

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

IN RE:

_____ **JC#** _____

_____ **JC#** _____

_____ **JC#** _____

Minor Child(ren)

_____ **SETS** _____

Plaintiff/Petitioner

_____ **Judge** _____

v./and

_____ **Magistrate** _____

_____ **Defendant/Respondent**

Instructions: Check local court rules to determine when this form must be filed.
Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate, and put "EST." If you need more space, add additional pages.
If you are a Non-Parent filer, circle "other" and complete with YOUR information.

AFFIDAVIT OF INCOME AND EXPENSES

Affidavit of _____
Print Your Name and Relationship To The Child

SECTION I - INCOME

	<u>Father / Other</u>	<u>Mother / other</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

	<u>Father / Other</u>			<u>Mother / Other</u>		
Base yearly income (employment income)	\$ _____	3 years ago	20 _____	\$ _____		
	\$ _____	2 years ago	20 _____	\$ _____		
	\$ _____	Last year	20 _____	\$ _____		
Yearly overtime, commissions and/or bonuses	\$ _____	3 years ago	20 _____	\$ _____		
	\$ _____	2 years ago	20 _____	\$ _____		
	\$ _____	Last year	20 _____	\$ _____		

B. COMPUTATION OF CURRENT INCOME

	<u>Father / Other</u>	<u>Mother / Other</u>
Base yearly income (employment income)	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)	\$ _____	\$ _____
Other income (type and source)	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____

Supplemental Security Income (SSI) or public assistance

\$ _____ \$ _____

Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship

\$ _____ \$ _____

SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who are adopted by or born to this affiant (YOUR children under the age of 18):

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household: *(enter numbers below)*

_____ adult(s) including yourself

_____ other minor and/or dependent child(ren) (children not listed above)

SECTION III – EXPENSES

List monthly expenses below for your present household.

A. CHILD RELATED EXPENSES

Court ordered child support paid for other children	\$	_____
Cost for child care	\$	_____
Special and unusual needs of child(ren) (not included elsewhere)	\$	_____
Unusual parenting time travel	\$	_____
	\$	_____
Other: _____	\$	_____
	\$	_____
TOTAL MONTHLY :		\$ _____

B. MANDATORY PAYROLL DEDUCTIONS

Mandatory retirement plan contribution	\$	_____
Union Dues	\$	_____
Uniform Fees	\$	_____
Other: _____	\$	_____
_____	\$	_____
		=====
		=====
	TOTAL MONTHLY :	\$ _____

C. INSURANCE PREMIUMS

Medical	\$	_____
Dental	\$	_____
Vision	\$	_____
Other _____	\$	_____
		=====
		=====
	TOTAL MONTHLY	\$ _____

D. MONTHLY HEALTH CARE EXPENSES

(not covered by insurance)

Physicians	\$	_____
Dentists	\$	_____
Optometrists/opticians	\$	_____
Prescriptions	\$	_____
Other _____	\$	_____
_____	\$	_____
		=====
		=====
	TOTAL MONTHLY:	\$ _____

E. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	_____
Child support for children who were not born of this affiant	\$	_____
Spousal support paid to former spouse(s)	\$	_____
		=====
		=====
	TOTAL MONTHLY:	_____

GRAND TOTAL MONTHLY EXPENSES (Sum of A through E): \$ _____

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public
My Commission Expires:

APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, _____, request child support services from the _____ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

- 1. **Location of Absent Parents.**
The agency can assist in finding where an absent parent is currently living, in what city, town, or state. The applicant can request 'Location Only Services', if the sole need is to find the whereabouts of the absent parent.
- 2. **Establishment or Adjustment of Child Support and Medical Support.**
The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.
- 3. **Enforcement of Existing Orders.**
The CSEA can help you collect current and past-due child support.
- 4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.
- 5. **Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**
The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.
- 6. **Establishment of Paternity.**
The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.
- 7. **Collection and Disbursement of Payments.**
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.
- 8. **Interstate Collection of Child Support.**
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

APPLICANT INFORMATION

Name: _____	Date of Birth: _____
Home Address: _____ _____	Mailing Address: _____ _____
Home Phone #: _____	
Social Security #: _____	Sex: _____
Race: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to Children: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Military Service (Branch, Dates): _____	Ever been on Public Assistance? (When and Where) _____

EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer Address: _____ _____	Is Medical Insurance Available? _____

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

--	--	--

Employer Phone #:

--	--	--

Medical Insurance
Provided?

--	--	--

Support Order #:

--	--	--

Date of Support Order:

--	--	--

Amount of Support:

\$	\$	\$
----	----	----

Order Frequency:

Per	Per	Per
-----	-----	-----

Location where Order
was issued:

--	--	--

Military Service
(Branch, Dates):

--	--	--

Ever Incarcerated?
(Location, Dates):

--	--	--

Arrest Record
(Location, Dates):

--	--	--

Name, Address
Current Spouse:

Father's Name:

--	--	--

Mother's Name
(Maiden):

--	--	--

Ever been on
Public Assistance?
(Location, Dates)

--	--	--

Type(s) of Service(s) Requested:

- All services listed
- Location of absent parent only
- Other (please explain)

