

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 / Support Magistrate

.....
In the Matter of the Petition for Approval
of an Agreement between

Docket No.

Petitioner

S.S.#

and

ORDER
APPROVING AGREEMENT

Respondent

S.S.#

Pursuant to section 516 of the
Family Court Act
.....

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.

A petition having been duly filed by the above-named Petitioner for the approval of an
agreement of support made between said Petitioner and the above-named Respondent, dated
, with respect to a child [specify name and social security number if child
born]: , who was born about to be born out of wedlock to
the Petitioner; and

Notice of such application having been duly given to _____, the Social Services
official of the County City Town of _____ wherein the mother resided or the child
is found; and

The petition having been heard before this Court, and the Petitioner and Respondent having

consented to the entry of the order approving the agreement, and the aforesaid Social Services official having consented appeared in opposition to the entry of the order approving the agreement ; and

It appearing that the agreement contains the provisions required by Section 413(1) of the Family Court Act, and that the unrepresented party parties, if any, has have received a copy of the child support standards chart promulgated by the Commissioner of the N.Y.S. Office of Temporary and Disability Assistance pursuant to Section 111-i of the Social Services Law; and

[Check box if applicable]: It appearing that the amount of child support in the agreement deviates from the basic child support obligation specified in Section 413(1) of the Family Court Act, and that the agreement contains the parties' acknowledgment that the basic child support obligation is the presumptively correct amount of child support, and their reason(s) for not providing for the basic child support obligation; and the Court having found that the parties' agreement to deviate from the basic child support obligation is approved for the following reasons: [specify; *see* Family Court Act Section 413(1)(f)]:

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

NAME

ADDRESS

TELEPHONE

Now, therefore, it is hereby

ORDERED, that the agreement annexed to the petition is in all respects confirmed and approved; 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 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 any medical, dental, optical, prescription drug and health care services or other health care 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 the New York State Medical Assistance Program, or the publicly funded health insurance 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.

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) or 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 premium or family contribution in the same proportion as

each of their incomes are to the combined parental income as follows[specify]:

Upon consideration of the following factors [specify]:

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

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, notices, documents, or instruments or assure timely payment of any health insurance claims for said dependent(s) 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]:

[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

ORDERED that [specify]:

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 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.

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.

ENTER

(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]: _____