



COURT OF COMMON PLEAS, MONTGOMERY COUNTY
DOMESTIC RELATIONS DIVISION

DENISE L. CROSS, ADMINISTRATIVE JUDGE

JUDITH A. KING, JUDGE

AGREED ENTRY MODIFYING HEALTH CARE

INSTRUCTIONS FOR FILING:

CAPTION:

- | | |
|--|--------------------------|
| * Full names of parties as names appear in official file | * Case number |
| * Current residential addresses of parties | * SETS number |
| * Name of Entry | * Name of Assigned Judge |

BODY OF ENTRY:

- Provide a 2½" top margin.
 - State that parties waive a hearing on the matter and waive a Decision and Permanent Order of the Magistrate, if the matter was set for a Magistrate hearing.
1. Health Care Order: State whether Health Insurance is provided by Obligor, Obligee, both or neither, and include appropriate language so stating (Mont. D.R. Rule 4.24 7/2/01). Attach the Standard Order of Health Care Needs for Dependent Children referenced therein.
 2. If insurance is being provided by a spouse of one of the parties, select the appropriate paragraph option and insert it in your document.
 3. If the Support Enforcement Agency has issued a National Medical Support Notice to the employer for one of the parties, which needs to be terminated, please provide language in number 3 terminating that order. Provide the court with the name and address of the employer, the date the order was issued, and a copy of said order.
 4. Please include a provision for payment of any administrative clerk fees.
 5. Include standard language required for Agreed Order (including Final Appealable Order): See Mont. D.R. Rule 4.31 (1/99).
 6. Entry must be signed by both parties and counsel (if represented), or by both parties and Notary Public for each party if unrepresented.
 7. Provide enough copies for parties, counsel, SEA and Court Case Manager.
 8. Prepare and attach the SEA INFORMATION WORKSHEET [DR-16], with health care information (if applicable).

NOTE: Please call the Public Legal Specialist of the Court if there are unusual circumstances that are not addressed in this example.

USE THIS SAMPLE TO CREATE YOUR OWN DOCUMENT USING INFORMATION FROM FINAL DECREE

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

PLAINTIFF NAME
ADDRESS
CITY, STATE, ZIP

CASE NO. _____
SETS NO. _____
JUDGE: _____

PHONE NUMBER

-VS- / -AND-

DEFENDANT NAME
ADDRESS
CITY, STATE, ZIP

AGREED ENTRY
MODIFYING HEALTH CARE

PHONE NUMBER

(S A M P L E)

This matter is before the Court for an order modifying the health insurance for the parties' minor child/children, *[Insert name(s)]* by agreement. The parties herein waive their right to a hearing and to a Decision and Permanent Order of the Magistrate. The parties are agreed as follows:

[Select One]

1. The ***Mother or Father*** shall provide group health insurance coverage for the dependent children pursuant to the Dependent Health Care Order/Qualified Medical Child Support Order filed herewith. The Obligor and Obligee shall take notice of the Standard Order of Health Care Needs for the Dependent Children attached hereto and incorporated herein by reference. The obligee shall be responsible for the first \$100 incurred per child per calendar year of uninsured medical, dental, and optical expenses. Costs of the remaining medical, dental, optical and all psychological expenses, shall be shared by Obligor and Obligee in amounts equal to their percentage found on Line 16 of the current Child Support Computation Worksheet on file, unless otherwise agreed as follows: Mother _____%
Father _____%.

(OR)

The **Mother and Father** shall both provide group health insurance coverage for the dependent children pursuant to the Dependent Health Care Orders/Qualified Medical Child Support Orders filed herewith. The Obligor and Obligee shall take notice of the Standard Order of Health Care Needs for the Dependent Children attached hereto and incorporated herein by reference. The obligee shall be responsible for the first \$100 incurred per child per calendar year of uninsured medical, dental, and optical expenses. Costs of the remaining medical, dental, optical and all psychological expenses, shall be shared by Obligor and Obligee in amounts equal to their percentage found on Line 16 of the current Child Support Computation Worksheet on file, unless otherwise agreed as follows: Mother _____% Father _____%.

(OR)

As no health insurance for dependent children is available to the Mother or Father or the Mother or Father at a reasonable cost, the obligee shall be responsible for the first \$100 incurred per child per calendar year of uninsured medical, dental, and optical expenses. Costs of the remaining medical, dental, optical and all psychological expenses, shall be shared by Obligor and Obligee in amounts equal to their percentage found on Line 16 of the current Child Support Computation Worksheet on file, unless otherwise agreed as follows: Mother _____% Father _____. The Obligor and Obligee shall take notice of the Standard Order of Health Care Needs for the Dependent Children attached hereto and incorporated herein by reference. If health insurance coverage becomes available for the dependent children at a reasonable cost through a plan offered by the Obligor's or Obligee's employer, or through any other group health insurance plan available to Obligor or Obligee, said party shall immediately notify the Montgomery County Support Enforcement Agency, 14 West Fourth Street, P.O. Box 8744, Room 530, Dayton, OH 45422-3080, in writing of the available insurance company by name, address, and policy number.

2. Note: If insurance is being carried by a current spouse, please add one of the following paragraphs:

Obligee, _____'s current spouse, _____, is providing health insurance through their current employment.

-OR-

Obligor, _____'s current spouse, _____, is providing health insurance through their current employment.

3. The Support Enforcement Agency shall issue an Order to the _____'s employer, _____, terminating the National Medical Support Notice previously issued by the Support Enforcement Agency on _____.
4. It is further ordered by the Court that the *Plaintiff/Defendant* shall pay the administrative clerk fees for this action. Said amount should be remitted FORTHWITH by cash or money order to: Montgomery County Clerk of Courts, Division of Domestic Relations, 41 N. Perry Street, P.O. Box 972, Dayton, Ohio 45422.

JUDGE

PLAINTIFF (Signature Line)

NOTARY PUBLIC

DEFENDANT (Signature Line)

NOTARY PUBLIC

NOTICE OF FINAL APPEALABLE ORDER

Copies of the foregoing Entry, which may be a final appealable order, were mailed to parties indicated above, on the date indicated below, by ordinary mail.

Dan Foley, Clerk of Courts

By: _____

Date: _____

Copies to:

Montgomery County Support Enforcement Agency

Case Manager (only if hearing previously scheduled)