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant: _____

Date: _____

**MONTGOMERY COUNTY COMMON PLEAS COURT
JUVENILE DIVISION - CLERK'S OFFICE**

INSTRUCTIONS FOR SERVICE

IN RE: _____ J.C. No. _____

IN RE: _____ J.C. No. _____

IN RE: _____ J.C. No. _____

PLEASE ISSUE SERVICE TO: _____ Check if a RE-ISSUE OF SERVICE

Name: _____ Notice Only

Address: _____

VIA: _____ Regular Mail _____ Certified Mail _____ Registered Mail* (International)
_____ Process Server* _____ Commercial Carrier* _____ Sheriff*

Name: _____ Notice Only

Address: _____

VIA: _____ Regular Mail _____ Certified Mail _____ Registered Mail* (International)
_____ Process Server* _____ Commercial Carrier* _____ Sheriff*

Name: _____ Notice Only

Address: _____

VIA: _____ Regular Mail _____ Certified Mail _____ Registered Mail* (International)
_____ Process Server* _____ Commercial Carrier* _____ Sheriff*

Name: _____ Notice Only

Address: _____

VIA: _____ Regular Mail _____ Certified Mail _____ Registered Mail* (International)
_____ Process Server* _____ Commercial Carrier* _____ Sheriff*

If checked, please send Notice Only copy to: *(check if case involves child support)*

Montgomery County CSEA, 1111 S. Edwin C. Moses Blvd., Dayton, OH 45417

*All unclaimed certified mail will automatically be reissued by regular US mail unless the filing party indicates otherwise.
If you do NOT want unclaimed mail to be re-sent by regular US mail, check here _____*

Filer's Name: _____ Phone #: _____

**JUVENILE COURT PERSONAL INFORMATION SHEET
ORIGINAL ONLY FOR THE COURT NO COPIES REQUIRED**

If you have a VALID PROTECTION ORDER (the Court will need a copy) you still must write your address on this page, as this is for court records only. DO NOT write your address on the attached pages.

Are / Were the parents of this child ever married? (check one) Yes No

PLEASE PRINT LEGIBLY OR TYPE THE FOLLOWING INFORMATION:

SETS # (if applicable) _____

1. Child(ren) this Complaint/Motion is being filed on:

CHILD 1: Name: _____ **JC#** _____

DOB _____ SSN (if known) _____

CHILD 2: Name: _____ **JC#** _____

DOB _____ SSN (if known) _____

CHILD 3: Name: _____ **JC#** _____

DOB _____ SSN (if known) _____

Child(ren)'s current residence (street address): _____

(City, State, Zip) _____

2. Filing party: _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

Social Security Number: _____ Date of Birth: _____

Email Address: _____ Cell Phone #: _____

3. Respondent: _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

SSN (if known): _____ Date of Birth: _____

JUVENILE COURT INFORMATION SHEET (PAGE 2)

4. **Respondent:** _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

SSN (if known): _____

Date of Birth: _____

ADDITIONAL PARTIES

5. **Additional Party:** _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

SSN (if known): _____

Date of Birth: _____

6. **Additional Party:** _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

SSN (if known): _____

Date of Birth: _____

7. **Additional Party:** _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

SSN (if known): _____

Date of Birth: _____

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

IN THE MATTER OF:

Minor child(ren)

Name

Street Address

City, State, and zip code

Petitioner

vs. / and

Name

Street Address

City, State, and zip code

Respondent



MOTION FOR SHARED PARENTING



AND MEMORANDUM IN SUPPORT

1. I, (your name) _____, am the **MOTHER** **FATHER** of the child(ren) listed below.

2. The Defendant is the **MOTHER** **FATHER** of the of the child(ren) listed below.

  3. The father-child relationship has has not (select one) been established. If it has been established, a copy of the order establishing the father-child relationship or a copy of the child's birth certificate is attached.



Name of Child

Date of Birth

_____	_____
_____	_____
_____	_____

4. The parties (**select one**):

_____ have discussed shared parenting and have jointly agreed to the terms of the attached Proposed Shared Parenting Plan.

_____ have discussed shared parenting, but have not come to a full agreement. The attached Proposed Shared Parenting Plan is solely my proposal. I understand the other party may submit his / her own Proposed Shared Parenting Plan for the Court to consider pursuant to R.C. 3109.04.

_____ have not agreed to shared parenting. I understand that R.C. 3109.04 requires that in order for shared parenting to be granted, the parties must be able to work together to make decisions jointly. I understand that failure to agree on shared parenting may result in my motion being denied.

5. There is is not currently a child support order in place involving the child(ren).

6. If shared parenting is granted, I am asking the court to initiate, reallocate, or adjust child support if appropriate.

7. (Optional) In the alternative, if the Court will not grant my motion for shared parenting, I respectfully ask the Court to:

8. Other: _____

I believe that the changes I am requesting are in the child(ren)'s best interests.

