

CAPTION:

- * Full names of parties as names appear in official file
- * Current residential addresses of parties
- * Name of Entry

- * Case number
- * SETS number
- * Name of Assigned Judge

BODY OF ENTRY:

1. 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.
2. State agreement to change the residential parent and legal custodian of named child, date of birth and social security number, to a specified party, effective as of a specific date.
**** Indicate who will be claiming minor child/children for tax purposes.**
3. Provide for suspension (not termination) of support for named child as of specific date, and correction of SEA records accordingly. If the new residential parent will continue to pay support for other children, provide for continuation of that support, plus 2%, through the Ohio Child Support Payment Central (OCSPC). Amount must be stated on a per month per child basis. If child support is being re-computed under split custody, specify the change and attach a Split Custody Computation Worksheet.
4. Arrearage: THIS MUST BE ADDRESSED IN YOUR ENTRY. State the amount of the arrearage, if any, as of a specific date. If no arrearage, state that none exists as of a specific date. Provide for payment of arrearage, by wage withholding in a specific amount per month, or by total payment of arrearage as of a specific date (whichever), through OCSPC, plus 2% Administrative fee. NOTE: A Department of Human Services (Welfare) arrearage cannot be waived and must be addressed.
5. Support to be paid to new residential parent: Attach a completed, signed Child Support Guideline Computation Worksheet. Provide for support to be paid in monthly amounts, effective on a specific date. State any reasons for deviation from guidelines on line 26 of the worksheet. Provision establishing support should follow language set out in local rules (Mont. D.R. Rule 4.24 7/2/01), or provide that no support shall be paid pending further order.
6. Provide for an amendment of the existing Order to Withhold/Notice to Withhold, if support for other children will continue/be changed, terminated, and/or there are payments to be made on an arrearage. Prepare and attach SEA Information Sheet (DR-16).

OR

Provide for a Notice to Withhold to issue for support to be paid from prior residential parent to new residential parent.

7. If support is set retroactively, provide for payment of any arrearage that arises for this reason, either in a lump sum or monthly payments plus the 2% Administrative processing fee through the OCSPC.
8. Prepare and attach the SEA INFORMATION WORKSHEET [DR-16], with health care information (if applicable).
9. Provide for parenting time of child with non-residential parent, if applicable. Attach Standard Order of Parenting Time, if applicable.
10. 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.
11. Include standard language required for Agreed Order (including Final Appealable Order): See Mont. D.R. Rule 4.31 (1/99).
12. Entry must be signed by both parties and counsel (if represented), or by both parties and Notary Public for each party if unrepresented.
13. Provide enough copies for parties, counsel, SEA and Court Case Manager.
14. Please include a provision for payment of court costs.

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

**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
PARENTAL RIGHTS AND
RESPONSIBILITIES**

PHONE NUMBER

(S A M P L E)

This matter is before the Court for an order changing custody of the parties' minor child, George, by agreement, to Mother or Father. 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:

1. Custody of George, born June 1, 1979, Social Security Number 123-45-6789, is hereby changed to the Mother or Father and he/she shall hereafter be the residential parent and legal custodian effective June 1, 1996.

** State who will claim minor child/children for tax purposes. If alternating, state even or odd years with appropriate parent.

[Select Appropriate Option]

2. Mother or Father's child support for George in the amount of \$100 per month is hereby suspended effective June 1, 1996. No child support is payable by the Mother or Father to the Mother or Father until further Court order per line 26 of the Child Support Guidelines, attached and incorporated.

(OR)

Child support for George in the amount of \$100 per month is hereby suspended effective June 1, 1996. Child support for Ann and Alexander, who remain in the custody of the Mother or Father, shall continue at the rate of \$100 per month per child.

(OR)

Child support for George in the amount of \$100 per month is hereby suspended effective June 1, 1996. Child support for Ann and Alexander, who remain in the custody of the Mother or Father, is hereby increased from \$100 per month per child to \$115.00 per month per child, effective June 1, 1996 per the Split Custody Child Support Guidelines, attached and incorporated, effective June 1, 1996.

(OR)

Child support for George in the amount of \$100 per month is hereby suspended effective June 1, 1996. The Mother or Father is hereby ordered to pay child support to the Mother or Father in the amount of \$100 per month effective June 1, 1996 per the Child Support Guidelines, attached and incorporated.

[Select Appropriate Option]

3. There is no arrearage on the child support account as of June 1, 1996 and the SEA shall correct its records accordingly.

(OR)

There is an arrearage of \$100 on the child support account as of June 1, 1996, and the Mother or Father shall pay said arrearage in full through the Ohio Child Support Payment Central (OCSPC) plus the 2% SEA Administrative processing fee, within 30 days of the filing of this Entry.

(OR)

There is an arrearage of \$1,000 on the child support account as of June 1, 1996, and the Mother or Father shall pay said arrearage at the rate of \$25.00 per month through the Ohio Child Support Payment Central (OCSPC) until paid in full.

