COURT OF COMMON PLEAS DIVISION OF DOMESTIC RELATIONS LAKE COUNTY, OHIO

	: CASE NO
PETITIONER	
vs.	: JUDGE COLLEEN A. FALKOWSKI :
RESPONDENT	: ORDER CONFIRMING REGISTRATION OF FOREIGN SUPPORT ORDER
This matter came before the Honora Register Foreign Support Order With Notice	able upon the Petition to be filed
The Court makes the following find	lings of fact and conclusions of law:
A foreign support order was entered, as follows:	l in the State or Country of on (date
Title of Decree or Order	
The decree or order concerns the fol	llowing child(ren):
<u>Name</u>	Date of Birth
Clerk of this Court on (date) fo	etered in Ohio in this Court upon its filing with the or enforcement modification both the registered foreign support order is attached.

Notice of Registration of the F following:	Foreign Support Order was properly served on the
Respondent	On (date)
<u>=</u>	condent that the foreign support order had been registered from date of service to request a hearing to contest the red foreign support order.
The Court finds that a timely I Support Order was not filed.	Request for Hearing to Contest Registration of Foreign
the attached foreign support order is confirmation of registration. Contest of the foreign support order wasserted at the time of registration. The effect and is enforceable as of the date. A support arrearage based on the support arrearage based	RED, ADJUDGED AND DECREED that registration of confirmed by operation of law. This Order serves as notice confirmation of the registered order precludes further with respect to arrears and any matter that could have been the attached foreign support order has the same force and the of registration as if it were issued by an Ohio court. The above registered order exists in the amount of eich is owed Obligee, his/her assignee(s), and the Lake by Services — Child Support Enforcement Division coased upon the certified statement by custodian of records any registration as set forth in the Petition.
the Respondent/Obligation	D, ADJUDGED AND DECREED that effective or shall pay the sum of \$ per month for the
Name Name	Date of Birth
The child(ren) shall be emanciand/or the laws of the state of	ipated according to the terms of the attached court order,
	D, ADJUDGED AND DECREED that the n of \$ per month toward the above child supportfull, or until further order of Court.

Processing charges shall not be assessed on the current support and arrearage payments.
Total monthly support order is \$ (Check applicable box)
☐ The attached court order does not order either party to provide health insurance fo the above child(ren).
-0 <i>r</i> -
☐ The attached court order requires the parties to provide health insurance coverage
and/or pay uncovered health care expenses for the above child(ren).
IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that the parties shall continue to provide health insurance coverage and/or pay uncovered health care expenses for the above child(ren) according to the terms stated in the attached court order.
IT IS FURTHER ORDERED, ADJUDGED AND DECREED that ☐ Petitioner is ☐ Respondent is ☐ both Petitioner and Respondent are hereby designated as the health insurance obligor(s).

All support under this order shall be withheld or deducted from the income or assets of the support obligor pursuant to a withholding or deduction notice or appropriate order issued in accordance with Chapters 3119., 3121., 3123., and 3125. of the Ohio Revised Code or a withdrawal directive issued pursuant to sections 3123.24 to 3123.38 of the Ohio Revised Code. Amounts received shall be disbursed in accordance with this order.

Payments shall be made in the manner ordered by the Court. If payments are to be made other than on a monthly basis, the required monthly administration by the CJFS-OCSS does not affect the frequency or the amount of the support payments to be made under the order.

All support shall be paid through Ohio Child Support Payment Central (OCSPC), P.O. Box 182372, Columbus, Ohio 43218-2372. Any payments not made through OCSPC shall not be considered as payment of support. Checks or money orders shall be made payable to "OCSPC". Cash payments to OCSPC may be made at the Lake County Treasurer's Office located at 105 Main Street, Painesville, OH 44077. All payments shall include the following: Obligor's name, Social Security Number, SETS case number and Domestic Relations Court case number. If there is to be a withholding/deduction order, the support obligor shall make payments directly to OCSPC until the income source/financial institution begins withholding/deducting in the appropriate amount.

Method to Secure Support Payments

(Check one of the following three boxes)

The support obligor receives income from an income source or has nonexempt funds on deposit in an account at a financial institution.
IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that a withholding or deduction notice shall issue to:
INCOME SOURCE FINANCIAL INSTITUTION ADDRESS
If withholding from a financial account, the support obligor shall immediately notify the LCDJFS-CSEA of the number and description of the account from which support shall be deducted, and the name, branch, business address and routing number of the financial institution if not set forth above.
IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the support obligor immediately notify the CJFS-OCSS, in writing, of any change in employment (including self - employment), receipt of additional income/monies or termination of benefits. The support obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer. The support obligor shall immediately notify the LCDJFS-CSEA of any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution.
☐ The support obligor has no attachable income source and has the ability to post a cash bond.
IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the support obligor post a cash bond in the amount of \$ with the Clerk of the Common Pleas Court.
IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the support obligor shall immediately notify the CJFS-OCSS, in writing, if the support obligor begins to receive income from a payor. The notice shall include a description of the nature of any new employment, and the name, business address and telephone number of any new employer.
When the support obligor begins to receive income from a payor, he/she may request that the Court cancel its bond order and instead issue a notice requiring the withholding of an amount

from income for support in accordance with Ohio Revised Code § 3121.03(A).