Your Signature

Telephone number at which the Court may reach you
or at which messages may be left for you

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public

My Commission Expires:

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

IN THE MATTER OF:

_____ **JC#** _____

_____ **JC#** _____

_____ **JC#** _____

Minor Child(ren)

_____ **SETS** _____

Plaintiff/Petitioner **JUDGE** _____

v./and

MAGISTRATE _____

_____ **Defendant/Petitioner/Respondent**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____
(Print Your Name and Relationship to Child)

Check and complete ALL THAT APPLY:

1. I request that the court not disclose my current address or that of the child(ren). I have attached proof that my address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2. Minor child(ren) are subject to this case as follows:

Instructions: Check local court rules to determine when this form must be filed.
By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody / visitation) proceeding in this Court. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

Insert the information requested below for all minor or dependent children of this relationship. You must list the residences for all places where the children have lived for **the last FIVE years.**

a. Child's Name: _____ **Place of Birth:** _____
Date of Birth: _____ **Sex:** Male Female

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name & address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

b. Child's Name: _____ **Place of Birth:** _____
Date of Birth: _____ **Sex:** Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name & address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

c. Child's Name: _____ **Place of Birth:** _____
Date of Birth: _____ **Sex:** Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name & address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

3. **Participation in custody case(s): (Check only one box.)**

I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case.

I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For each case in which you participated, give the following information:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

4. **Information about other civil case(s) that could affect this case: (Check only one box.)**

I **HAVE NO INFORMATION** about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.

I **HAVE THE FOLLOWING INFORMATION** concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

5. **Information about criminal and / or delinquency case(s):**

List all of the criminal convictions, including guilty pleas and delinquency adjudications for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

6. Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)

- I DO NOT KNOW OF ANY PERSON(S)** not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.
- I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person _____

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child: _____

b. Name/Address of Person _____

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child: _____

c. Name/Address of Person _____

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child: _____

OATH

(Do Not Sign Until Notary is Present)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public
My Commission Expires: _____

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

IN THE MATTER OF:

	JC# _____
	JC# _____
	JC# _____
Minor child(ren)	
Name	SETS _____
Street Address	Judge _____
City, State, and zip code	Magistrate _____

Plaintiff / Petitioner 1

vs. / and

Name	
Street Address	
City, State, and zip code	Defendant / Petitioner 2

PROPOSED SHARED PARENTING PLAN

1. Parents: _____ and _____
2. Number of children: _____
3. Number of children either under age 18 and / or over age 18 but mentally or physically disabled and incapable of supporting or maintaining themselves:

Name of Child	Date of Birth

The parents agree to the care, parenting, and control of their child(ren) as provided in this Shared Parenting Plan.

FIRST: PARENTS' RIGHTS

The parents shall have:

- A.** The right to participate in major decisions concerning the child(ren)'s health, social situation, morals, welfare, education, and economic environment.
- B.** The right to reasonable telephone contact w the child(ren) when they are with the other parent.
- C.** The right to participate in the selection of doctors, psychologists, psychiatrists, hospitals, and other health care providers for the child(ren).
- D.** The right to authorize medical, surgical, hospital, dental, institutional, psychological, and psychiatric care for the child(ren) and obtain a second opinion regarding medical conditions or treatment.
- E.** The right to be notified in case of an injury or illness of the child(ren).
- F.** The right to be present with the child(ren) at medical, dental, and other health-related examinations and treatments, including, but not limited to psychological and psychiatric care.
- G.** The right to inspect and receive the child(ren)'s medical and dental records and the right to consult with any treating physician, dentist, and/or other healthcare provider, including, but not limited to, psychologists and psychiatrists.
- H.** The right to consult with school officials concerning the child(ren)'s welfare and educational status, and the right to inspect and receive the child(ren)'s student records to the extent permitted by law.
- I.** The right to receive copies of all school reports, calendars of school events, notices of parent-teacher conferences, and school programs.
- J.** The right to attend and participate in parent-teacher conferences, school trips, school programs, and other school activities to which parents are invited to participate.
- K.** The right to attend and participate with the child(ren) in athletic programs and other extracurricular activities.
- L.** The right to receive notice of the other parent's intent to relocate.

SECOND: ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES

A. General Responsibilities

Each parent shall take all measures necessary to foster respect and affection between the child(ren) and the other parent. Neither parent shall do anything that may estrange the child(ren) from the other parent, or impair the child(ren)'s high regard for the other parent.

B. Medical Responsibilities

- A parent shall notify the other parent promptly if a child experiences a serious injury, has a serious or chronic illness or receives treatment in an emergency room or hospital.
- A parent shall notify the other parent of the emergency, the child's status, locale, and any other pertinent information as soon as practical, but in any event within 24 hours.
- The parents shall consult with each other about the child(ren)'s medical care needs and each shall immediately notify the other parent about all major non-emergency medical decisions before authorizing a course of treatment.
- Parents have a right to know the necessity for treatment, proposed cost, and proposed payment schedule.
- Each parent may also secure an independent evaluation at his/her expense to determine the necessity for treatment.
- If the parties cannot agree regarding a course of treatment, the Father's Mother's (select one) decision shall control.
- The parents shall provide the other with the names and telephone numbers of healthcare providers for the child(ren).

C. Both parents have shared parenting of the child(ren) as specified in this Plan. Each parent, regardless of where an individual child is residing at a particular point in time, as specified in this Plan, is the "residential parent", the "residential parent and legal custodian" or the "custodial parent" of that child.

D. Parenting Time Schedule

Unless otherwise agreed, the parents shall have parenting time with the child(ren) according to the attached Parenting Time Schedule, which shows the times that the child(ren) shall be with each parent on weekdays, weekends, holidays, and vacation times.

