

APPENDIX O

DOMESTIC RELATIONS ADDITIONAL ORDERS

**WOOD COUNTY COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
ADDITIONAL ORDERS AND NOTICE TO PARTIES**
(Attach to all Judgment Entries involving Children and Spousal Support)

The parties shall comply with all applicable provisions of the Order:

- A. If you are receiving a monetary payment from any source, you are required to have the payor of that income withhold from your income the specified amount required to satisfy the court order. You are required to immediately notify the Wood County Child Support Enforcement Agency, in writing, of any change in the source of your income and of 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.
- B. If you have been ordered to pay your support obligation through funds deposited in a financial institutional account, you must immediately notify the Wood County Child Support Agency, in writing, of any change in the status of the account from which the support is being deducted. You must also immediately notify that agency, in writing, of the opening of a new account with any financial institution, of commencement of employment, including self-employment, or the availability of any other sources of income that can be the subject of a withholding order.
- C. If you have been ordered to enter into a cash bond with the court, and the bond is conditioned that you will make payments as previously ordered, and will pay any arrearages under any prior support order, you may request, upon the receipt of income from any payor, that the court cancel its bond and enter a withholding from your payor. R.C. 3121.03(C)
- D. If you have been ordered to seek work or participate in a work activity to which a recipient of assistance under Title IV-A may be assigned, you must immediately notify Wood County Child Support Enforcement Agency, in writing, upon obtaining employment, obtaining income from any source, or upon obtaining ownership of any asset with a value of five hundred dollars or more, or of the opening of an account in a financial institution, and to include in the notification a description of the nature of the employment or income source, the name, business address, and telephone number of the employer or income source, and any other information reasonably required by the court. R.C. 3121.05
- E. 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 the Revised Code or a withdrawal directive issued pursuant to the Revised Code and shall be forwarded to the obligee in accordance with the Revised Code.

METHODS OF PAYMENT

- A. All payments of support must be made through the Wood County Child Support Enforcement Agency. Any payment of money by the obligor which is not paid through the agency will be deemed a gift and will not be considered payment of the child support order.
- B. All payments of support made to Wood County Child Support Enforcement Agency shall be made by cash, check, debit card, credit card or money order if not paid by withholding.

REQUIRED NOTIFICATION OF CHANGE IN MAILING INFORMATION OR CHANGE IN STATUS OF MINOR CHILDREN

- A. If you are the residential parent of a child for whom a support order is issued, or the person who otherwise has custody of a child for whom a support order is issued, you must immediately notify the Wood County Child Support Enforcement Agency, *in writing*, of any reason for which the support order should terminate, including, but not limited to:

1. the child attains 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 beyond the age of majority;
2. the child ceases to attend such a high school on a full-time basis after attaining the age of majority, if the support order does not provide for the duty of support to continue past the age of majority;
3. the death, marriage, emancipation, enlistment in the armed services, deportation, or change of legal or physical custody of the child.

B. EACH PARTY TO THIS SUPPORT ACTION MUST NOTIFY THE WOOD COUNTY CHILD SUPPORT ENFORCEMENT AGENCY IN WRITING OF HIS/HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT HOME 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 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 THE FIRST OFFENSE, \$100 FOR THE SECOND OFFENSE AND \$500 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR AN 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 \$1000 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.

HEALTH INSURANCE COVERAGE

(A) _____ (the Health Insurance Obligor) is required to provide private health insurance coverage for the children and designate the children as covered dependents under any private health insurance policy, contract, or plan for which the person contracts. This applies to the following children:

NAME of child(ren)	Born in the year
_____	_____
_____	_____
_____	_____
_____	_____

(B) The Health Insurance Obligor shall reimburse, within 30 days of a proper request, the Health Insurance Oblige, at the address in the caption, and with the telephone number _____ for out-of-pocket medical, optical, hospital, dental, psychological, psychiatric or prescription expenses paid for each child pursuant to the appropriate percentage.

(C) The parties shall comply with the local court rules if it is necessary to return to court for reimbursement of unpaid medical bills. A motion can only be brought for medical bills incurred within the last 24 months.

(D) The parties shall divide all copayments and extraordinary medical, dental, optical, hospital, prescription, psychological and psychiatric expenses pursuant to Line 16 of the child support worksheet, unless otherwise specified in the Order.

(E) The obligor and the obligee shall comply with any requirement described in section 3119.30 of the Revised Code and in an order issued in compliance with this section no later than thirty days after the issuance of the order.

(F) Both parties are liable for the health care of the child(ren) who are not covered by private health insurance or cash medical support. If insurance becomes available to either party through his or her employment or another plan, (s)he shall immediately notify the Wood County Child Support Enforcement Agency to determine if it is reasonable.

(G) 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.

If you are ordered to maintain health insurance coverage:

- A. You must submit a copy of the court order to your insurer at the time of your application for coverage, and shall, no less than 10 days after the issuance of the order, provide written proof of your application for coverage to the Child Support Enforcement Agency.
- B. Your insurer may continue making payment for medical, optical, hospital, dental, or prescription services directly to the provider in accordance with the applicable health insurance or health care policy, contract or plan.
- C. You must provide the other parent information within 30 days 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 the necessary insurance cards.
- D. You must designate the children as covered dependents under any health care policy, contract, or plan with which you contract.
- E. If you fail to obtain insurance coverage, the Child Support Enforcement Agency shall obtain a court order requiring the party to obtain coverage. R.C. 3119.30
- F. The employer of the party ordered to maintain health insurance shall, upon written request of the other parent subject to an administrative or court child support order, release any necessary information concerning the private health insurance coverage,

including, but not limited to the name and address of the health plan administrator, insurer and any policy, contract, or plan number and to otherwise comply with any court order.

- G. If you obtain new employment and the health insurance coverage for the children is provided through the previous employer, the agency shall comply with the requirements of R.C. 3119.34 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 insurance coverage provided by the new employer.
- H. You must notify the insurer of the name, address, and telephone number of the person designated to be reimbursed for any out-of-pocket expenses.
- I. You will be responsible for any co-payment and unreimbursed expenses as set forth in the court order.
- J. 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 worksheet as applicable. The 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.
- K. If you fail to obtain or maintain health insurance, you may be found in contempt and you will be responsible for all medical expenses incurred on behalf of the minor children.**

All required notices for the Wood County Child Support Enforcement Agency shall be sent to:
P.O. Box 1028
Bowling Green, Ohio 43402

THE FAILURE TO COMPLY WITH THE PROVISIONS OF THIS ORDER MAY BE CONSIDERED CONTEMPT OF COURT.

Magistrate Pamela A. Heringhaus
Magistrate Michael E. Hyrne

Judge Reeve Kelsey
Judge Alan R. Mayberry
Judge Matthew L. Reger