

At a term of the Family Court of the
State of New York, held in and for the
County of _____,
at _____ New York
on _____, _____.

PRESENT:

Hon.
Judge

.....
In the Matter of a Proceeding for Support
Under Article _____ of the Family Court Act

Docket No. _____

ORDER
(After Filing
of Objections)

Petitioner,

S.S. # _____

-against-

Respondent

S.S. # _____
.....

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY RESULT IN
INCARCERATION FOR CRIMINAL NON-SUPPORT OR CONTEMPT;
YOUR FAILURE TO OBEY THIS ORDER MAY RESULT IN
SUSPENSION OF YOUR DRIVER'S LICENSES, STATE- ISSUED
PROFESSIONAL, TRADE, BUSINESS AND OCCUPATIONAL LICENSES
AND RECREATIONAL AND SPORTING LICENSES AND PERMITS; AND
IMPOSITION OF REAL OR PERSONAL PROPERTY LIENS.

The above-named Petitioner, having filed a petition sworn to on _____,
, alleging that the above-named Respondent failed to obey an order dated
(seeking to [terminate][extend][modify] an order dated _____), (alleging that the
above-named Respondent is chargeable with the support of [insert child(ren) name and
social security number and date of birth]

) (and)

Respondent having appeared before a Hearing Examiner of this Court to answer the
petition and to show why an order of support and other relief prayed for in the petition
should not be granted, and having been advised of the right to counsel; and Respondent

having (denied) (admitted) the allegations of the petition; and

The matter having duly come on to be heard before a Hearing Examiner of this Court and the Hearing Examiner having made findings of fact and having entered a final order wherein (recite terms of order)

And specific written objections to said order of support having been timely filed with this Court by _____ after entry of said order, and this Court having reviewed the objections filed herein (and a new hearing having been held);

The name, address and telephone number of (Respondent's) (modification only: Petitioner's) current employer(s) are:

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
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NOW, after examination and inquiry into the facts and circumstances of the case (and after hearing the proofs and testimony offered in relation thereto); it is hereby

(ORDERED that the following issues of fact are hereby remanded to the Hearing Examiner for determination:

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(ORDERED and ADJUDGED that the objections are sustained to the extent set forth in the following new findings: (recite new findings of fact) (and are denied in all other respects); (and it is further

(IV-D cases only): (ORDERED that the Respondent, custodial parent and any other individual parties inform the Support collection Unit of any changes in the following information: residential and mailing addresses, social security number, telephone number, driver's license number; and name, address and telephone numbers of the parties' employers); (and

(The Court having determined) (that employer- or organization-subsidized health insurance coverage is available to [specify name(s) of legally-responsible relative(s)] (under the following group health plan [specify, if

known]: _____)(which provides the following health insurance benefits [specify extent and type of benefits, if known]:

_____) or (that the dependent(s) named herein may be eligible for health insurance benefits under the New York State "Child

Health Plus” program), [delete in applicable provision(s)], ()

IT IS THEREFORE ORDERED that [specify name(s) of legally-responsible relative(s)]: enroll the eligible dependent(s) named herein under said insurance coverage immediately and without regard to seasonal enrollment restrictions, effective as of [specify date]: , and maintain such coverage as long as it remains available in accordance with [delete inapplicable provision(s)]:

G[IV-D cases only]: (the Medical Execution, which shall be issued immediately by the Support Collection Unit, pursuant to Section 5241 of the Civil Practice Law and Rules)(the Medical Execution issued by this Court)

G[Non-IV-D cases only]: (the Qualified Medical Child Support Order. Such coverage shall include all plans covering the health, medical, dental, optical and prescription drug needs of the dependent(s) named above and any other health care services or benefits for which the legally-responsible relative is eligible for the benefit of such dependent(s); provided, however, that the group health plan is not required to provide any type or form of benefit or option not otherwise provided under the group health plan except to the extent necessary to meet the requirements of Section 1396(g-1) of Title 42 of the United States Code;)(and it is further)

G[“Child Health Plus,” IV-D and Non-IV-D cases]: (the “Child Health Plus” program, the NYS health insurance program for children. The custodial parent [specify name]: shall immediately apply to enroll the eligible dependent(s) named herein in such program, effective as of [specify date]:

and the costs of such program shall be allocated among the parties as follows [specify]:); (and it is further)