NOTE: A Parenting Time Schedule must be attached to this Plan. It may either be the Standard Order of Parenting Time or one proposed by either Party.

If you do not attach another schedule, the parent not designated as the residential parent for school purposes will be allocated the Standard Order of Parenting Time by default.

E. School Designation

_____ (Parent's name) shall be designated as the **residential parent** for school attendance and enrollment purposes of the following child(ren):

_____ (Parent's name) shall be designated as the **residential parent** for school attendance and enrollment purposes of the following child(ren):

In the event that a change in schools is being considered, after consultation with the other parent:

_____ (Parent's name) is authorized to change school placement for the following child(ren):

_____ (Parent's name) is authorized to change school placement for the following child(ren):

OR

Without a written agreement or court order, neither parent is authorized to change school placement of the following child(ren):

F. Other Orders: _____

G. Public Benefits

_____ (Parent's name) shall be designated as the residential parent for receipt of public benefits purposes of the following child(ren):

_____ (Parent's name) shall be designated as the residential parent for receipt of public benefits purposes of the following children:

H. This designation of a particular parent as the residential parent for the purposes of determining the school attendance and enrollment of the child(ren) or the receipt of public benefits of the child(ren) does not affect the designation of each parent as the “residential parent” “residential parent and legal custodian”, or the “custodial parent of the child(ren)”.

I. Transportation (select one):

Each parent shall be responsible for providing transportation for the child(ren) at the beginning of his/her parenting period. Each parent shall be responsible for providing transportation for the child(ren) to and from school and activities during his/her parenting period.

We agree to the following arrangements for providing transportation for our child(ren) at the beginning, during, or end of a parenting period: _____

J. Current Address and Telephone Number:

Parent’s name, current home address, and telephone number, including cellular telephone number:

Parent’s name, current home address, and telephone number, including cellular telephone number:

K. Relocation Notice:

Pursuant to section 3109.051(G) of the Revised Code:

If either of the parents intends to move to a residence other than the residence specified in the court order, the parent shall file a notice of intent to relocate with this Court. Except as provided in divisions (G)(2), (3), and (4) of section 3109.051 of the Revised Code, the Court shall send a copy of the notice to the other parent. Upon receipt of the notice, the Court, on its own motion or the motion of the nonmoving parent, may schedule a hearing with notice to both parents to determine whether it is in the best interests of the child(ren) to revise the parenting time schedule for the child(ren).

Each parent shall inform in writing the Court and the other parent of changes in address and telephone including cellular telephone number, unless otherwise provided by court order.

The relocation notice must be filed with the Court granting the allocation of parental rights and responsibilities: **Montgomery County Juvenile Court, 380 W. Second St., Dayton, OH 45422.**

L. Records Access Notice:

Pursuant to sections 3109.051(H) and 3319.321(B)(5)(a) of the Revised Code:

Subject to sections 3125.16 and 3319.321(F) of the Revised Code, each parent is entitled to access to any record that is related to the child(ren), under the same terms and conditions as the other parent unless otherwise restricted. Any keeper of a record who knowingly fails to comply with any record order is in contempt of court.

No restrictions

Restrictions or limitations to records access are as follows: _____

M. Day Care Access Notice

Pursuant to section 3109.05(I) of the Revised Code:

In accordance with section 5104.11 of the Revised Code, each parent is entitled to access to any day care center that is or will be attended by the child(ren) unless otherwise restricted.

- No restrictions
- Restrictions or limitations to records access are as follows: _____

N. School Activities Access Notice

Pursuant to section 3109.051(J) of the Revised Code:

Subject to section 3319.321(F), each parent is entitled to access to any student activity that is related to the child(ren) and to which the residential parent is legally provided access, under the same terms and conditions as the residential parent. Any school employee or official who knowingly fails to comply with this school activities access order is in contempt of court.

- No restrictions
- Restrictions or limitations to school activities access are as follows:

THIRD: HEALTH INSURANCE COVERAGE

Select one:

A. Health insurance coverage available to at least one parent

1. Private health insurance coverage is accessible and reasonable in cost through a group policy, contract or plan to:

_____ (Parent’s name)

Both parents shall provide health insurance for the benefit of the Child(ren).

2. If both parents are ordered to provide private health insurance coverage for the benefit of the child(ren), (check one) Mother’s Father’s health insurance plan shall be considered the primary health insurance plan for the child(ren).

3. The parent required to provide private health insurance coverage shall provide proof of insurance to the Montgomery County Child Support Enforcement Agency (CSEA) and the other parent.

4. Both parents shall cooperate in the preparation of insurance forms to obtain reimbursement or payment of expenses, as applicable. A copy of medical bills must be submitted to the party holding the insurance and responsible for payment or the other parent within 30 days of receipt.

