

F.C.A. § § 416, 545, Art 5-B;
D.R.L. §240(1).

Form 4-10
(Qualified Medical Child Support Order--
Non-IV-D Cases)
9/2005

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/Support Magistrate

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

Docket No. _____

QUALIFIED MEDICAL
CHILD SUPPORT ORDER
(Non-IV-D Cases)

Petitioner

S.S.# _____
Address: _____

-against-

Respondent

S.S.# _____

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY, AFTER A COURT HEARING, RESULT IN YOUR COMMITMENT TO JAIL FOR A TERM NOT TO EXCEED SIX MONTHS, FOR CONTEMPT OF COURT.

IF THIS ORDER WAS ENTERED BY A JUDGE, THE ORDER MAY BE APPEALED PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT. THAT SECTION PROVIDES THAT AN APPEAL FROM THAT ORDER MUST BE TAKEN WITHIN 30 DAYS OF RECEIPT OF THE ORDER BY THE 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 THE APPELLANT BY THE CLERK OF COURT, WHICHEVER IS EARLIEST.

IF THIS ORDER WAS ENTERED BY A SUPPORT MAGISTRATE, SPECIFIC WRITTEN OBJECTIONS TO THIS ORDER MAY BE FILED WITH THIS COURT WITHIN 30 DAYS OF THE DATE THE ORDER WAS RECEIVED IN COURT OR BY PERSONAL SERVICE, OR IF THE ORDER WAS RECEIVED BY MAIL, WITHIN 35 DAYS OF THE MAILING OF THE ORDER.

This Qualified Medical Child Support Order (QMCSO) orders and directs that the minor child(ren):

Name: _____ Date(s) of Birth _____ Soc. Sec.#: _____ Mailing Address: _____