(OR)

Due to the retroactive nature of the child support order an arrearage exists and said arrearage shall be paid at the rate of \$25 per month plus the 2% SEA processing fee; (OR) paid in full (including the 2% SEA Administrative processing fee) through the Ohio Child Support Payment Central (OCSPC), P.O. Box 182394, Columbus, Ohio 43218-2394 within 30 days.

(OR)

There is an arrearage of \$1,000 owed to the Department of Human Services as of June 1, 1996, and the plaintiff shall pay said arrearage at the rate of \$25.00 per month plus the 2% SEA Administrative processing fee until paid in full; (OR) paid in full (including the 2% SEA Administrative processing fee) through the Ohio Child Support Payment Central (OCSPC), P.O. Box 182394, Columbus, Ohio 43218-2394 within 30 days.

[Select Appropriate Option]

4. The Order/Notice to Withhold filed December 19, 1987, to the Mother or Father's employer, ATM Incorporated, One N. Main Street, Anywhere, Ohio 00748 is hereby terminated. An Order/Notice to Withhold shall issue to the Mother or Father's employer, ABC Company, 2 Maple Street, Somewhere, Ohio 00582, in the amount of \$100 per month, plus the 2% SEA Administrative processing fee, payable through the Ohio Child Support Payment Central (OCSPC), P.O. Box 182394, Columbus, Ohio 43218-2394.

(OR)

An Amended Order/Notice to Withhold shall issue to the Mother or Father’s employer, ATM Incorporated, One N. Main Street, Anywhere, Ohio 00748, in the amount of \$200 per month current support for Ann and Alexander, and \$25.00 per month on the child support arrearage, plus the 2% SEA Administrative processing fee, payable through the Ohio Child Support Payment Central (OCSPC), P.O. Box 182394, Columbus, Ohio 43218-2394.

(OR)

An Order to terminate the withholding order shall issue to the obligor’s employer, *[state employer]*.

[Select Appropriate Option]

- 5. 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 Child Support Computation Worksheet, unless otherwise agreed as follows: _____

(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 Child Support Computation Worksheet, unless otherwise agreed as follows: _____

(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 Child Support Computation Worksheet, unless otherwise agreed as follows: _____

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.

6. *Mother or Father shall have parenting time with George in accordance with the Standard Order of Parenting Time (attached) and at such other times as agreed between the parties. [Or any other specific agreeable parenting time order which includes the incorporation of paragraphs 18, 19 and 20 of the Standard Order of Parenting Time.]*

(OR)

Mother and Father shall each have parenting time with the child not in his/her custody in accordance with the Standard Order of Parenting Time (attached), and at such other times as agreed between the parties.

7. 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 court order issued in accordance with Chapter 3119., 3121., 3123., and 3125 of the Revised Code or a withdrawal directive issued pursuant to Sections 3123.24 to 3123.28 of the Revised Code and shall be forwarded to the Obligea in accordance with Chapters 3119., 3121., 3123 of the Revised Code.
8. IT IS FURTHER ORDERED that Obligor is restrained from making said payments directly to the Obligea and the Obligea is enjoined from accepting direct payments from the Obligor. Any payments of support not made through the OCSPC shall be deemed a gift.
9. IT IS FURTHER ORDERED that Obligor and Obligea notify the SEA immediately, in writing, of their current mailing address, current residential address, current residence telephone number and current driver license number. This duty to notify the SEA immediately of any change in either addresses, phone numbers or driver license numbers shall continue until further notice of the Court.
10. IT IS FURTHER ORDERED that the Obligor shall notify the SEA immediately, in writing, of any change in employment status or employer. This duty to notify the SEA immediately shall continue until further notice of the Court, and a failure to provide such notification may make the Obligor liable for retroactive support that would have been ordered.
11. IT IS FURTHER ORDERED that the Obligor and Obligea shall notify the SEA immediately, in writing, of any change in the status of the minor children of the parties which would terminate the duty of Obligor to pay child support.
12. IT IS FURTHER ORDERED that the Obligor and Obligea shall notify the other party immediately, in writing, of any change in status which would effect child support and/or spousal support.
13. IT IS FURTHER ORDERED that if the Obligea is to receive spousal support from the Obligor, the Obligea shall notify the SEA immediately, in writing, of remarriage if the remarriage would terminate the obligation to pay spousal support.
14. IT IS FURTHER ORDERED that both parties shall take notice of the Obligea's Rights and Remedies for Enforcement of Support, attached hereto, available to the Obligea in the event the Obligor fails to make payment of support as ordered herein. [Counsel shall attach a form DR-20 "Obligea's Rights and Remedies for Enforcement of Support" to each copy of the decree or agreed entry.]
15. **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 NOTICES 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 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 MAKE 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.

16. It is further ordered by the Court that the *Plaintiff/Defendant* shall pay the court costs 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

MAGISTRATE (*Required only if a hearing has been set.*)

PLAINTIFF (Signature Line)

ATTORNEY FOR PLAINTIFF **OR** NOTARY PUBLIC
ADDRESS
CITY, STATE, ZIP
TELEPHONE

DEFENDANT (Signature Line)

ATTORNEY FOR DEFENDANT **OR** NOTARY PUBLIC
ADDRESS
CITY, STATE, ZIP
TELEPHONE

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)