5. Should the health insurance coverage be cancelled for any reason, the parent ordered to maintain insurance shall immediately notify the other parent and take immediate steps to obtain replacement coverage. Unless the cancellation was intentional, the uncovered expenses shall be paid as provided above. If the cancellation was intentionally caused by the parent ordered to maintain insurance coverage, that parent shall be responsible for all medical expenses that would have been covered had the insurance been in effect

B. Health Insurance Coverage Unavailable to Either Parent.

1. Private health insurance coverage is NOT accessible and reasonable in cost through a group policy, contract, or plan to either parent.
2. If private health insurance coverage becomes available to either parent at reasonable cost, he/she will immediately obtain the insurance, notify the other parent and the Montgomery County CSEA, and submit to the other parent proof of insurance, insurance forms and an insurance card. The CSEA shall determine whether the cost of the insurance is of sufficient amount to justify an administrative review of the amount of child support payable. In the event an administrative review is warranted, one shall be conducted.

C. Division of Uninsured Expenses

1. The cost of any uninsured medical expenses, incurred by or on behalf of the child(ren) not paid by a health insurance plan and exceeding \$100 per child per year, including co-payments and deductibles shall be: (select one)

divided according to the percentages shown on line 17 of the Child Support Computation Worksheet. The first \$100 per child per year shall be paid by the parent designated as residential parent for school purposes in Section E.

paid as follows: _____ % by Father _____ % by Mother

The first \$100 per child per year shall be paid by (select one) Mother Father

Other orders regarding payment of uninsured medical expenses:

2. The parent incurring the expenses shall provide the other parent the original or copies of all medical bills, and Explanation of Benefits (EOB), if available, within 30 days of the date on the bill or EOB, whichever is later, absent extraordinary circumstances. The other parent shall, within 30 days of receipt of the bill, reimburse that parent's percentage share of the bill as shown above.

D. Other Important Information about Medical Records and Expenses

1. Each party shall have access to all medical records of the child(ren) as provided by law.
2. The term “medical expense” or “medical records” shall include but not be limited to medical, dental, orthodontic, optical, surgical, hospital, major medical, psychological, psychiatric, outpatient, doctor, therapy, counseling, prosthetic, and / or all other expenses / records including preventative health care expenses / records related to the treatment of the human body and mind.

FOURTH: CHILD SUPPORT

As required by law, a Child Support Calculation Worksheet is attached hereto and incorporated into this agreement.

FIFTH: TAX EXEMPTIONS

Income tax dependency exemptions (check all that apply):

A. _____ (Parent’s name) shall be entitled to claim the following child(ren): _____

for all tax purposes, in (check one) even-numbered tax years
 odd-numbered tax years
 all eligible tax years

so long as he / she is substantially current in any child support he / she is required to pay as of December 31st of the tax year in question.

B. _____ (Parent’s name) shall be entitled to claim the following child(ren): _____

for all tax purposes, in (check one) even-numbered tax years
 odd-numbered tax years
 all eligible tax years

so long as he / she is substantially current in any child support he / she is required to pay as of December 31st of the tax year in question.

C. Other orders regarding tax exemptions (specify): _____

If a non-residential parent is entitled to claim the child(ren), the residential parent is required to execute and deliver Internal Revenue Service Form 8332, or its successor, together with any other required forms as set out in section 152 of the Internal Revenue Code, as amended, on or before February 15th of the year following the tax year in question, to allow the non-residential parent to claim the child(ren).

SIXTH: MODIFICATION

This Shared Parenting Plan may be modified by agreement of the parties or by the Court.

SEVENTH: OTHER

MONTGOMERY COUNTY, OHIO JUVENILE COURT
STANDARD ORDER OF PARENTING TIME
[effective 01-01-2014]

Parents are encouraged to agree on a fair written parenting time schedule that fits their circumstances and their children's lives, with the following serving as a schedule when the parents cannot agree. The parents may change this schedule by agreement. In the event of conflicting dates and times, the following is the order of priority: Children's Birthdays; Mother's/Father's Day; Holidays; Summer/Breaks; Weekends; then Weekdays. If the parents have more than one child, the parenting time will be exercised with all children together. Each parent has a duty to facilitate and encourage the other parent's parenting time with the children.

1. **WEEKENDS:** The non-residential parent shall have parenting time on alternate weekends from Friday at 6:00 p.m. to Sunday at 6:00 p.m. (Exception – not applicable during summer vacation)

2. **WEEKDAY:** The non-residential parent shall have parenting time from 6:00 p.m. to 9:00 p.m. each Wednesday evening or another weekday evening by agreement. (Exception – not applicable during summer vacation)

3. **HOLIDAYS:** The father shall have the children on the holidays in Column 1 in odd-numbered years and the holidays in Column 2 in the even-numbered years. The mother shall have the children on the holidays in Column 1 in even-numbered years and the holidays in Column 2 in odd-numbered years:

COLUMN 1

Martin Luther King, Jr. Day
Easter Sunday
Fourth of July
Beggar's Night (6:00 to 9:00 p.m.)

COLUMN 2

Presidents Day
Memorial Day
Labor Day
Thanksgiving Day

Parenting time shall be from 9:00 a.m. the day of the holiday until 9:00 p.m., except for Beggar's Night as observed in that parent's community. When the holiday falls on a Monday immediately following a non-residential parenting time weekend, the non-residential parent shall be entitled to keep the children continuously from 6:00 p.m. Friday to 6:00 p.m. Monday.

4. **MOTHER'S/FATHER'S DAY:** On Mother's Day and Father's Day, no matter the parenting time schedule, the children shall be with the appropriate parent on those days from 9:00 a.m. to 9:00 p.m.