When the support obligor begins to receive income from a payor, the Court will collect on the bond if the Court determines that payments due under this support order have not been made and that the amount that has not been paid is at least equal to the support owed for one month under this support order. The Court shall issue a notice requiring the withholding of an amount from the support obligor's income for support in accordance with Ohio Revised Code § 3121.03(A).

The support obligor has no attachable income and has no assets to post a bond.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the support obligor shall seek employment, if able to engage in employment, and shall immediately notify the LCDJFS-CSEA, in writing, upon commencement or change of employment (including self-employment), receipt of additional income/monies, obtaining ownership of asset of value of \$500.00 or more, receipt or termination of benefits or the opening of an account at a financial institution. The support obligor shall include a description of the nature of the employment and the name, business address and telephone number of any employer. The support obligor shall immediately notify the CJFS-OCSS of any change in the status of an account from which support is being deducted or the opening of a new account with any financial institution.

NOTICES AND GENERAL INFORMATION

The health insurance obligor(s) shall provide private health insurance and shall designate the child subject to this order as (a) covered dependent(s) under the private health insurance policy, contract or plan.

The parent(s) ordered to provide private health insurance for the child, pursuant to Ohio Revised Code §3119.30, shall no later than thirty (30) days after the issuance of the order supply the other parent with information regarding the benefits, limitations and exclusions of the health insurance coverage, copies of any insurance forms necessary to receive reimbursement, payment or other benefits under the health insurance coverage and a copy of any necessary insurance cards.

The health plan administrator(s) of the health insurance obligor(s) may continue making payments 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 employer(s) of the health insurance obligor(s) is/are required to release to the other parent, any person subject to an order issued under §3109.19 of the Ohio Revised Code, or the LCDJFS-CSEA, on written request, any necessary information on the private health insurance coverage, including the name and address of the health plan administrator and any policy, contract or plan number, and to otherwise comply with Ohio Revised Code §3119.32 and any order or notice issued under this section.

If the person(s) required to obtain private health insurance coverage for the child subject to this child support order obtain(s) new employment, the LCDJFS-CSEA shall comply with the requirements of §3119.34 of the Ohio 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 in private health insurance coverage provided by the new employer.

The child support obligor and the child support obligee shall comply with the request of the LCDJFS-CSEA in advance of an administrative review of a support order to provide the following: copy of federal income tax return from the previous year, copy of all pay stubs within the preceding six (6) months, copy of all other records evidencing the receipt of any other salary, wages or compensation within the preceding six (6) months and, if the child support obligor is a member of the uniformed services and on active military duty, a copy of the child support obligor's Internal Revenue Service Form W-2, "Wage and Tax Statement," and a copy of a statement detailing the child support obligor's earnings and leave with the uniformed services. The child support obligor and the child support obligee shall also provide a list of available group health insurance and health care policies, contracts and plans and their costs, the current health insurance or health care policy, contract or plan under which the child support obligee and/or obligor is/are enrolled and their costs, including any Tricare program offered by the United States Department of Defense available to the child support obligee, and any other information necessary to properly review the child support order.

Upon receipt of notice by the LCDJFS-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 worksheet in §3119.022 or §3119.023 of the Ohio Revised Code, as applicable. The LCDJFS-CSEA may change the financial obligations of the parties to pay child support in accordance with the terms of the Court order and cash medical support without a hearing or additional notice to the parties.

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 NOTIFICATIONS, 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 ISSUED BY A COURT AND YOU WILLFULLY FAIL TO GIVE THE REQUIRED NOTICES, 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 GIVE 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.

Failure to comply with this support order can result in a contempt action; and, as provided in Ohio Revised Code §2705.05, the penalty for which may be imprisonment for not more than thirty (30) days in jail and/or fine of not more than \$250.00 for a first offense, not more than sixty (60) days in jail and/or fine of not more than \$500.00 for a second offense, and not more than ninety (90) days in jail and/or not more than \$1,000.00 fine for a third or subsequent offense.

The following information is provided in accordance with §3105.72 and §3121.30 of the Ohio Revised Code:

Name Name	rt) :
Social Security Number	XXX-XX
SUPPORT OBLIGOR (pays support): Name	
Social Security Number	XXX-XX
Date of Birth	
	GED AND DECREED that the LCDJFS-CSEA hall transmit all support payments received on this State of
IT IS FURTHER ORDERED, ADJUI proceeding shall be paid by Respondent:	DGED AND DECREED that the costs of this
IT IS SO ORDERED.	
	HIDGE COLLEEN A FALKOWSKI