\_\_\_  
City, State, ZIP

9. ☐ I have acquired or expect to receive one or more of the following (lottery winnings, lump sum payments, inheritances, insurance settlements, etc.):

\_\_\_\_\_  
Source of Payment\_\_\_\_\_  
Payor Address\_\_\_\_\_  
Payor City, State, Zip\_\_\_\_\_  
Signature\_\_\_\_\_  
Date