(ORDERED that upon a finding that the above-named legally-responsible relative(s) willfully failed to obtain health insurance benefits in violation of [delete inapplicable provision]: (this order) (the medical execution)(the qualified medical child support order), such relative(s) will be presumptively liable for all health care expenses incurred on behalf of the above named dependent(s) from the first date such dependent(s)(was)(were) eligible to be enrolled to receive health insurance benefits after the issuance of such order or execution directing the acquisition of such coverage)(and it is further)

(ORDERED that [specify]: , the legally-responsible relative(s) herein, pay (his)(her) pro rata share of future reasonable health expenses of the child(ren) not covered by insurance by (direct payments to the health care provided)(other [specify]:) (as follows:); (and it is further)

(ORDERED that if health insurance for the dependents named herein not available at the present time becomes available in the future, the legal-responsible relative(s), such

relative shall enroll the dependent(s) named herein who are eligible for such benefits immediately and without regard to seasonal enrollment restrictions and shall maintain such benefits so long as they remain available)

(ORDERED that _____, the non-custodial parent herein pay the sum of \$ _____ as (his)(her) proportionate share of child care expenses, to be paid as follows:

);
(and it is further)

(ORDERED that _____, the non-custodial parent herein, pay the sum of \$ _____ as educational expenses by (direct payment to the educational provider) (as follows:

)
(and it is further)

(ORDERED that [specify party or parties]:

[Check applicable box(es)]:

G(purchase and maintain)(life)(and/or)(accident) insurance policy in the amount of [specify]: _____ (and/or)

G (maintain the following existing (life)(and/or)(accident) insurance policy in the amount of [specify]: _____(and/or)

G assign the following as (beneficiary)(beneficiaries) [specify]: _____ to the following existing (life)(and/or)(accident)insurance policy or policies [specify policy or policies and amount(s)]: _____.

In the case of life insurance, the following shall be designated as irrevocable beneficiaries [specify]: _____ during the following time period [specify]: _____.

In the case of accident insurance, the insured party shall be designated as irrevocable beneficiary during the following time period [specify]: _____.

The obligation to provide such insurance shall cease upon the termination of the duty of [specify party]: _____ to provide support for each child.
(and it is further)

ORDERED that a copy of this order be provided promptly by (IV-D cases: Support Collection Unit)(Non-IV-D cases: Clerk of Court) [delete inapplicable provision] to the New York State Case Registry of Child Support Orders established pursuant to Section 111-b(4-a) of the Social Services Law. (and it is further)

ORDERED

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NOTE: (1) THIS ORDER OF CHILD SUPPORT SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER THIS ORDER IS ISSUED, LAST OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY PURSUANT TO PARAGRAPH (2) BELOW. UPON A COST OF LIVING ADJUSTMENT AT THE DIRECTION COLLECTION UNIT, AN ADJUSTED ORDER SHALL BE PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING SHALL HAVE THIRTY-FIVE (35) DAYS FROM THE DATE SUBMIT A WRITTEN OBJECTION TO THE COURT SUCH ADJUSTED ORDER. UPON RECEIPT OF SUCH OBJECTION, THE COURT SHALL SCHEDULE A HEARING AT PARTIES MAY BE PRESENT TO OFFER EVIDENCE WHICH CONSIDER IN ADJUSTING THE CHILD SUPPORT ACCORDANCE WITH THE CHILD SUPPORT STANDARDS

MODIFIED TO THE ORDER OR APPLICATION OF OF THE SUPPORT SENT TO THE ADJUSTMENT, OF MAILING TO INDICATED ON WRITTEN WHICH THE THE COURT WILL ORDER IN ACT.

(2) A RECIPIENT OF FAMILY ASSISTANCE SHALL HAVE THE CHILD SUPP
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(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS TO WHICH AN ADJUSTED ORDER CAN BE SENT, AS REQUIRED BY SECTION 443 OF THE FAMILY COURT ACT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT. AN APPEAL FROM THIS ORDER MUST BE TAKEN WITHIN 30 DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT, 35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO APPELLANT BY THE CLERK OF THE COURT, OR 30 DAYS AFTER SERVICE BY A PARTY OR THE LAW GUARDIAN UPON THE APPELLANT, WHICHEVER IS EARLIEST.

ENTER

J.F.C. /H.E

Dated: , ,

Check applicable box:

Order mailed on [specify date(s) and to whom mailed: _____

Order received in court on [specify date(s) and to whom given] _____

