

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

P R E S E N T: Hon. _____
Judge/Hearing Examiner

.....
In the Matter of a Paternity Proceeding

Docket No. _____

(Commissioner of Social Services, Assignee)
on behalf of _____, Assignor)
Petitioner,

TEMPORARY ORDER
OF SUPPORT ON
DEFAULT

S.S.# (Assignor)
-against-

Respondent.

S.S.# _____

.....
NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY RESULT IN
INCARCERATION FOR CRIMINAL NON-SUPPORT OR CONTEMPT;
SUSPENSION OF YOUR DRIVER'S LICENSE, 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 (Assignor) (Respondent) is the father of a (male) (female) child
[insert child's name and social security number]:

born out of wedlock to
on _____, _____, (and that the mother and/or child is or is likely to become a public
charge); and

The Respondent having appeared before this Court to answer the petition, having been
advised by the Court of the right to counsel and having been ordered to show cause why a
declaration of paternity, order of support and other relief prayed for in the petition should not be
made; and the Respondent having denied the allegations of the petition; and

The Court having ordered the administration and analysis of a genetic marker test pursuant to Section(s) (418)(532)(Art.5-B) of the Family Court Act; and [Delete inapplicable provision]:

(The Respondent having willfully failed to appear before this Court subsequent to the administration and analysis of such test, which does not exclude the (Respondent) (Assignor) as being the father of the child, it is therefore)

(The Respondent having willfully failed to comply with the order directing submission to such test, and having also willfully failed to appear before this court on the adjourned date, it is therefore)

The name, address and telephone number of Respondent’s current employer(s), are:

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
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ORDERED that the above-named Respondent, upon notice of this order, pay or cause to be paid to _____, the sum of \$ _____ (bi-)(weekly)(semi-)(monthly) (quarterly) and every (week)(month) commencing _____, _____, for and toward the support of the child until further order of the Court; 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 address, 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 names(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 “Child Health Plus” program), [delete inapplicable provision(s)],

IT IS THEREFORE ORDERED that [specify name(s) of legally-responsible relative(s)]: _____ enroll the eligible dependent(s) named herein who are eligible for such benefits immediately and without regard to seasonal

enrollment restrictions, effective as of [specify date]: , and maintain such benefits as long as they remain 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 benefits shall include all plans covering the health, medical, dental, optical and prescription drug needs of the dependents named above and any other health care services or benefits for which the legally-responsible relative is eligible for the benefit of such dependents; 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;)

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 [specify the legally-responsible relative(s)]:

assign all insurance reimbursement payments for health care expenses incurred for (his)(her) eligible dependents to the provider of such services or the party having actually incurred and satisfied such expenses, as appropriate)

(and it is further

(ORDERED that the cost or premiums, if any, to be paid by the legally-responsible relative obtain or maintain such benefits be allocated as follows between the parties

)[Applicable to Non-IV-D cases only; delete if inapplicable] (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 provider)(other [specify]:

)(as follows:

); (and it is further)

(ORDERED that if health insurance for the dependent(s) named herein not available at the present time become available in the future to the legally-responsible relative(s), such relative(s) 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

);(and it is further)

(ORDERED that _____, the non-custodial parent herein, pay the sum of \$ _____ as (his)(her) proportionate share of reasonable 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 in the amount of

[specify]: _____ (and/or)

G (maintain the following existing (life)(and/or)(accident) insurance policy in the amount if

[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]: _____.

(and it is further)

ORDERED that this order shall be enforceable pursuant to Section 5241 or 5242 of the Civil Practice Law and Rules, or in any other manner provided by law; and it is further

ORDERED that this matter is adjourned to _____, _____, for further proceedings.

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.

IF THE ORDER IS ENTERED BY A JUDGE, 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, OR 30 DAYS AFTER SERVICE BY A PARTY OR THE LAW GUARDIAN UPON THE APPELLANT, OR 35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO APPELLANT BY THE CLERK OF COURT, WHICHEVER IS EARLIEST.

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]: _____

Dated: _____, _____.

ENTER

J.F.C./H.E.