5. **CHRISTMAS BREAK:** In all even-numbered years, the mother shall have the children from 9:00 a.m. the day after school recesses (or 9:00 a.m. on December 20 if the children are not in school), until 9:00 p.m. December 24 and the father shall have the children from 9:00 p.m. December 24 through 6:00 p.m. January 1. In all odd-numbered years the reverse shall apply.

6. **BIRTHDAYS:** In odd-numbered years, the father shall have all the children on each child's birthday from 6:00 p.m. until 9:00 p.m. In even-numbered years, mother shall have all the children on each child's birthday from 6:00 p.m. until 9:00 p.m.

7. **SPRING BREAKS:** In odd-numbered years the father shall have all the children for the spring break from school, starting at 9:00 a.m. the day after school recesses to 6:00 p.m. the Sunday before school resumes. The mother shall have the children for spring break in the even numbered years. If all the children are not of school age, the Saturday before Easter through the Friday after Easter shall be substituted.

8. **SUMMER VACATION:** The parties shall exercise summer parenting time in alternating one week increments beginning the first Friday after the last day of school. Each period shall begin on Friday at 6:00 p.m. until the following Friday at 6:00 p.m. The alternate parenting week schedule shall continue until the children are scheduled to return to school. In the odd numbered years, the father shall start the first week. In the even numbered years, the mother shall start the first week.

If either party is employed by an employer that has an annual mandatory shut-down, that party shall have priority for parenting time during that period. If both parents have an identical shutdown period, the non-residential parent shall have priority. If the mandatory shut-down period creates a conflict with the alternating week schedule, the parties shall trade an equal amount of time as make-up for the lost shut-down parenting time.

Mid weekday and alternating weekend parenting time shall be suspended during summer vacation parenting time. Child support will not be reduced during summer parenting time.

Each parent shall provide the other parent with destination, time of departure and arrival, phone number for emergency purposes, and mode of travel and flight numbers.

In all cases, this summer vacation schedule ends at 6:00 p.m. the Friday before classes resume. That Friday the children shall be returned to the residential parent. Effective that Friday, the weekend and weekday parenting times pursuant to paragraphs 1 and 2 above shall resume. The non-residential parent's first alternating weekend shall begin the following weekend.

9. **LATE PICK-UP:** The residential parent shall have the children ready for pick-up at the start of all parenting time. The children and the residential parent have no duty to wait for the nonresidential parent to arrive for parenting time more than thirty (30) minutes, unless notified. The non-residential parent who arrives more than thirty minutes late without prior notification for a particular parenting time forfeits that parenting time, unless the residential parent agrees otherwise.

10. **DROP-OFF:** The non-residential parent will not return the children early from parenting time unless the parents agree to a different drop-off time in advance. The residential parent or other adult well-known to the children must be present when the children are returned from parenting time.

11. **CANCELING NON-RESIDENTIAL PARENTING TIME:** Except in emergency situations, the non-residential parent must give at least 24 hours advance notice when canceling any parenting time.

12. **MAKE-UP NON-RESIDENTIAL PARENTING TIME:** Make-up days shall be given if an emergency prevents scheduled parenting time. When requested by non-residential parent, all make-up parenting time shall be rescheduled and exercised within sixty (60) days of that emergency.

13. **MEDICAL TREATMENT AND EMERGENCIES:** If the children become seriously ill or injured, each parent shall notify the other parent as soon as practicable. If the children become ill or injured during their time with the non-residential parent, said parent, shall contact the residential parent to secure treatment unless the situation is a medical emergency.

14. **TELEPHONE/MAIL OR ELECTRONIC:** Neither parent shall interfere with written, voice, or electronic communications between the children and the other parent. Long-distance calls from an out of town parent shall be at that parent's expense. Non-emergency phone calls should be limited to one per day before 8:00 p.m. EST.

15. **TRANSPORTATION:** The non-residential parent has responsibility for transportation of the children to and from their home for parenting time with them and may use another adult well-known to the children for picking up or dropping off the children when necessary. Any person transporting the children may not be under the influence of alcohol or drugs, and must be a licensed, insured driver. All child restraint and seat-belt laws must be observed by the driver. Car seats should be exchanged when required.

16. **SCHOOL WORK:** Parents shall provide time for children to study and complete homework assignments, even if the completion of work interferes with the parent's plans for the children. The residential parent is responsible for providing the non-residential parent all of the school assignments and books. Summer school which is necessary for a child must be attended; regardless of which parent has the child during the summer school period.

17. **EXTRACURRICULAR ACTIVITIES:** Regardless of where the children are living, their continued participation in extracurricular activities, school related or otherwise, should not be interrupted. It shall be the responsibility of the parent with whom the children are residing at the time to discuss the scheduling of such activities with the children and to provide transportation to the activities. Each parent shall provide the other parent with notice of all extracurricular activities, complete with schedules and the name, address and telephone number of the activity leader, if available.

18. **OUT-OF-STATE RELOCATION:** If the residential parent intends to move to a residence other than the residence specified in the parenting time order or decree of the Court, that parent shall file a notice of intent to relocate with the Court. Except as provided in ORC 3109.051 (G)(2), (3), and (4), the Court shall send a copy of the notice to the non-residential parent. Upon receipt of the notice, the Court, on its own motion or the motion of the non-residential parent, of the child to revise the parenting time schedule for the child.

