

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 4 of the Family Court Act

Docket No.

(Commissioner of Social Services, Assignee,

TEMPORARY ORDER OF  
SUPPORT (and REFERRAL  
TO SUPPORT MAGISTRATE)

on behalf of \_\_\_\_\_, Assignor)

S.S.#

Petitioner,

-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 LICENSE, STATE- ISSUED PROFESSIONAL, TRADE, BUSINESS,  
AND OCCUPATIONAL LICENSES AND RECREATIONAL AND SPORTING  
LICENSES AND PERMITS; AND IMPOSITION OF REAL OR PERSONAL  
PROPERTY LIENS.**

**IF THIS 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 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  
APPELLANT BY THE CLERK OF THE COURT, WHICHEVER IS EARLIEST.**

**IF THIS ORDER IS 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.**



IV-D cases: Support Collection Unit made by check or money order payable to and mailed to N.Y.S. Child Support Processing Center, P. O. Box 15363, Albany, NY 12212-5376. The county name and account number for the matter must be included with the payment for identification purposes ; and it is further

ORDERED that for the following reason(s)

constituting good cause pursuant to Section 440(1) of the Family Court Act, the IV-D cases: Support Collection Unit  Non-IV-D cases: Court shall NOT issue an immediate income execution; however in the event of default,<sup>1</sup> this order shall be enforceable pursuant to Section 5241 of the Court Practice law and Rules, or any other manner provided by law; and it is further

[IV-D cases only]:  ORDERED that the Respondent, custodial parent and any other individual parties immediately notify 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 any change in health insurance benefits, including any termination of benefits, change in the health insurance benefit carrier or premium, or extent and availability of existing or new benefits; 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 the Court having determined that [check applicable box]:

The child(ren) are currently covered by the following health insurance plan [specify]:  
which is maintained by [specify party]:

Health insurance coverage would be available to one of the parents or a legally-responsible relative [specify name]:

under the following health insurance plan [specify, if known]: , which provides the following health insurance benefits [specify extent and type of benefits, if known, including dental, optical, prescription drug and other health-related benefits]:

Health insurance coverage is available to both of the parents as follows:

<u>Name</u>	<u>Health Insurance Plan</u>	<u>Premium or Contribution</u>	<u>Benefits</u>
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No legally-responsible relative has health insurance coverage available for the child(ren), but the child(ren) may be eligible for health insurance benefits under the New York “Child Health Plus” program or New York State Medical Assistance Program, or the publicly funded health insurance

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<sup>1</sup>"Default", as defined in CPLR 5241, means the failure to make three payments on the date due in the full amount directed in this order, or the accumulation of arrears, including amounts arising from retroactive support, that are equal to or greater than the amount directed to be paid for one month, whichever occurs first.

program in the State where the custodial parent resides, it is hereby

IT IS THEREFORE ORDERED that [specify name(s) of legally-responsible relative(s)]:

continue to maintain health insurance coverage for the following eligible dependent(s) [specify]:  
under the above-named existing plan for as long as it remains available;

enroll the following eligible dependent(s) [specify]:  
under the following health insurance plan [specify]: immediately  
and without regard to seasonal enrollment restrictions and maintain such coverage as long as it remains  
available in accordance with

[IV-D cases]:  the Medical Execution, which shall be issued immediately by  
the Support Collection Unit, pursuant to CPLR 5241

the Medical Execution issued by this Court

[Non-IV-D cases]:  the Qualified Medical Child Support Order.

The cost or premiums, if any, to be paid by the legally-responsible relative(s) to obtain or maintain  
such benefits be allocated as follows between the parties [specify]:

Such coverage 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. The legally-responsible relative(s) shall assign all  
insurance reimbursement payments for health care expenses incurred for (his)(her) eligible  
dependent(s) to the provider of such services or the party having actually incurred and satisfied such  
expenses, as appropriate;

**OR**

This Court having found that neither of the parties have health insurance coverage available to  
cover the child(ren), it is hereby

ORDERED that the custodial parent [specify name]: shall  
immediately apply to enroll the eligible child(ren) in the "Child Health Plus" program (the NYS health  
insurance program for children) and the New York State Medical Assistance Program or the publicly  
funded health insurance program in the State where the custodial parent resides.

And the Court further finds that:

The mother is the  custodial  non-custodial parent, whose pro rata share of the cost or premiums  
to obtain or maintain such health insurance coverage is \_\_\_\_\_,

The father is the  custodial  non-custodial parent, whose pro rata share of the cost or premiums to  
obtain or maintain such health insurance coverage is \_\_\_\_\_;

And the Court further finds that [check applicable box]:

Each parent shall pay the cost or premiums in the same proportion as each of their incomes are to  
the combined parental income as cited above;

**OR**

Upon consideration of the following factors [specify]:  
pro-rating the payment would be unjust or inappropriate for the following reasons [specify]:

and, therefore, the payments shall be allocated as follows [specify]:

; and it is further

ORDERED that the legally responsible relative immediately notify the [check applicable box]:  other party (non-IV-D cases)  Support Collection Unit (IV-D cases) of any change in health insurance benefits, including any termination of benefits, change in the health insurance benefit carrier or premium, or extent and availability of existing or new benefits; and it is further

ORDERED, that [specify name]: shall execute and deliver to [specify name]: any forms, documents, or instruments to assure timely payment of any health insurance claim for the child(ren); 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 [check applicable box(es)]:  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 defendant(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, shall pay (his)(her) pro rata share of future reasonable health expenses of the child(ren) not covered by insurance by [check applicable box]:  direct payments to the health care provider  other [specify]:

; and it is further

ORDERED that, if health insurance benefits for the above-named child(ren) 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) 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

[Check applicable box(es):

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

other [specify]: \_\_\_\_\_

; and it is further

ORDERED that [specify party or parties; check applicable box(es)]:

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

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

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

[IV-D Cases]:  ORDERED that when the person or family to whom family assistance is being paid no longer receives family assistance, support payments shall continue to be made to the Support Collection Unit, unless such person or family requests otherwise; and it is further

**[Judicial Orders Only]:**

ORDERED that Respondent shall have the following rights of visitation with respect to the child(ren)[specify]: \_\_\_\_\_ ; and it is further

ORDERED, that the issue of support is hereby referred to a support magistrate for final determination pursuant to Sections 439 and 439-a of the Family Court Act; and it is further

**[REQUIRED]** IT IS FURTHER ORDERED that a copy of this order be provided promptly by [check applicable box]:  Support Collection Unit ((IV-D cases: )  Clerk of Court (non-IV-D cases) 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

and it is further

ORDERED that [specify]: \_\_\_\_\_

ENTER

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(Judge of the Family Court)(Support Magistrate)

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]: \_\_\_\_\_

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 MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. UPON APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT, AN ADJUSTED ORDER SHALL BE SENT TO THE PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THIRTY-FIVE (35) DAYS FROM THE DATE OF MAILING TO SUBMIT A WRITTEN OBJECTION TO THE COURT INDICATED ON SUCH ADJUSTED ORDER. UPON RECEIPT OF SUCH WRITTEN OBJECTION, THE COURT SHALL SCHEDULE A HEARING AT WHICH THE PARTIES MAY BE PRESENT TO OFFER EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH THE CHILD SUPPORT STANDARDS ACT.

(2) A RECIPIENT OF FAMILY ASSISTANCE SHALL HAVE THE CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED WITHOUT FURTHER APPLICATION OF ANY PARTY. ALL PARTIES WILL RECEIVE NOTICE OF ADJUSTMENT FINDINGS.

(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.