19. **ACCESS TO RECORDS:** The non-residential parent shall have access to the same records, same school activities and to any day-care center which the children attend on the same basis that said records or access is legally permitted to the residential parent, unless a restrictive order has been obtained from the Court. It is the responsibility of the parent obtaining a restrictive order to serve it on the appropriate organization.

20. **NOTICE OF CHANGE OF ADDRESS:** Both parents shall give written notice to the other parent immediately upon any change of address and/or phone number, unless a restrictive order has been obtained from the Court. A copy of the notice, including the parties' name and case number, shall also be provided to the Juvenile Court, 380 W. 2nd St., Dayton, Ohio 45422, Attention: Chief Deputy Clerk.

OATH

(Do not sign until notary is present)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public

My Commission Expires:

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public

My Commission Expires:

THIS SECTION IS TO BE COMPLETED IN COURT

THIRD: HEALTH INSURANCE COVERAGE

As required by law, the parties have completed a Child Support Worksheet, which is attached to and incorporated in this Agreement.

A. Division of Uninsured Expenses

1. The cost of any uninsured medical expenses, incurred by or on behalf of the child(ren) not paid by a health insurance plan and exceeding \$100 per child per year, including co-payments and deductibles, shall be paid by the parents as follows:

_____ % by _____ (Parent's name) and
_____ % by _____ (Parent's name).

The first \$100 per child per year shall be paid by _____ (Parent's name) for the following child(ren): _____

Other orders regarding payment of uninsured medical expenses: _____

2. The parent incurring the expenses shall provide the other parent the original or copies of all medical bills, and Explanation of Benefits (EOB), if available, within 30 days of the date on the bill or EOB, whichever is later, absent extraordinary circumstances. The other parent shall, within 30 days of receipts of the bill, reimburse the parent incurring the expenses or pay directly to the health care provider, that parent's percentage share of the bill as shown above.

B. Other Important Information about Medical Records and Expenses

1. Each party shall have access to all medical records of the child(ren) as provided by law.
2. The term "medical expense" or "medical records" shall include but not be limited to medical, dental, orthodontic, optical, surgical, hospital, major medical, psychological, psychiatric, outpatient, doctor, therapy, counseling, prosthetic, and/or all other expenses/records including preventative health care expenses/records related to the treatment of the human body and mind.

FOURTH: CHILD SUPPORT

As required by law, the parties have completed a Child Support Worksheet, which is attached to and incorporated in this Agreement.

A. Child Support with Private Health Insurance Coverage

When private health insurance coverage is being provided for the child(ren), _____ (Parent's name), Obligor, shall pay child support in the amount of \$ _____ per child per month, for _____ (number) of child(ren) for a total of \$ _____ per month.

B. Child Support without Private Health Insurance Coverage.

When private health insurance coverage is **not** available for the benefit of the child(ren), _____ (Parent's name), the Obligor, shall pay child support in the amount of _____

\$_____ per child per month and \$_____ per child per month as cash medical support. The total of child support and cash medical support for \$_____ (number of children) is \$_____ per month.

C. Child Support Payment

The child support payment (including cash medical support, if any) plus a 2% processing charge shall commence on and shall be paid to the Ohio Child Support Payment Center, P.O. Box 182372, Columbus, Ohio 43218-2372 as administered through the Montgomery County CSEA by income withholding at Obligor's place of employment or from nonexempt funds on deposit at a financial institution.

D. Deviation of Child Support Amount

The child support amount agreed upon is different than the amount calculated on the attached Child Support Worksheet because the amount calculated on the Worksheet would be unjust or inappropriate and would not be in the best interests of the child(ren) for the following reasons(s) as provided in R.C. 3119.22, 3119.23, 3119.24 and shall be adjusted as follows: _____

_____ Special and unusual needs of the child(ren) as follows: _____

_____ Extraordinary obligations for child(ren) or obligations for handicapped child(ren) who is/are not stepchild(ren) and who are not offspring from the relationship that is the basis of the immediate child support determination as follows: _____

_____ Other court-ordered payments as follows: _____

_____ The Obligor obtained additional employment after a child support order was issued to support a second family as follows: _____

_____ Extended parenting time or extraordinary costs associated with parenting time, provided that this division does not authorize and shall not be construed as authorizing any deviation from the schedule and the applicable worksheet, through the line establishing the actual annual obligation or any escrowing, impoundment, or withholding of child support because of a denial or interference with a right of parenting time granted by court order as follows: _____

_____ The financial resources and the earning ability of the child(ren) as follows: _____

_____ Disparity in income between parents or households as follows: _____

____ Benefits that either parent receives from sharing living expenses with another person as follows: _____

____ The amount of federal, state, and local taxes actually paid or estimated to be paid by a parent or both of the parents as follows: _____

____ Significant, in-kind contributions from a parent, including, but not limited to, direct payment for lessons, sports equipment, schooling, or clothing as follows: _____

____ The relative financial resources, other assets and resources, and needs of each parent as follows: _____

____ The standard of living and circumstances of each parent and the standard of living the child(ren) would have enjoyed had the marriage continued or had the parents been married as follows: _____

____ The physical and emotional condition and needs of the child(ren) as follows: _____

____ The need and capacity of the child(ren) for an education and the education opportunities that would have been available to the child(ren) had the circumstances requiring a court order for support not arisen as follows: _____

____ The responsibility of each parent for the support of others as follows: _____

____ Any other relevant factor: _____

E. Duration of Child Support.

The child support order will terminate upon the child's 18th birthday unless one of the following circumstances applies:

____ The child is mentally or physically disabled and incapable of supporting or maintaining himself or herself.

____ The parents have agreed to continue child support beyond the date it would otherwise terminate, as set out below.

____ The child continuously attends a recognized and accredited high school on a full-time basis so long as the child has not as yet reached the age of 19 years old. (Under these circumstances, child support will end at the time the child ceases to attend a recognized and accredited high school on a full-time basis or when he or she reaches the age of 19, whichever occurs first.)

This Support Order will remain in effect during seasonal vacation periods until the order terminates.

The parents agree that child support will extend beyond the time when it would otherwise end. The terms and conditions of that agreement are as follows: _____

The Parents have a child(ren) who is/are mentally or physically disabled and incapable of supporting or maintaining themselves. The name of the child(ren) and the nature of the mental or physical disability are as follows: _____

F. Important Child Support Orders and Information.

Obligee must immediately notify and Obligor may notify the CSEA of any reason for which the support order should terminate. A willful failure to notify the CSEA as required is contempt of court. The following are reasons for termination of the Order:

____ Child's attainment of 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 past the age of majority.

____ Child stops attending an accredited high school on a full-time basis after attaining the age of Majority.

____ Child's death

____ Child's marriage

____ Child's emancipation

____ Child's enlistment in the Armed Services

____ Child's deportation

____ Change of legal custody of the child.

All support payments must be made through the CSEA or the Office of Child Support in the Ohio Department of Job and Family Services (Child Support Payment Central). Any payment of money not made through the CSEA will be presumed to be a gift, unless the payment is made to discharge an obligation other than support.

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 Chapters 3119., 3121., 3123., and 3125. Of the Revised Code or a withdrawal directive issued pursuant to sections 3123.24 to 3123.38 of the Revised Code and shall be forwarded to the Obligee in accordance with Chapters 3119., 3121., 3123., and 3125. of the Revised Code.

The Obligor and/or Obligee required under this Order to provide private health insurance coverage for the child(ren) is also required to provide the other party within 30 days after the issuance of the Order, the following:

- _____ Information regarding the benefits limitations and exclusions of the health insurance coverage
- _____ Copies of any insurance form necessary to receive reimbursement, payment, or other benefits under the coverage
- _____ A copy of any necessary health insurance cards.

The Health Plan Administrator that provides the private health insurance coverage for the child(ren) 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.

The Obligor and/or Obligee required to provide private health insurance for the child(ren) must designate said child(ren) as dependents under any private health insurance policy, contract or plan for which the person contracts.

The employer of the person required to provide private health insurance coverage is required to release to the other parent, any person subject to an order issued under section 3109.19 of the Revised Code, or the CSEA, upon written request, any necessary information regarding health insurance coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and the employer will otherwise comply with all orders and notices issued.

If the person required to obtain private health insurance coverage for the child(ren) subject to this 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 child(ren) in private health insurance coverage provided by the new employer.

Upon receipt of notice by the CSEA 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 CSEA 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.

An Obligor that is in arrears in his/her child support obligation is subject to having any federal, state and/or local income tax refund to which the Obligor may be entitled forwarded to the CSEA for payment toward these arrears. Such refunds will continue to be forwarded to the CSEA for payment until all arrears owed are paid in full. If the Obligor is married and files a joint tax return, the Obligor's spouse may contact the CSEA about filing an "Injured Spouse" claim after the Obligor is notified by the Internal Revenue Service that his/her refund is being forwarded to the CSEA.

Pursuant to section 3121.29 of the Revised Code, the parties are notified as follows:

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT 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. IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY BE FINED UP TO \$50.00 FOR A FIRST OFFENSE, \$100.00 FOR A SECOND

OFFENSE, AND \$500.00 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 SUBJECTED TO FINES OF UP TO \$1,000.00 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.

IF YOU ARE AN OBLIGOR AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS AGAINST YOU: WITHHOLDING FROM YOUR INCOME; ACCESS RESTRICTIONS AND DEDUCTIONS FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTIONS PERMITTED BY LAW TO OBTAIN MONEY FROM YOU AND TO STAISFY YOUR SUPPORT OBLIGATION.

G. Payment shall be made in accordance with Chapter 3121. of the Revised Code.

H. Arrearage:

____ Any temporary child support arrearage will survive this judgment entry.

____ Any temporary child support arrearage will not survive this judgment entry.

____ Other _____

SIXTH: MODIFICATION

This Shared Parenting Plan may be modified by agreement of the parties or by the Court.

SEVENTH: OTHER

Upon approval by the Court, this Shared Parenting Plan shall be incorporated in the Judgment Entry.

OATH

(Do not sign until notary is present)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public

My Commission Expires:

OATH

(Do not sign until notary is present)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in tis document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public

My Commission Expires:
